

FINDING YOUR PULSE: INSIDIOUS TRAUMA, PSYCHOLOGICAL DISTRESS, AND  
COLLECTIVE ACTION AMONG SEXUAL MINORITY LATINX PEOPLE

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ABSTRACT

Using an additive intersectional approach, the present study examined the relations among racism in LGBT communities (LGBT racism), heterosexism in racial/ethnic minority communities (POC heterosexism) and foreigner objectification and posttraumatic stress disorder (PTSD) symptoms and psychological distress among U.S. sexual minority Latinx people. Additionally, group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective action, immigration collective action) were examined as potential moderators in these respective links. Combined collective action (mean level of collective action across the three group-specific types) was also examined as a potential moderator between the microaggression and PTSD symptoms and psychological distress links. A total of 364 sexual minority Latinx individuals participated in this study. At the bivariate level, LGBT racism, POC heterosexism and foreigner objectification were each positively related to more PTSD symptoms and psychological distress, although only foreigner objectification emerged as a positive predictor of PTSD symptoms and psychological distress. In addition,

all group-specific collective actions (i.e., ethnic/racial collective action, sexual minority collective action, immigration collective action) were positively related at the bivariate level to higher levels of PTSD symptoms and psychological distress. Sexual minority collective action and immigration collective action emerged as positive predictors of psychological distress and ethnic/racial collective action as a negative predictor. Only sexual minority collective action and immigration collective action were positive predictors of PTSD. Moreover, the combined collective action was positively related with PTSD symptoms and psychological distress at the bivariate level and was a positive predictor of these two outcomes. Furthermore, none of the group-specific collective actions nor combined collective action emerged as moderators between microaggressions and PTSD symptoms and psychological distress. Results support the use of an intersectional approach in seeking to understand the relation between microaggressions and mental health among sexual minority Latinx people. Additionally, results also support the conceptualization of repeated microaggressions, namely foreigner objectification, as sources of PTSD symptoms among sexual minority Latinx people. Results also suggest that, although beneficial for society, collective action efforts may be personally taxing and associated with negative mental health indicators.

## APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Education have examined a dissertation titled “Finding Your Pulse: Insidious Trauma, Psychological Distress, and Collective Action Among Sexual Minority Latinx,” presented by Mirella Joely Flores, candidate for the Doctor of Philosophy, and certify that in their opinion it is worthy of acceptance.

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## ABBREVIATIONS

CAA	Cuban Adjustment Act
CI	Confidence Interval
DACA	Deferred Action for Childhood Arrivals
DSM	Diagnostic Manual of Mental Health Disorders
EFA	Exploratory Factor Analysis
FOS	Foreigner Objectification Scale
HSCL-21	Hopkins Symptoms Checklist-21
IFAS	Involvement in Feminist Activities
ICRA	Immigration Control and Reform Act
KMO	Kaiser-Meyer-Olkin
LEC-5	Life Event Checklist for DSM-5
LGBT-PCMS	LGBT People of Color Microaggressions Scale
LGBT Racism	Racism in LGBT Communities
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer
MCAR	Missing Completely at Random
PCL-5	Posttraumatic Stress Disorder Checklist for DSM-5
POC Heterosexism	Heterosexism in Racial/Ethnic Minority Communities
PTSD	Posttraumatic Stress Disorder
SPD	Sociopolitical Development
TPS	Temporary Protected Status
VIF	Variance Inflation Factors

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## CHAPTER 1

### INTRODUCTION AND REVIEW OF THE LITERATURE

On the night of June 12, 2016, Pulse Nightclub, a gay club in Orlando, Florida, was hosting Latino Night and lesbian, gay, bisexual, transgender, and queer (LGBTQ) People of Color were massacred (Jenson, 2016). The massacre at Pulse Nightclub particularly targeted LGBTQ Latinx<sup>1</sup> people. Over 90% of the victims have been identified as Latinx; 23 of the 29 were recognized as Puerto Rican, with some of them also having identified as Black (La Fountain-Stokes, 2016; Torres, 2016). Yet, resulting debates centered around whether the massacre was an act of “domestic terrorism” (Grimso et al., 2016) or intentional mass murder of LGBTQ people (Teeman, 2016). Both narratives erased the LGBTQ Black and Brown people that were among the victims by failing to acknowledge how this attack targeted a particular community – the LGBTQ Latinx community. The massacre at Pulse Night club, and the erasure that came with it, likely served to remind LGBTQ Latinx people of the safety concerns they face based on their multiple oppressed identities (i.e., being Latinx and sexual minority people, and potentially their immigration status). This massacre was a form of overt discrimination. Yet, LGBTQ Latinx people may also face subtle, indirect, or unintentional discriminatory experiences (i.e., microaggressions; Sue et al., 2007), such as the erasure that came after the tragedy. In addition to subtle forms of discrimination based on sexual identity and race/ethnicity, sexual minority Latinx people may also face the *perpetual foreigner stereotype* (Armenta et al., 2013), or the belief that ethnic minority people in the United States are immigrants. Such stereotypes have likely heightened, given the xenophobic

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<sup>1</sup> A gender-inclusive term to acknowledge people of all gender identities who are of Latin American heritage or descent.

rhetoric during and after the 2016 U.S. presidential election that further alienated immigrant communities. Although these experiences might appear individually, they are better understood as communal in nature and as discursive injuries that are native to the historically marginalized collective.

Microaggressions can have negative consequences on the mental health of people with oppressed identities, and can be cumulative in nature (Meyer, 2003). Literature has supported that sexual minority People of Color experience racial and sexual identity-related microaggressions, such as exclusion from LGB spaces (Han, 2007), race-based sexual stereotyping (Wilson et al., 2009), and heterosexist attitudes within communities of color (Malebranche et al., 2009). Moreover, sexual minority Latinx people may experience microaggressions through xenophobic beliefs and social structures, regardless of whether they are U.S.-born or immigrants. For example, communities of color might fail to acknowledge the impact that immigration laws might have on immigrant community members. Sexual minority Latinx people's psychological distress and posttraumatic stress disorder (PTSD) symptoms may increase because of the microaggressions they experience by merely existing in a heterosexist, racist, and xenophobic society.

Research has found that individual-level coping strategies (e.g., racial pride) are insufficient to ameliorate the psychological effects of discrimination (Brondolo et al., 2009). This might be due to microaggressions having a communal nature. Collective action is a form of group-level resilience that has been identified by prior literature as moderating the link between perceived discrimination and psychological distress (Szymanski & Owens, 2009). Collective action can be a vehicle for profound healing since it allows members of oppressed groups to participate in minoritized groups and social activism to promote their

groups' social value (Ashmore et al., 2004; Gamson, 1997; Wright et al., 1990). As Flores-Ortiz (2003) suggested, profound healing “entails transforming trauma into recovery – shifting from feeling victimized to feeling like a survivor. Central to this journey is healing the spirit, reconnecting the body and the mind and regaining a sense of agency” (p. 354). As such, collective action may be a fertile group-level resiliency factor to consider for sexual minority Latinx individuals who may experience heterosexist, racist, and xenophobic microaggressions.

Because of the sociopolitical climate of the United States, and the lack of information regarding the effects of microaggressions among sexual minority Latinx people, this study used an additive intersectionality approach and minority stress literature to explore links between different forms of microaggressions to psychological distress and PTSD symptoms. I also explored the direct effect and potential moderating role of collective action among a sample of U.S. sexual minority Latinx people.

### **Sociopolitical Context of Immigration**

The immigration of Latinx communities to the United States has a long history, which is important for understanding how xenophobia affects sexual minority Latinx people in the United States today, regardless of their immigration status. Most of today's Latinx immigration rhetoric centers around undocumented immigration; yet, Latinx immigration has a long and complex history. In their overview of U.S. immigration from Latin America, Tienda and Sanchez (2013) argue that the deep historical roots between the United States and Latin American countries need to be accounted for in order to understand modern immigration patterns. Tienda and Sanchez (2013) began their historical prelude by reviewing the effect of the United States' purchase of (former) Mexican land. Mexico and the United

States entered the Treaty of Guadalupe Hidalgo to end the United States-Mexican War (1846–1848). The terms of this treaty, combined with the Gadsden Purchase, allowed the United States to acquire almost half of former Mexico’s land (i.e., today’s Texas, Arizona, New Mexico, Colorado, Utah, California). This newly drawn political boundary moved former Mexican citizens into the new territory of the United States and disrupted familial social ties. The porous borders that were created also contributed to the creation of asymmetrical labor – The Bracero Program. The Bracero Program recruited Mexican workers to immigrate to the United States to help fill the labor shortages of the 19<sup>th</sup> and 20<sup>th</sup> centuries. When the United States no longer had a need for their labor, these immigrant workers were told to go back to Mexico; the majority of whom had moved their families and formed lives in the United States. The Bracero Program is a poignant example of United States businesses’ dependence on Mexican labor, whether it is by legal contracts or unauthorized labor (Tienda & Sanchez, 2013). Moreover, this established a foundation for United States-bound migration, as Mexico has been the largest Latinx-sending country in the 20<sup>th</sup> and 21<sup>st</sup> centuries (Wasem, 2012).

Tienda and Sanchez (2013) further noted that contemporary Latinx immigration is also rooted in policy changes designed to regulate permanent and temporary admissions. The Immigration Act of 1924 created a quota system for immigration, which provided documented immigration for a fixed number of people from certain countries, while excluding some Latinx American countries such as Mexico. Tienda and Sanchez (2013) proposed that this, in addition to the historical relationship with Mexico, contributed to Mexico being a major source of undocumented immigration.

Furthermore, the Cuban exodus following the Cuban Revolution influenced the development of the United States' refugee policy. Fidel Castro was a key figure of the Cuban Revolution, and in 1959 he took political and military power of Cuba, and Cubans were prohibited from leaving the country. Cubans who opposed Castro were being persecuted and exiled. These people were primarily from upper and upper-middle class families in professional and managerial occupations. The 1966 Cuban Adjustment Act (CAA) was created in response to the ideological war between the government of the United States and Castro's socialist regime. The CAA was meant to help Cubans fleeing their homeland due to political dissension by allowing them to apply for expedited permanent residency.

The third wave of Cuban exodus also shaped the United States' refugee policy. In 1980, Cubans drove a bus into the Peruvian embassy seeking asylum (these people became known as the *Marielitos*). Upon being granted asylum, Castro announced that the port of Mariel would be open to anyone who wished to leave Cuba. As such, Cubans from various socioeconomic statuses, including Cubans living in poverty, began fleeing Cuba. To accommodate this new wave of Cuban exiles, the United States revised the CAA by establishing the Cuban Migration Agreement, which is also known as the "wet foot/dry foot" policy (the policy was rebuked by President Barack Obama in 2017). These later acts (i.e., CAA, Cuban Migration Agreement) gave Cuban immigrants privileges not allowed to other Latinx immigrants (i.e., easier access to legal residency in the United States).

Tienda and Sanchez (2013) noted that the 1986 Immigration Control and Reform Act (ICRA) shifted the United States immigration policy towards an emphasis on enforcement of immigration law. ICRA granted legal status to numerous people (most of them Latinx immigrants) who had been undocumented as an effort to amend, revise, and reform

immigration. Yet, there was a rapid growth of undocumented immigrants post-ICRA, which intensified the United States' immigration law enforcement efforts. The 1996 Immigration Reform and Immigrant Responsibility Act was created in an effort to strengthen interior enforcement through employment verification programs, fortification of the border, and expansion of deportation criteria. These immigration reforms show a trend of immigration laws becoming stricter with the decades.

### **Current Sociopolitical Climate**

Latinx people constituted 17.6%, or 56.5 million individuals, of the U.S. population in 2015 (Flores et al., 2017). Out of these 56.5 million individuals, 19.4 million were foreign-born and 37.1 million U.S.-born (Flores et al., 2017). Foreign-born Latinx people may have immigrated to the United States from Mexico or countries in South America, Central America, or the Caribbean. The 45<sup>th</sup> U.S. presidential administration brought upon some changes in immigration by aiming to strip away pre-existing acts. Congress enacted the Temporary Protected Status (TPS) for Central Americans who fled their native countries due to civil wars and natural disasters in 1990 as part of a humanitarian act. In January 2018, the 45<sup>th</sup> administration announced its decision to end the TPS program that gave Central Americans and Haitians legal temporary residence because the administration determined that the conditions caused by the natural disasters no longer exist (Miroff & Nakamura, 2018). TPS recipients were given until September 9, 2019 to obtain a green card or return to their countries experiencing extreme poverty and gang violence. However, this deadline has been extended until January 2021 due to open lawsuit cases from TPS holders and their U.S. citizen children against the United States (Johnson & Ibe, 2020).

Perhaps the most discussed immigration-related occurrence of 2017-18 was the announcement of the end of the Deferred Action for Childhood Arrivals (DACA) program. DACA is a program that granted undocumented people whose parents immigrated to the United States when they were children and who can pass a rigorous background check (e.g., no felony conviction or significant misdemeanor; U.S. Citizenship and Immigration Services, 2017) temporary documentation so that they could work and study. DACA permits did not provide recipients with a path to citizenship; rather, recipients were required to reapply every two years. On September 5, 2017, Donald Trump announced that no new applications or renewal applications will be accepted after October 5, 2017 (Nakamura, 2017), which positioned all DACA permits to expire by October 5, 2020. The end of DACA is said to affect roughly 800,000 current DACA recipients for whom the United States has been their home for over half their lives (Lind, 2017). Moreover, the removal of working and educational papers is estimated to cost the United States \$215 billion in lost economic output over 10 years, plus another \$60 billion in lost taxes (Salisbury, 2017). Although the 45<sup>th</sup> U.S. administration has encouraged Congress to pass a permanent bill, four proposals died in Congress in the month of February 2018 alone (Hinojosa, 2018). It is important to note that the current immigration rhetoric does not often acknowledge the historical trends (discussed above) that influenced the parents of DACA recipients to immigrate to the United States in the first place.

### **Immigration and Mental Health**

These immigration law changes have implications for the mental health of Latinx people. For example, U.S.-citizen Latinx children whose parents were detained or deported showed significantly higher levels of trauma symptoms, anxiety, and depression, as

compared with citizen Latinx children whose parents have not been detained or deported (Rojas-Flores et al., 2017). The decision to immigrate, the immigration process, and the experiences in a new country may all affect the mental health of Latinx people. In order to understand the effect of microaggression on the mental health of sexual minority Latinx people in the United States, it is important to first understand how immigration and its related processes may be detrimental to the mental health of Latinx communities, including sexual minority Latinx immigrant people.

Latinx people who immigrated demonstrate elevated rates of trauma exposure and PTSD symptoms relative to other racial/ethnic groups (Bridges et al., 2010; Roberts et al., 2011). In addition to general traumatic event exposure (e.g., natural disasters, war, violence, abuse), Latinx people who immigrated to the United States can be disproportionately exposed to resettlement trauma (e.g., rape/sexual assault, neglect, death during their migration process) and traumatic events related to mistreatment due to their racial/ethnic minoritized status (Crockett et al., 2007).

Worldwide, sexual minority people encounter persecution and discrimination based on their sexual identity, as homosexuality is often forbidden by law as well as within the dominant religious and cultural value systems of many countries (McClure et al., 1998; Pepper, 2005). Sexual minority Latinx people may immigrate to the United States since it offers protection to asylum seekers who can demonstrate “well-founded fear of persecution” based on their sexual identity (McClure et al., 1998, p. 11). In addition to the burden of proving “well-founded fear of persecution,” the process of asylum-seeking can itself be retraumatizing for some individuals (Perez-Ramirez, 2003).

In addition to direct trauma experiences, Latinx people who immigrated to the United States may experience sociocultural stressors, which are among the most consistent factors related to trauma-related health disparities among the Latinx population (Arbona et al., 2010). Of sociocultural stressors, acculturative stress has been among the most consistent factors associated with mental health problems among Latinx people (Abraído-Lanza et al., 2016). Acculturative stress refers to the emotional reaction to life events and activities that result from the encounter of two cultures (Chun et al., 2003). Acculturative stressors often involve such activities as learning a new language, balancing differing cultural values, and managing the demands between living in a majority culture and being an ethnic/racial minority (Dawson & Panchanadeswaran, 2010).

The effect of acculturative stress may depend on contextual factors. For example, having a choice over the decision to migrate and social support are protective factors for Latinx immigrants, while discrimination, having family left abroad, and fear of deportation are risk factors (Bekteshi & Kang, 2018). Additionally, individual differences may contribute to acculturative stress, such as being a sexual minority Latinx person (Jardín et al., 2016).

### **Intersectionality Theory**

Intersectionality theory is a lens that allows us to contextual experiences by bringing attention to how multiple systems of power and oppression intersect and create unique experience. Crenshaw (1991) is often credited with the introduction of intersectionality theory into the academic sphere (Collins & Bilge, 2016). Although her work is seminal, intersectionality has its roots in the social activism of non-academic Women of Color during the 1960-70s (i.e., civil rights, Black Power, Chicano liberation, Red Power, and Asian American movements; Collins & Bilge, 2016). These Women of Color criticized these

movements for their single-axis focus (e.g., treating race, class, gender, sexuality separately), which left their experiences as Women of Color on the outskirts of the movements (Collins & Bilge, 2016; Crenshaw, 1991). These women understood that oppression did not operate on a single-axis; rather, they advocated for understanding and exploring how systems of power and oppression overlap (multiple-axis) and create unique experiences for people. For instance, the experiences of a naturalized U.S. citizen who is a bisexual Latinx person should be understood by *together* considering the benefits that come from being a U.S. citizen and the attitudes towards immigrants, bisexual people, and Latinx people.

In the 1980s-90s, the increased focus on diversity led to recruiting traditionally marginalized people into social institutions, including academia, and many of the Women of Color who entered academia had some ties to the social movements of the 1960-70s (Collins & Bilge, 2016). Intersectionality is not a value-neutral theory, but a form of social action that seeks to dismantle oppressive practices by disrupting categorical conventions, policies, and analytic concepts (May, 2015). As such, intersectionality calls for an understanding of the sociopolitical context of the time and its related history. Yet, the use of intersectionality in modern counseling psychology research has been criticized for straying away from intersectionality's roots and politics, as most research published within the discipline's two major journals do not investigate and challenge how systems of domination and privilege co-construct each other (Grzanka et al., 2017).

### **Intersectionality in Research**

With intersectionality's immersion into the academic sphere, there was an emergence of formal intersectional vocabulary such as "multiple jeopardy" (King, 1988), and "matrix of domination" (Collins, 1990). Multiple jeopardy proposes that people with multiple (more

than two) oppressed identities not only experience simultaneous oppression but also that these forms of oppression have a multiplicative effect on them (King, 1988). That is, the effect of xenophobia on sexual minority Latinx immigrants is multiplied by heterosexism and racism. Matrix of domination is related to multiple jeopardy as it offers a paradigm that describes the overall social organization within which oppression and privilege are organized and upheld (Collins, 1990).

Intersectionality does not have a formal definition, but it has three underlying assumptions (Else-Quest and Hyde, 2016a), which recognize that (a) all people are characterized by multiple interlocking and intertwined social categories, (b) power and oppression exist within these socially constructed categories, and (c) these social categories are characteristics of the social context and of the individual. Although intersectionality has received the most attention in feminist psychology (see Shields, 2008, for a review), intersectional researchers have asserted that these aspects of intersectionality can help move all psychological subfields forward by giving psychologists a lens through which to reframe research questions, inspire new questions, and challenge traditional methodology (Cole, 2009; Else-Quest & Hyde, 2016a).

Moreover, Else-Quest and Hyde (2016b) proposed that the incorporation of intersectionality into quantitative research can help enhance the value and validity of psychological research. Scholars have asserted that intersectionality can be incorporated into psychological research through a reconceptualization of research questions and subsequent findings (Cole, 2009; DeBlaere et al., 2018). To accomplish this, Cole (2009) encouraged researchers to attend to a) diversity within social categories to interrogate how the social categories depend on one another for meaning, b) the role of oppression to elucidate how

social categories are constructed through historical and ongoing social practices, and c) similarities across social categories to demonstrate that social categories are characteristics of society as well as of the individual. In other words, a focus on identity and group differences must be accompanied by attention to power and inequality when interpreting results from an intersectional approach.

Various approaches have been used to enact intersectionality in psychological research. The additive approach asserts that all forms of identity-based oppression are equally salient and have unique direct effects on psychological experiences (Szymanski & Henricks-Beck, 2014). The interactionist perspective asserts that beyond their unique direct effects, identity-based oppressions may interact (e.g., a multiplicative effect) to shape and compound psychological outcomes (Szymanski & Henricks-Beck, 2014). The intersectional perspective asserts that multiple privileged and oppressed identities interlock to form unique experiences that are distinct and greater than the sum of its parts (Else-Quest & Hyde, 2016a; Szymanski & Henricks-Beck, 2014). For example, a Latina woman may be seen as feisty and exotic, revealing the interplay between both gender- and race-based controlling images.

Although some scholars agree that intersectionality does not require a set of new methods (e.g., Cole, 2009; Warner, 2008; Else-Quest & Hyde, 2016b), others have argued that due to a lack of intersectional quantitative measures, an intersectional approach is more compatible with qualitative than quantitative methods (e.g., Bowleg 2008; Shields, 2008). The availability of intersectional measures is limited. To date, I am unaware of a measure that captures the intersection of heterosexism, racism, and xenophobia. The lack of such a measure limits my ability to use an intersectional approach in the current study.

The additive and interactionist perspectives can be conceptualized as intersectional

from a theoretical perspective, but they vary in their strength of adherence to key tenets of intersectionality analysis (e.g., exploration of unique experiences; Lewis & Grzanka, 2017). Although additive and interactionist perspectives have their limitations, Bowleg (2008) asserted that these approaches may serve as initial steps in investigating people's oppressive experiences. Yet, the interactionist approach has largely not been supported when multiple forms of oppression have been examined among sexual minority women, sexual minority People of Color, and African American women (Szymanski & Henricks-Beck, 2014). The use of an additive approach has been supported in the literature. For instance, Velez et al. (2015) found that both heterosexist and racist discriminations had a unique direct effect on sexual minority Latinx people's psychological distress. The additive approach has also been supported in an examination of insidious trauma; racism, sexism, and sexual objectification were each uniquely related to PTSD symptoms among Women of Color (Watson et al., 2016). Thus, used an additive approach in this study.

Intersectionality proposes that individuals with intersecting, minoritized identities are particularly vulnerable to discriminatory events. As such, the intersection of multiple minoritized identities likely intensifies sexual minority Latinx people's experiences of discrimination. Subtle forms of discrimination (i.e., microaggressions) do not tend to be conceptualized as potentially traumatic experiences. Yet, there is an emerging body of literature that supports an expansion of this conceptualization.

### **Insidious Trauma**

Mental health professionals' conceptualization of a potentially traumatic experience is dictated by the *Diagnostic Manual of Mental Health Disorders* (DSM-5; American Psychiatric Association, 2013). The DSM-5 defined the triggers to PTSD as exposure to

actual or threatened death, serious injury, and sexual violence (Criterion A). People may be exposed to traumatic events through direct experience, in-person witnessing, learning that the traumatic event happened to a close family member or friend (if the event involved an actual or threatened death that was violent or accidental), and through repeated or extreme exposure to aversive details of traumatic events, which occur in the line of professional duties (e.g., first responders, police officers).

Furthermore, people diagnosed with PTSD must exhibit or report the following for at least one month: one or more intrusive symptoms (e.g., intrusive memories, distressing dreams) associated with the traumatic event (Criterion B), one or more avoidant symptoms (e.g., efforts to avoid reminders of the trauma) to stimuli related to the traumatic event (Criterion C), two or more symptoms of negative alterations in cognition and mood (e.g., persistent and exaggerated negative beliefs about the self, others, and the world) associated with the traumatic experience (Criterion D), and two or more symptoms of alterations in arousal and reactivity (e.g., irritability, self-destructive behaviors, sleep disturbance) associated with the traumatic experience (Criterion E).

Although microaggressions do not meet Criterion A for a PTSD diagnosis, they have been linked to PTSD symptoms among sexual minority people and Latinx people (Robin & Rubin, 2016; Torres & Taknint, 2015). Broadening the definition of trauma would allow for the conceptualization of oppressive and discriminatory experiences as potential sources of PTSD symptoms. Indeed, feminist and trauma scholars have called for mental health professionals to conceptualize experiences of identity-based oppression as traumatic experiences (e.g., racism, heterosexism, xenophobia, sexism, microaggressions, etc.; Brown, L. S., 2013; Root, 1992). In her discussion of insidious trauma, Root (1992) stated that

trauma occurs in a psychological context, determined by the individual, not an observer. This comprehensive conceptualization of trauma considers sociopolitical and phenomenological experiences, and it allows for repeated identity-based oppressive experiences (e.g., microaggressions) to be identified as sources of trauma.

Insidious trauma experiences may consist of recurring subtle marginalizing experiences—such as having one’s American citizenship or residency questioned by others, being tokenized, and feeling unwelcomed in communities of color due to having a sexual minority identity—that occur throughout the lives of members of marginalized and oppressed communities (Brown, L. S., 2013). Furthermore, insidious trauma may include a transgenerational transmission of unresolved trauma, resulting from previous generations’ direct trauma (Root, 1992). This means that, in addition to younger generations having their own experiences of repeated identity-based oppression, younger generations are taught a worldview that incorporates the traumatic experience of previous generations (i.e., genocide and forced relocation of Natives in the United States). Thus, insidious trauma is cumulative and directed towards a community of people, and damages the psychological sense of safety, security, and survival of the members of the community (Root, 1992).

### **Intersectionality and Insidious Trauma**

Living at the intersection of multiple forms of oppression likely intensifies sexual minority Latinx individuals’ experiences of discrimination. For example, racial discrimination has been found to correlate with negative mental health outcomes among Latinx people, such as depression, anxiety, and greater psychological distress (Moradi & Risco, 2006; Lee & Ahn, 2012), and heterosexist discrimination has been linked with greater stress, anxiety, and psychological distress among sexual minority people (Szymanski, 2006;

Seelman et al., 2017). Everyday unfair treatment is likely to accumulate over time and trigger psychological and physiological responses (Molina et al., 2013).

In addition to being linked to psychological distress, racial discrimination and sexual identity discrimination have both been linked to trauma symptomology among Latinx people (Cheng & Mallinckrodt, 2015; Flores et al., 2010) and sexual minority people (Alessi et al., 2013; Bandermann & Szymanski, 2014; Robinson & Rubin, 2016). To date, I only found one study that examined discrimination and trauma symptomology among a sexual minority Latinx sample. Specifically, Cerezo (2016) examined the effects of discrimination among sexual minority immigrant Latinas and found that the sample demonstrated clinical levels of PTSD symptomology. However, Cerezo (2016) did not account for their sample's experiences of foreigner objectification. Although researchers have not largely attended to psychological distress and trauma experiences of sexual minority Latinx people, the erasure and underdressing of the multiple issues affecting sexual minority Latinx people that occurred following the Pulse Nightclub massacre highlighted the need to explore the cumulative effects of discrimination faced by this community.

### **Microaggressions, Psychological Distress, and PTSD Symptoms**

No study to date has jointly examined the role of racism, xenophobia, and heterosexism in the lives of sexual minority Latinx people in the United States. As such, in the subsequent sections I review the literature that has addressed the impact of each of these systems of oppression on the lives of Latinx people, People of Color, and sexual minority people to seek to understand how they may have an additive effect and shape the lives of sexual minority Latinx people in the United States.

### **Racial/Ethnic Discrimination**

Several scholars have contended that racial/ethnic discrimination experiences are significant environmental stressors for racial/ethnic minorities in the United States (Allison, 1998; Clark et al., 1999; Harrell, 2000). Latinx peoples' experiences of racial/ethnic discrimination have been linked to a range of negative mental health outcomes, such as depression, anxiety, and greater psychological distress (Moradi & Risco, 2006; Lee & Ahn, 2012). Furthermore, empirical studies with combat veterans (Loo et al., 2001), police officers (Pole et al., 2005), and survivors of violence and disasters (Norris, 1992; Norris et al., 2002) have observed higher rates of PTSD in racial/ethnic minorities than non-Latino Whites. This higher rate of observed PTSD among racial/ethnic minority people suggests there may be group-specific social factors contributing to this disparity, such as the insidious nature of racial/ethnic discrimination experiences.

There has been a growing body of literature examining the relationship between racial/ethnic experiences of discrimination and trauma symptomology; yet, this relationship has received little attention among Latinx communities. However, studies with Latinx samples have found a significant relationship between racial/ethnic discrimination experiences and increased PTSD symptoms (Cheng & Mallinckrodt, 2015; Flores et al., 2010; Pole et al., 2005; Torres & Taknint, 2015). Flores et al. (2010) proposed that racial/ethnic discrimination experiences may have been related to PTSD symptoms among their sample since these experiences are hostile, sudden, and result in a lack of control.

Discriminatory experiences can be subtle or overt, and a meta-analysis that compared both forms of racial/ethnic discrimination found that racial/ethnic microaggressions (subtle forms of discrimination) were at least equally harmful to psychological health as overt forms of discrimination (Jones et al., 2013). People of Color who reported experiencing

racial/ethnic microaggressions indicated elevated intrusive, avoidance, and hyperarousal symptoms (Schoulte et al., 2011), suggesting that microaggressions may elicit psychological distress and PTSD symptoms. In support of this, racial/ethnic microaggressions have been linked to depression and lack of positive affect among a sample People of Color, which included Latinx people (Nadal et al., 2014), and PTSD symptoms among a Latinx sample (Torres & Taknint, 2015).

LGBT People of Color face racial/ethnic microaggressions in the larger society as well as within LGB communities (Balsam et al., 2011). Studies have found that LGBT People of Color experience pressure from White LGBs to assimilate or otherwise accommodate, which may involve giving up or compromising one's racial/ethnic identity, in order to be accepted into LGB communities (Bowleg, 2013; Logie & Rwigema, 2014). As such, experiences of racial-ethnic microaggressions within LGB communities may serve to further marginalize and erase LGBT People of Color (Bowleg, 2013).

Morales (1989) proposed sexual minority People of Color may face a perceived incompatibility between their racial/ethnic and sexual identities. Sarno et al. (2015) found that experiences of racism within LGB communities were related to conflict of allegiances among a sample of sexual minority People of Color. In other words, racial/ethnic microaggressions experiences within LGB communities may create tensions between being a Person of Color and a sexual minority person. Zelaya and DeBlaere (2015) found that sexual minority People of Color who reported higher rates of racial/ethnic microaggressions within LGB communities also reported higher rates of psychological distress. As such, microaggressions within LGB communities add another layer of oppression to sexual minority People of Color who face racism from the mainstream heterosexual world, which

may deteriorate their mental health. To date, no study has explored the impact of racial/ethnic microaggressions with LGB communities among sexual minority Latinx people. Yet, the failure of the larger society and the LGBTQ community to acknowledge how the Pulse massacre targeted the LGBTQ Latinx community calls for greater attention to the ways in which sexual minority Latinx people are impacted by racial/ethnic discrimination.

### **Foreigner Objectification**

Although Torres and Taknint's (2015) sample was composed of all Latinx individuals, the measurement used to assess microaggressions did not capture the foreigner objectification Latinx people may also experience. Foreigner objectification, the belief that ethnic minority people in the United States are foreigners, is a form of racial/ethnic discrimination. A review of social psychology literature described the theme of "alien in one's own land" as a type of racial microaggression where Asian Americans and Latinx people are assumed to be foreign-born (Sue et al., 2007). Thus, foreigner objectification may be considered a type of microaggression that Latinx people are prone to experience. In support of this, a qualitative study revealed that being treated as a perpetual foreigner (i.e., commonly being asked "Where are you from?", being assumed to be an undocumented immigrant) is a way Latinx people in the United States experience microaggressions (Rivera et al., 2010). Latinx people may experience this form of subtle discrimination based on the assumption that they are foreigners, regardless of their nativity (Armenta et al., 2013; Sue et al., 2007). However, such experiences are largely missing in studies examining Latinx's racial/ethnic discrimination experiences.

Although evidence is limited, existing literature suggests that being treated as a perpetual foreigner has negative psychological consequences among Latinx and Asian

Americans (Huynh et al., 2011; Kim et al., 2011). Huynh et al. (2011) found that Latinx people who were aware of the perpetual foreigner stereotype in their lives reported more depressive symptoms than Latinx people who did not report being aware of the perpetual foreigner stereotype in their lives. Moreover, perceived foreigner objectification experiences were related to lower life satisfaction and greater depressive symptoms among U.S.-born Latinx people (Armenta et al., 2013).

Although the United States has historically been thought of as the “land of immigrants,” not all immigrants are valued equally within U.S. society. As such, Latinx immigrants’ experiences may be different than the experiences of European immigrants. Brown, H. E. (2013) conducted a content analysis of interviews, archival materials, and newspapers, and found two anti-Latinx narratives used to oppress this group: the legality framework and racial framework. The *legality framework* praises the contributions of documented non-citizens while demonizing undocumented immigrants. The *racial framework* blames Latinx or Mexican people for the economic/job-related suffering of “deserving” White American citizens. These narratives reflect a societal consciousness that equates Latinx people with undocumented immigration and undeserving of success.

The dominant group (those with systemic power and privilege) use their social position to create “common sense” social ideologies that allow them to maintain their power. For example, the “commonsense” idea that Latinx immigrants are stealing “American jobs” has been used to justify limiting and banning Latinx immigration. Thus, power and inequality are maintained by equating Latinx immigrants with “stealing” from “well-deserving” White American citizens who then struggle financially because of them. Thus, the effect of foreigner objectification experiences on Latinx people’s psychological wellbeing warrants

further attention. To my knowledge, no study to date has concomitantly examined perpetual foreigner objectification with other microaggressions, in order to better understand sexual minority Latinx people's psychological distress and PTSD symptoms.

### **Heterosexist Discrimination**

Sexual minority People of Color may experience sexual identity microaggressions in the larger society as well as within their racial/ethnic communities. Heterosexism within communities of color may be due to views in some communities of color that same-sex attraction is a violation of cultural and religious traditions (Bridges et al., 2003). For instance, the Latinx community is heavily influenced by strict gender roles and religiosity, which are two factors that have been associated with anti-LGB stigmatization (Ramirez-Valles, 2007). Zelaya and DeBlaere (2017) found that heterosexist microaggressions in communities of color had a direct link with psychological distress, while other predictors (e.g., racism within LGB communities) were indirectly related to psychological distress through self-esteem. These findings suggest that experiencing discrimination within one's own ethnic/racial communities is particularly damaging and hurtful. There is a limited body of literature that has examined the role of heterosexism within communities of color; yet, research calls for additional attention to these forms of microaggressions.

Sexual minority Latinx people may also encounter heterosexist discriminatory experiences that threaten their well-being. Scholars have conceptualized heterosexism, including sexual identity-based hate crimes and microaggressions, as ongoing experiences that influence LGB people's physical and psychological functioning (Balsam, 2003; Neisen, 1993). Research has shown that LGB people are exposed to greater discrimination than heterosexual people and that these experiences account for the higher rates of psychological

distress among LGB people (Balsam et al., 2005; Mays & Cochran, 2001; Russell et al., 2001). For example, Mays and Cochran's (2001) between-group design found higher rates of lifetime and day-to-day discrimination among LGB people compared to their heterosexual counterparts, as well as direct links from perceived sexual identity discrimination to depression, anxiety, and panic disorder symptoms. The heterosexism–psychological distress link has also been supported among racial/ethnic minority LGB people (Szymanski & Meyer, 2008; Szymanski & Sung, 2010).

Although limited, researchers have begun to test the conceptualization of heterosexist discrimination as an insidious trauma experience. Some researchers have concurrently tested two forms of heterosexist oppressive experiences, namely sexual identity-based hate crimes (meeting Criterion A) and heterosexist discrimination (not meeting Criterion A), as predictors of PTSD symptoms among LGB people (Bandermann & Szymanski, 2014; Szymanski & Balsam, 2011). Findings suggested that both types of heterosexist oppression had a direct positive link to PTSD symptoms, with heterosexist discrimination having a medium effect size and sexual identity-based hate crimes a small effect size (Bandermann & Szymanski, 2014; Szymanski & Balsam, 2011). These findings support the notion that experiences of sexual identity discrimination that do not meet Criterion A may be an important predictor of PTSD symptoms among sexual minority people. Thus, this encourages the conceptualization of sexual identity microaggressions as potential sources of insidious trauma among LGB people.

More recently, Robin and Rubin (2016) found a positive relationship between sexual identity microaggressions and PTSD symptoms among their sample of LGB and heterosexual participants. Heterosexual participants were included in this study to address the

critique that there is a lack of heterosexual comparison groups in microaggressions literature (Balsam, 2003). This lack of heterosexual comparison group has been argued to be a limitation because research operates on the assumption that there are inter-group differences between heterosexual and LGB people (Balsam, 2003). Robin and Rubin (2016) found that LGB participants reported significantly more microaggressions than their heterosexual counterparts, and more PTSD symptoms related to sexual identity microaggressions than heterosexual participants (Robin & Rubin, 2016). Taken together, these studies demonstrate the potential of sexual identity microaggressions as precipitators of insidious trauma experiences for LGB people.

### **Racial and Heterosexist Discrimination**

Because of their multiple marginalized identities, LGBT People of Color may experience racism in LGBT communities, and heterosexism in People of Color communities. Within the past couple of decades, there has been a growing body of literature on the lived experiences of sexual minority People of Color (Huang et al., 2010). Among a sample of racially diverse sexual minority People of Color, both racist and heterosexist discriminatory experiences were positively related to depression and anxiety, and negatively related to general life satisfaction (Sutter & Perrin, 2016). Moreover, Díaz et al. (2001) found that gay and bisexual Latino men demonstrated high levels of suicidal ideation, anxiety, and depression, which were associated with both racist and heterosexist discrimination. DeBlaere et al. (2014) found that perceived racism, sexism, and heterosexism were each positively related to psychological distress and that each form of discrimination was positively correlated with one another among sexual minority Women of Color.

Furthermore, racist and heterosexist microaggressions, as measured by the LGBT People of Color Microaggressions Scale (Balsam et al., 2011), were positively correlated with depressive symptoms and psychological distress among sexual minority People of Color (Gattis & Larson, 2017; Zelaya & DeBlaere, 2017). In other words, perceptions of racial/ethnic microaggressions within LGB communities and heterosexism within communities of color were both positively related to increased rates of psychological distress among sexual minority People of Color (Zelaya & DeBlaere, 2015). These findings highlight the notion that racial/ethnic and sexual identity microaggressions unique to sexual minority People of Color may have a negative effect on their psychological functioning. Moreover, Zelaya and DeBlaere (2017) found that, although racial/ethnic microaggressions within LGB communities and heterosexism within communities of color were each related to psychological distress, only heterosexism within communities of color was directly related to psychological distress. This finding supports the importance of examining the microaggressions of sexual minority People of Color as they separately occur within LGB and People of Color communities.

To my knowledge, Cerezo (2016) is the only study that explored the relationship of multiple forms of discrimination and PTSD symptoms among a sexual minority Latinx sample. Cerezo (2016) found a positive association between sexual identity and racial/ethnic discrimination and PTSD symptoms among sexual minority Latina immigrant women. Despite the strengths of this study, experiences of foreigner objectification were not examined in the study nor were microaggressions. Thus, the literature on the effects of discrimination among sexual minority Latinx people may be enriched by also accounting for experiences of foreigner objectification on their mental health.

Collectively, research has supported the direct links from racial/ethnic and heterosexist microaggressions to psychological distress and PTSD symptoms, and the direct relationship between foreigner objectification and psychological distress. Despite support for these relationships, most of these studies have focused on the effect of one form of discrimination (e.g., racism, heterosexism), as opposed to the effects of multiple forms of microaggressions: racism, heterosexism, and foreigner objectification. Power and oppression operate simultaneously on multiple social levels and shape people's experiences (Collins, 1990). Thus, examining how multiple forms of microaggressions may shape the mental health of sexual minority Latinx people could further understanding of the insidious nature of microaggressions.

### **Collective Action as Moderator**

Examining direct links between multiple forms of microaggressions and psychological distress is helpful but does not provide information on variables that may buffer this link, therefore, decreasing the impact of microaggressions on people's mental health. Researchers have asserted the need to examine theoretically grounded buffering variables for the link between perceived discrimination and psychological distress (Szymanski & Moffitt, 2012). Collective action is one such variable that has been identified in prior literature as a moderator of the link between perceived discrimination and psychological distress (Meyer, 1995, 2003; Szymanski & Owens, 2009). PTSD symptoms are a specific type of psychological distress, and to my knowledge, there is no current research examining the moderating role of collective action in the discrimination-PTSD symptom's link.

Collective action refers to activities that serve to enhance the collective status of oppressed groups in society (Foster & Matheson, 1995). Intersectionality's political genealogy emphasizes collective action in producing meaningful change by focusing on solidarity, personhood, and justice (Collins, 2000; May, 2015). Collective action is an active form of community participation since it allows members of oppressed groups to promote their groups' social value (Ashmore et al., 2004; Gamson, 1997; Wright et al., 1990).

Collective action is usually conceptualized as in-person activism. With the rise of social media in the 2000s, social media (i.e., Facebook, Twitter, Instagram, Snapchat, Reddit) has become an avenue for social activism by enabling people to post and tweet about discrimination, power, and privilege. Social media activism fits with the definition of collective action because these platforms allow for active, public, and collective participation. To date, research on social media activism is sparse. An experimental between-groups study found that women who tweeted about sexism (using a private or public account) exhibited collective intent and attempts to mobilize against sexism (Foster, 2015). These results help frame tweeting against discrimination as a form of collective action. Furthermore, Foster (2015) found that public tweeters showed significant decreases in negative psychological affect and increased psychological well-being. Thus, this supports the notion that collective action, including via social media, may help buffer against psychological distress.

Collective action grants people personal agency in improving their lives through its proactive nature (Friedman & Leaper, 2010). As such, it may be directly related to less psychological distress as well as to attenuate the psychological effects (e.g., psychological distress, PTSD symptoms) of microaggressions among sexual minority Latinx people.

Studies with sexual minority women have supported that collective action uniquely predicts less psychological distress (Szymanski & Owen, 2009; Watson et al., 2018). For example, feminist collective action uniquely predicted less psychological distress among a predominantly White sample of sexual minority women (Szymanski & Owen, 2009). Watson et al. (2018) found that LGBTQ and feminist collective action had a direct unique relation to lower psychological distress and higher psychological well-being among a predominantly White sample of bisexual women. Yet, this direct effect of collective action was not supported among a sample of sexual minority Women of Color (DeBlaere et al., 2014).

Literature that has examined collective action among Latinx populations is limited. Yet, the literature on sociopolitical development (SPD) and critical consciousness has been more applied to Latinx populations than collective action. SPD is the process of developing a critical consciousness (Freire, 1970), which involves the development of critical social analysis and awareness, motivation, and action to transform inequality and oppressive conditions. As such, SPD and critical consciousness are processes that can promote collective action. Cadenas et al. (2018) found that critical reflection and critical action (conventional and high-risk activism) were positively correlated with political self-efficacy. Political self-efficacy was positively correlated to political outcome expectation, the belief that social justice behaviors can lead to positive political outcomes, which was positively correlated with intent to persist in college among samples of Hispanic DACA and U.S. citizen students (Cadenas et al., 2018). The findings of Cadenas et al. (2018) suggest that the expectation that one can effect positive political change may lead the individual to set higher intentions to persist in college among college students who face multiple levels of discrimination. Moreover, Luginbuh et al. (2016) found that SPD directly predicted basic psychological need

satisfaction (sense of competence, relatedness, and autonomy) and autonomous motivation among low-income Latinx adolescents. These findings support the notion that awareness and analysis of societal inequalities and engagement in advocacy efforts may promote positive psychological well-being. Although Latinx individuals vary in their immigration status, mobilization against strong anti-immigration and anti-Latinx sentiments contributes to Latinx ethnic solidarity (Martinez, 2008). This suggests that immigration-related collective action can be an important mechanism for U.S. citizen and non-citizen Latinx individuals.

Various studies have established support for the buffering qualities of collective action among LGB people in general (Szymanski & Moffitt, 2012; Wright et al., 1990), sexual minority women (Szymanski & Owens, 2009), transgender people (Breslow et al., 2015), HIV-positive gay Latino men (Ramirez-Valles et al., 2005), and sexual minority Women of Color (Bowleg et al., 2004; DeBlaere et al., 2014). For example, collective action in HIV+ and gay issues moderated the relationship between homosexual stigma and self-esteem; that is, HIV-positive gay Latino men with low and medium collective action experienced lower self-esteem as they experienced more stigma, while the self-esteem of those with high levels of collective action increased as they encountered more stigma (Ramirez-Valles et al., 2014).

Moreover, Szymanski and Owens (2009) explored the moderating roles of sexual minority and feminist collective action within the heterosexism – psychological distress and sexism – psychological distress links. They found that sexual minority and feminist collective action did not moderate the effects of heterosexism on psychological distress, and sexual minority collective action did not moderate the effects of sexism on psychological distress. Yet, feminist collective action moderated the relationship between sexist events and

psychological distress among sexual minority women with high levels of collective action, but only when levels of sexist experiences were low (Szymanski & Owen, 2009).

Similarly, DeBlaere et al. (2014) explored the buffering effects of sexual minority, racial, and feminist collective action on the effects of heterosexism, racism, and sexism on psychological distress among sexual minority Women of Color. They found that racial and feminist collective action did not moderate these relationships, but sexual minority collective action buffered the effects of heterosexist experiences on psychological distress. The buffering effect of sexual minority collective action only held when sexual minority Women of Color had high levels of sexual minority collective action.

Of note, research examining the moderating role of collective action among multiple forms of discrimination and psychological distress found that only collective action related to a specific identity (i.e., feminist collective action, sexual minority collective action) was effective in buffering the effects of the form of discrimination targeted by that same identity (DeBlaere et al., 2014; Szymanski & Owens, 2009). These results suggest that specific types of collective action may only be effective in buffering against distress associated with the particular corresponding form of oppression (i.e., same-identity collective action).

Yet, some studies support the notion that experiences of discrimination related to one social identity can be related to collective action in another social identity (i.e., cross-identity collective action; DeBlaere et al., 2014; Szymanski & Owen, 2009). DeBlaere et al. (2014) found that experiences of racism were correlated with racial, feminist, and sexual minority collective action, but experiences of sexism and heterosexism did not correlate with cross-identity collective action. Cross-identity collective action was also supported for heterosexist experiences and feminist collective action, but not for sexist experiences and sexual minority

collective action (Szymanski & Owen, 2009). Of note, these studies did not assess experiences of discrimination within groups (e.g., racism within LGB communities). To address this limitation, VanDaalen and Santos (2017) explored the association between perceived racism in the LGB community and collective action in LGB and racial/ethnic communities among sexual minority People of Color, finding that perceived racism within the LGB community was correlated with both LGB- and anti-racist collective action. These findings suggest that experiences of discrimination within one's group might lead sexual minority People of Color to engage in collective action across social identity-related issues.

Sexual minority Latinx people are part of multiple minoritized groups and therefore may engage in LGBT, Latinx, and immigrant rights collective action. Although limited, there is some support for the direct negative effect of collective action on psychological distress among sexual minority people (Szymanski & Owen, 2009; Watson et al., 2018). Moreover, discrimination experiences significantly positively correlated with collective action aimed at trying to improve the status of the various social groups to which one belongs (DeBlaere et al., 2014; VanDaale & Santos, 2017). Although this bivariate correlation has been established, the buffering effect of collective action has only been supported among corresponding discrimination – psychological distress links (DeBlaere et al., 2014; Szymanski & Owens, 2009).

In summary, intersectionality proposes that people with intersecting marginalized identities are particularly vulnerable to prejudicial events. Thus, sexual minority Latinx people in the United States may be particularly vulnerable to the repeated racism in LGBT communities (LGBT Racism), foreigner objectification, and heterosexism in racial/ethnic minority communities (POC Heterosexism) that may be associated with higher levels of

psychological distress and PTSD symptoms. Although collective action has not been explored among sexual minority Latinx communities, collective action has been identified as a moderator of the link between corresponding forms of discrimination and psychological distress (Meyer, 1995, 2003; Szymanski & Owens, 2009). As such, the current study focused on three types of group-specific collective action, namely racial/ethnic collective action, immigration collective action, and sexual minority collective action. Using an additive intersectional approach, I explored the direct and moderating effects of each group-specific collective action in the link from each corresponding form of microaggression to PTSD symptoms and psychological distress.

## CHAPTER 2

### ABBREVIATED REVIEW OF THE LITERATURE AND STUDY

LGBTQ Latinx<sup>2</sup> people may experience frequent microaggressions by merely existing in a heterosexist, racist, and xenophobic society. Microaggressions – brief, daily assaults on members of oppressed social groups that can be social or environmental, verbal or nonverbal (Sue et al., 2007) – can have negative consequences on the mental health of people with oppressed identities, and can be cumulative in nature (Meyer, 2003). The massacre at Pulse Nightclub was a form of overt discrimination where Black and Brown people were among the victims (Jenson, 2016). Over 90% of the victims have been identified as Latinx; 23 of the 29 were recognized as Puerto Rican, with some of them also having identified as Black (La Fountain-Stokes, 2016; Torres, 2016). The debates that followed the massacre were subtle discriminatory experiences (i.e., microaggressions) because they erased the LGBTQ Black and Brown people that were among the victims by failing to acknowledge how this attack targeted a particular community – the LGBTQ Latinx community.

In addition to microaggressions based on sexual identity and race, sexual minority Latinx people may also face the *perpetual foreigner stereotype* (Armenta et al., 2013), or the belief that ethnic minority people in the United States are immigrants. Latinx people constituted 17.6%, or 56.5 million individuals, of the U. S. population in 2015 (Flores et al., 2017). Out of these 56.5 million individuals, 19.4 million were foreign-born and 37.1 million U.S.-born (Flores et al., 2017). Foreign-born Latinx people may have immigrated to the United States from Mexico or countries in South America, Central America, or the Caribbean.

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<sup>2</sup> A gender-inclusive term to acknowledge people of all gender identities who are of Latin American heritage or descent.

Most of today's Latinx immigration rhetoric centers on undocumented immigration; yet, Latinx immigration to the United States has a long and complex history that is important for understanding how xenophobia is affecting sexual minority Latinx people in the United States today, regardless of their immigration status. In their overview of U.S. immigration from Latin America, Tienda and Sanchez (2013) argued that the deep historical roots between the United States and Latin American countries need to be accounted for in order to understand modern immigration patterns. For example, the Bracero Program – the United States' recruitment of Mexican workers to fill labor shortages of the 19<sup>th</sup> and 20<sup>th</sup> century – is a poignant example of United States businesses' dependence on Mexican labor, whether it is by legal contracts or unauthorized labor (Tienda & Sanchez, 2013). This is part of the historical sociopolitical context that is often missing from today's dialogues and decisions around immigration, such as the cessation of the Temporary Protected Status and the Deferred Action for Childhood Arrival policies (Miroff & Nakamura, 2018; Nakamura, 2017).

Intersectionality theory is a lens that allows us to contextual experiences in the sociopolitical context of the time and its related history. Intersectionality proposes that individuals with intersecting, marginalized identities are particularly vulnerable to discriminatory events. Thus, the intersection of multiple oppressed identities likely intensifies sexual minority Latinx people's discrimination. For example, gay and bisexual Latino men have reported high levels of suicidal ideation, anxiety, and depression that were related to both racist and heterosexist discrimination (Díaz et al., 2001). Various theoretical approaches have been used to enact intersectionality in psychological research. For instance, the additive approach argues that all forms of oppression are equally salient and have unique direct

effects on psychological experiences (Szymanski & Henricks-Beck, 2014). Although the additive perspective has its limitations (e.g., lack of exploration of unique experience), Bowleg (2008) asserted that this approach may serve as initial steps in investigating people's oppressive experiences. Moreover, the additive approach has been supported in the literature. For example, Velez et al. (2015) found that both heterosexist and racist discriminations had a unique direct effect on sexual minority Latinx people's psychological distress. The additive approach has also been supported in an examination of insidious trauma; racism, sexism, and sexual objectification were each uniquely related to posttraumatic stress disorder (PTSD) symptoms among Women of Color (Watson et al., 2016).

Sexual minority Latinx people's discrimination experiences are likely intensified by them living at the intersection of multiple systems of oppression. Subtle forms of discrimination (i.e., microaggressions) do not tend to be conceptualized as potentially traumatic experiences. Yet, feminist and trauma scholars have called for mental health professionals to conceptualize experiences of identity-based oppression as potentially traumatic experiences (e.g., racism, heterosexism, xenophobia, sexism, microaggressions, etc.; Brown, L. S., 2013; Root, 1992). This comprehensive conceptualization of trauma considers sociopolitical and phenomenological experiences, and it allows for repeated identity-based oppressive experiences (e.g., microaggressions) to be identified as sources of trauma. There is an emerging body of literature that supports this expansion in the conceptualization of traumatic experiences. For instance, heterosexist microaggressions and racial microaggression have been linked to PTSD symptoms among sexual minority people (Robin & Rubin, 2016) and Latinx people (Torres & Taknint, 2015), respective.

Although they are experienced on an individual level, microaggressions also have a communal nature and can be understood as discursive injuries that are native to the historically minoritized collective. As such, collective action, or the engagement in activities that serve to enhance the collective status of oppressed groups in society (Foster & Matheson, 1995), may be a fertile group-level resiliency factor to explore among sexual minority Latinx people. Collective action has been identified by prior literature as a moderator of the link between perceived discrimination and psychological distress (Szymanski & Owens, 2009). It can be a vehicle for profound healing since it allows members of oppressed groups to participate in minoritized groups and social activism to promote their groups' social value (Ashmore et al., 2004; Gamson, 1997; Wright et al., 1990). As Flores-Ortiz (2003) suggested, profound healing “entails transforming trauma into recovery – shifting from feeling victimized to feeling like a survivor. Central to this journey is healing the spirit, reconnecting the body and the mind and regaining a sense of agency” (p. 354). As such, collective action may be a fertile group-level resiliency factor to consider for sexual minority Latinx people who may experience heterosexist, racist, and xenophobic microaggressions.

Because of the sociopolitical climate of the United States, and the lack of information regarding the effects of microaggressions among sexual minority Latinx people, this study used an additive intersectionality approach and minority stress literature to explore the links between different forms of microaggressions to PTSD symptoms and psychological distress, and the direct effect and potential moderating role of collective action among a sample of U.S. sexual minority Latinx people.

## **Acculturative Stress and Trauma**

In order to understand the effect of microaggression on the mental health of sexual minority Latinx people in the United States, it is important to first understand how immigration and its related processes may be detrimental to the mental health of Latinx communities, including sexual minority Latinx immigrants. Acculturative stress has been among the most consistent sociocultural stressor associated with mental health problems among Latinx people who immigrated to the United States (Abraído-Lanza et al., 2016). Acculturative stressors often involve such activities as learning a new language, balancing differing cultural values, and managing the demands between living in a majority culture and being an ethnic/racial minority (Dawson & Panchanadeswaran, 2010). The effect of acculturative stress may depend on contextual factors. For example, having a choice over the decision to migrate and social support are protective factors for immigrant Latinx people, while discrimination, having family left abroad, and fear of deportation are risk factors (Bekteshi & Kang, 2018). Additionally, individual differences may contribute to acculturative stress, such as being a sexual minority Latinx person (Jardin et al., 2016).

Worldwide, sexual minority people encounter persecution and discrimination based on their sexual identity, as homosexuality is often forbidden by law as well as within the dominant religious and cultural value systems of many countries (McClure et al., 1998; Pepper, 2005). Sexual minority Latinx people may immigrate to the United States since it offers protection to asylum seekers who can demonstrate “well-founded fear of persecution” based on their sexual identity (McClure et al., 1998, p. 11). In addition to the burden of proving “well-founded fear of persecution,” the process of asylum-seeking can itself be retraumatizing for some individuals (Perez-Ramirez, 2003). Although seeking citizenship

through asylum seeking may be an option for some, it is estimated that around 189,000 immigrant sexual minority and transgender Latinx people who resided in the United States in 2013 are undocumented (Burns et al., 2013). Being undocumented and a sexual minority may expose people to additional hardships and disparities, such as employment insecurity, financial insecurity and mental health disparities (Burns et al., 2013). Mistreatment based on a minoritized status may have a negative impact on the psychological well-being of people, above and beyond the impact of direct traumatic experiences. As such, living at the intersection of multiple forms of oppression likely amplify sexual minority Latinx individuals' experiences of discrimination.

### **Insidious Trauma**

Brown, L. S. (2013) proposed that recurring subtle marginalizing experiences (i.e., microaggressions)—such as having one's American citizenship or residency questioned by others and feeling unwelcomed in communities of color due to having a sexual minority identity—that occur throughout the lives of members of minoritized and oppressed communities may be thought of as insidious traumas. Microaggressions do not meet the criterion for triggers to PTSD in the *Diagnostic Manual of Mental Health Disorders* (DSM-5; American Psychiatric Association, 2013) because these are restricted to events that include actual or threatened death, serious injury, and sexual violence (Criterion A).

According to the DSM-5, exposure to traumatic events may be through direct experience, in-person witnessing, learning that the traumatic event happened to a close family member or friend, and through repeated or extreme exposure to aversive details of traumatic events in the line of professional duties. Furthermore, people diagnosed with PTSD must exhibit or report the following for at least one month: one or more intrusive symptoms

(e.g., intrusive memories, distressing dreams) associated with the traumatic event (Criterion B), one or more avoidant symptoms (e.g., efforts to avoid reminders of the trauma) to stimuli related to the traumatic event (Criterion C), two or more symptoms of negative alterations in cognition and mood (e.g., persistent and exaggerated negative beliefs about the self, others, and the world) associated with the traumatic experience (Criterion D), and two or more symptoms of alterations in arousal and reactivity (e.g., irritability, self-destructive behaviors, sleep disturbance) associated with the traumatic experience (Criterion E).

Although microaggressions do not meet Criterion A for a PTSD diagnosis, they have been linked to PTSD symptoms among sexual minority (Robin & Rubin, 2016) and Latinx people (Torres & Taknint, 2015), respectively. Feminist and trauma scholars have called for mental health professionals to conceptualize experiences of oppression as traumatic experiences (e.g., racism, heterosexism, xenophobia, sexism, microaggressions, etc.; Brown, L. S., 2013; Root, 1992). This change in the conceptualization of traumatic experiences considers sociopolitical and phenomenological experiences, and it allows for microaggressions to be identified as sources of trauma.

No study to date has jointly examined the role of racism, xenophobia, and heterosexism in the lives of sexual minority Latinx people in the United States. As such, in the subsequent section I review the literature that has addressed the impact of each of these systems of oppression on the lives of Latinx people, sexual minority people, and sexual minority People of Color to seek to understand how they may have an additive effect and shape the lives of sexual minority Latinx people in the United States.

## **Microaggressions, Psychological Distress, and PTSD Symptoms**

Within the past couple of decades, there has been a growing body of literature on the experiences of sexual minority People of Color (Huang et al, 2010). Among a sample of sexual minority People of Color, both racist and heterosexist discrimination were positively related to depression and anxiety, and negatively related to general life satisfaction (Sutter & Perrin, 2016). The relationship between discrimination and negative mental health outcomes has also been supported among gay and bisexual Latino men, as they have reported high levels of suicidal ideation, anxiety, and depression, which were associated with both racist and heterosexist discrimination (Díaz et al., 2001). Moreover, perceived racism, sexism, and heterosexism were found to be positively correlated with one another and each positively related to psychological distress among sexual minority Women of Color (DeBlaere et al., 2014).

Furthermore, a review of social psychology literature described the theme of “alien in one’s own land” as a type of racial microaggression where Asian Americans and Latinx people are assumed to be foreign-born (Sue et al., 2007). Thus, foreigner objectification may be considered a type of microaggression that Latinx people are prone to experience. Although evidence is limited, existing literature suggests that being treated as a perpetual foreigner has negative psychological consequences among Latinx Americans and Asian Americans (Huynh et al., 2011; Kim et al., 2011). For example, perceived foreigner objectification experiences were related to lower life satisfaction and greater depressive symptoms among U.S.-born Latinx people (Armenta et al., 2013).

Researchers have begun to test the conceptualization of racist and heterosexist discrimination as an insidious trauma experience. For example, Torres and Taknint (2015)

found that racial/ethnic microaggressions were linked to PTSD symptoms among a Latinx sample. Moreover, some researchers have concurrently tested two forms of heterosexist oppressive experiences – sexual identity-based hate crimes (meeting Criterion A) and heterosexist discrimination (not meeting Criterion A) – as predictors of PTSD symptoms among LGB people (Bandermann & Szymanski, 2014; Szymanski & Balsam, 2011). Findings suggested that both types of heterosexist oppression had a direct positive link to PTSD symptoms, with heterosexist discrimination having a medium-sized effect size and sexual identity-based hate crimes a small effect size (Bandermann & Szymanski, 2014; Szymanski & Balsam, 2011). These findings support the notion that experiences of sexual identity discrimination that do not meet Criterion A may be an important predictor of PTSD symptoms among sexual minority people. Thus, microaggressions may be conceptualized as potential sources of PTSD symptoms.

Sexual minority People of Color face racial/ethnic and sexual identity microaggressions in the larger society as well as within LGB communities and racial/ethnic communities (Balsam et al., 2011). The perception of racist microaggressions within LGB communities and heterosexist microaggressions within communities of color were positively correlated with depressive symptoms and psychological distress among sexual minority People of Color (Gattis & Larson, 2017; Zelaya & DeBlaere, 2017). These findings support the notion that racial/ethnic and sexual identity microaggressions unique to sexual minority People of Color may have a negative effect on their psychological functioning. Moreover, Zelaya and DeBlaere (2017) found that, although racial/ethnic microaggressions within LGB communities and heterosexism within communities of color were each related to psychological distress, only heterosexism within communities of color was directly related to

psychological distress. This finding supports the importance of examining the microaggressions of sexual minority People of Color as they separately occur within LGB communities and People of Color communities.

To my knowledge, Cerezo (2016) is the only study that explored the relationship of multiple forms of discrimination and PTSD symptoms among a sexual minority Latinx sample. Cerezo (2016) found a positive association between sexual identity and racial/ethnic discrimination and PTSD symptoms among sexual minority Latina immigrant women. Despite the strengths of this study, foreigner objectification was not examined in the study nor were microaggressions. Thus, the literature on the effects of discrimination among sexual minority Latinx people may be enriched by also accounting for experiences of foreigner objectification on their mental health.

Collectively, research has supported the direct links from racial/ethnic and heterosexist microaggressions to psychological distress and PTSD symptoms, and the direct relationship between foreigner objectification and psychological distress. Despite support for these relationships, most of these studies have focused on the effect of one form of discrimination (e.g., racism, heterosexism), as opposed to the effects of multiple forms of microaggressions: racism, heterosexism, and foreigner objectification. Power and oppression operate simultaneously on multiple social levels and shape people's experiences (Collins, 1990). Thus, examining how multiple forms of microaggressions may shape the mental health of sexual minority Latinx people could further understanding of the insidious nature of microaggressions.

### **Collective Action as Moderator**

Intersectionality's political genealogy emphasizes collective action in producing meaningful change by focusing on solidarity, personhood, and justice (Collins, 2000; May, 2015). As such, collective action can be framed as a form of group-level resilience, since it involves community participation in oppressed groups and social activism. It may also be a fertile group-level resiliency factor to explore among sexual minority Latinx people.

Collective action is usually conceptualized as in-person activism. With the rise of social media in the 2000s, social media (i.e., Facebook, Twitter, Instagram, Snapchat, Reddit) has become an avenue for social activism by enabling people to post and tweet about discrimination, power and privilege. An experimental between-groups analysis found that women who tweeted about sexism (using a private or public account) exhibited collective intent and attempts to mobilize against sexism (Foster, 2015). These results help frame tweeting against discrimination as a form of collective action. Furthermore, Foster (2015) found that public tweeters showed significant decreases in negative psychological affect and increased psychological well-being. Thus, this supports the notion that collective action, including via social media, may help buffer against psychological distress.

The proactive nature of collective action grants people personal agency in improving their lives (Friedman & Leaper, 2010). As such, it may be directly related to less psychological distress as well as to attenuate the psychological effects (e.g., psychological distress, PTSD symptoms) of microaggressions among sexual minority Latinx people. Studies with sexual minority women have supported that collective action uniquely predicts less psychological distress (Szymanski & Owen, 2009; Watson et al., 2018). For example, feminist collective action uniquely predicted less psychological distress among a

predominantly White sample of sexual minority women (Szymanski & Owen, 2009). Watson et al. (2018) found that LGBTQ and feminist collective action had a direct unique relation to lower psychological distress and higher psychological well-being among a predominantly White sample of bisexual women. Yet, this direct effect of collective action was not supported among a sample of sexual minority Women of Color (DeBlaere et al., 2014).

Literature that has examined collective action among Latinx populations is limited. Yet, the literature on sociopolitical development (SPD) and critical consciousness has been more applied to Latinx communities. SPD is the process of developing a critical consciousness (Freire, 1970), which involves the development of critical social analysis and awareness, motivation, and action to transform inequality and oppressive conditions. As such, SPD and critical consciousness are processes that can promote collective action. Cadenas et al. (2018) found that political outcome expectation, the belief that social justice behaviors can lead to positive political outcomes, was positively correlated with intent to persist in college among samples of Hispanic DACA and U.S. citizen students. This finding suggests that the expectation that one can effect positive political change may lead the individual to set higher intentions to persist in college among college students who may face multiple levels of discrimination. Moreover, Luginbuhl et al. (2016) found that SPD directly predicted basic psychological need satisfaction (sense of competence, relatedness, and autonomy) and autonomous motivation among low-income Latinx adolescents. These support the notion that awareness and analysis of societal inequalities and engagement in advocacy efforts may promote positive psychological well-being. Although Latinx individuals vary in their immigration status, mobilization against strong anti-immigration and anti-Latinx sentiments contributes to Latinx ethnic solidarity (Martinez, 2008). This suggests

that immigration collective action can be an important mechanism for U.S. citizen and non-citizen Latinx people.

Various studies have established support for the buffering qualities of collective action among LGB people in general (Szymanski & Moffitt, 2012; Wright et al., 1990), sexual minority women (Szymanski & Owens, 2009), HIV-positive gay Latino men (Ramirez-Valles et al., 2005), and sexual minority Women of Color (Bowleg et al., 2004; DeBlaere et al., 2014). Moreover, research examining the moderating role of collective action among multiple forms of discrimination and psychological distress found that only collective action related to a specific identity (i.e., feminist collective action, sexual minority collective action) was effective in buffering the effects of the form of discrimination targeted by that same identity (DeBlaere et al., 2014; Szymanski & Owens, 2009).

For example, Szymanski and Owens (2009) found that sexual minority and feminist collective action did not moderate the effects of heterosexism on psychological distress, and sexual minority collective action did not moderate the effects of sexism on psychological distress. Yet, feminist collective action moderated the relationship between sexist events and psychological distress among sexual minority women with high levels of collective action, but only when levels of sexist experiences were low (Szymanski & Owen, 2009). Similarly, DeBlaere et al. (2014) explored the buffering effects of sexual minority, racial, and feminist collective action on the effects of heterosexism, racism, and sexism on psychological distress among sexual minority Women of Color. They found that racial and feminist collective action did not moderate these relationships, but sexual minority collective action buffered the effects of heterosexist experiences on psychological distress. The buffering effect of sexual minority collective action only held when sexual minority Women of Color had high levels

of sexual minority collective action. These results suggest that specific types of collective action may only be effective in buffering against distress associated with the corresponding form of oppression (i.e., group-specific collective action).

Moreover, some studies support that experiences of discrimination related to one social identity can be related to collective action in another social identity (i.e., cross-identity collective action; DeBlaere et al., 2014; Szymanski & Owen, 2009). DeBlaere et al. (2014) found that experiences of racism were correlated with racial, feminist, and sexual minority collective action. Cross-identity collective action was also supported for heterosexist experiences and feminist collective action (Szymanski & Owen, 2009). Of note, these studies did not assess experiences of discrimination within groups (e.g., racism within LGB communities). To address this limitation, VanDaale and Santos (2017) explored the association between perceived racism in the LGB community and collective action in LGB and racial/ethnic communities among sexual minority People of Color, finding that perceived racism within the LGB community was correlated with both LGB- and anti-racist collective action. These findings suggest that experiences of discrimination within one's group might lead sexual minority People of Color to engage in collective action across social identity-related issues.

Sexual minority Latinx people are part of multiple minoritized groups and therefore may engage in multiple forms of collective action. Although limited, there is some support for the direct negative effect of collective action on psychological distress among sexual minority people (Szymanski & Owen, 2009; Watson et al., 2018). Moreover, experiences of identity-based discrimination significantly positively correlated with collective action aimed at trying to improve the status of the various social groups to which one belongs (DeBlaere et

al., 2014; VanDaale & Santos, 2017). Although this bivariate correlation has been established, the buffering effect of collective action has only been supported among corresponding discrimination – psychological distress links (DeBlaere et al., 2014; Szymanski & Owens, 2009). Thus, the current study focused on three types of group-specific collective action, namely racial/ethnic collective action, immigration collective action, and sexual minority collective action. Using an additive intersectional approach, I explored the direct and moderating effects of each group-specific collective action in the link from each corresponding form of microaggression to PTSD symptoms and psychological distress.

### **Present Study**

Insidious trauma occurs in a psychological context that is determined by the individual, not the observer (Root, 1992). As such, feminist and trauma scholars have proposed that identity-based microaggressions (not meeting Criterion A) can be traumatic experiences since they can damage people’s sense of safety, security, and survival (Brown, L. S., 2013; Root, 1992). Moreover, intersectionality proposes that people with intersecting marginalized identities are particularly vulnerable to prejudicial events. Thus, sexual minority Latinx people in the United States may be particularly vulnerable to the repeated microaggressions that may be associated with psychological distress and PTSD symptoms. Given that one of the aims of the current study was to assess the unique effects of microaggressions on PTSD symptoms and psychological distress, the effect of the number of varied types of traumatic experiences was controlled (meeting Criterion A). Moreover, the current study explored the direct and moderating effects of three types of group-specific collective action (i.e., racial/ethnic collective action, immigration collective action, and sexual minority collective action) in the link from each corresponding form of

microaggressions (i.e., racism in LGBT communities [LGBT Racism], foreigner objectification, heterosexism in racial/ethnic minority communities [POC Heterosexism]) to PTSD symptoms and psychological distress. Through an additive intersectional approach and based on existing literature, I hypothesized the following relationships, while controlling for the effects of the number of varied types of traumatic experiences:

1. Multiple forms of microaggressions (i.e., LGBT Racism, POC Heterosexism, foreigner objectification) will be uniquely, significantly and positively related to psychological distress and PTSD symptoms.
2. Group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) will be uniquely, significantly and negatively related to psychological distress and PTSD symptoms.
3. Group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) will moderate the positive links from each corresponding form of microaggression and psychological distress and PTSD symptoms. That is, the positive relations between all forms of microaggressions (i.e., LGBT Racism, POC Heterosexism, foreigner objectification) and psychological distress and PTSD symptoms will be decreased or nonsignificant for individuals with higher levels of group-specific collective action.

## Method

### Participants

Participants were eligible to participate in this study if they self-identified as a) 18 years of age or older, b) a sexual minority person of Latin American descent, c) having lived in the United States for at least the last 12 months, and d) read either English or Spanish. For the purpose of this study the term “sexual minority Latinx” was operationalized as an umbrella term that encompasses people who share a Latin American descent or heritage, and who are sexually and/or romantically attracted to a) people of similar gender as their own, or b) people of similar *and* different genders as their own; the term sexual minority Latinx is inclusive of people of cisgender and transgender experiences. Participants were recruited by posting advertisements on professional and community listservs, social media (i.e., Facebook, Reddit), university and college student organizations, and community organizations/centers. Potential participants were told that this was a one-time online survey to better understand sexual minority Latinx people’s social experiences, community involvement, and mental health.

A total of 364 sexual minority Latinx individuals participated in the present study, with a mean age of 29.16 years (range = 18 to 70 years old,  $SD = 6.35$ ). Most of the participants ( $n = 348$ , 95.6%) completed the survey in English and 4.4% ( $n = 16$ ) completed it in Spanish. See Table 1 for the complete list of demographic information collected. Participants were predominantly from a Mexican background ( $n = 183$ , 50.3%). All participants ( $n = 364$ ) identified their cultural identity as Latinx/a/o, 82 of whom also identified as White/European-American (22.5%). In terms of country of origin, participants were predominantly U.S.-born ( $n = 234$ , 64.3%). One hundred thirty ( $n = 130$ , 35.7%)

participants were foreign-born, with mean years living in the United States of 12.94 (range = 1 to 40 years,  $SD = 10.56$ ). In terms of sexual identity, participants were primarily bisexual ( $n = 141, 38.7\%$ ), lesbian ( $n = 76, 20.9\%$ ), or gay ( $n = 66, 18.1\%$ ). Most participants were single ( $n = 167, 45.9\%$ ) or married ( $n = 116, 31.9\%$ ). Participants were predominantly women of cisgender experience ( $n = 154, 42.3\%$ ) or men of cisgender experience ( $n = 149, 40.9\%$ ). In terms of highest level of education, participants mainly held a Bachelor's ( $n = 183, 50.3\%$ ) or a Master's ( $n = 79, 21.7\%$ ) degree. The most frequent annual personal income categories reported were between \$20,000 and \$29,999 ( $n = 61, 16.8\%$ ), between \$30,000 and \$39,999 ( $n = 54, 14.8\%$ ), and between \$40,000 and \$49,999 ( $n = 51, 14.0\%$ ). In terms of region of the United States, participants predominantly reported living in the Southeast ( $n = 116, 31.9\%$ ) or the Midwest ( $n = 67, 18.4\%$ ). Two hundred and twelve (58.2%) lived in an urban area, 99 (27.2%) in a suburban area, and 48 (13.2%) in a rural area.

## **Procedures**

A cross-cultural approach to translation and back-translation was used for the measures (Matías-Carrelo et al., 2003). An English-to-Spanish individual translator who is certified by the American Translation Association translated all of the measures, the consent form, demographics form, and mental health referrals to Spanish. Three native-Spanish speaking counseling psychologists, who are also fluent in English, reviewed the Spanish-version of the measures and provided feedback on items' semantic, content, and technical equivalence. I, a native-Spanish speaker, and one of these psychologists also reviewed the Spanish version of the consent form, demographics form, and mental health referrals; I then incorporated the reviewers' minor feedback. The revised Spanish version of the measures, the consent form, demographics form, and mental health referrals were then sent to a

Spanish-to-English individual translator who is certified by the American Translation Association. One of the psychologists and I compared the semantic, content, and technical equivalence of the English translation materials to its Spanish version. No modifications were needed following this step.

Two a priori power analyses were conducted using G\*Power3 and they suggested that 81 participants would be needed to detect a moderate effect size and 395 would be needed to detect a small effect size. This study was approved by the Institutionalized Review Board prior to recruiting participants. Two online surveys powered by Qualtrics were used to collect data – an English version and a Spanish version. Potential participants were presented, in English and Spanish, with the informed consent, the study's inclusion criteria, purpose, risks and benefits of participation, and estimated time-commitment (approximately 20-25 minutes). To ensure data integrity, participants were instructed to complete the questionnaire only once in one sitting. Participants who met the inclusion criteria were encouraged to select whether they wished to continue with the survey in Spanish or English. The scales were presented in a randomized order to reduce carryover effects. Upon completion of the survey, participants were directed to a separate link to enter their name for a chance to win a \$25 Amazon e-gift card (approximately one out of 25 chances of winning). Out of those who entered the raffle, sixteen participants were randomly selected and emailed a \$25 Amazon e-gift card.

## **Instrumentation**

### ***Trauma Experiences***

For this study I focused on the impact of microaggressions (not meeting Criterion A) on psychological distress and PTSD symptoms, as such it was important to control for

experiences of direct trauma (meeting Criterion A), as these experiences are likely to influence the outcome variables. Thus, participants were asked to respond to the Life Event Checklist for DSM-5 (LEC-5; Weathers, Blake et al., 2013). The LEC-5 is a self-report measure consisting of 16 potentially traumatic events that may be experienced at any time during one's lifespan (e.g., natural disaster, serious accident, sexual assault, combat exposure) and includes an additional 17<sup>th</sup> item assessing for 'other' potentially traumatic event not listed. The LEC-5 asks respondents to indicate varying levels of exposure to each type of potentially traumatic event: happened to me, witnessed it, learned about it, part of my job, not sure, or does not apply. The LEC-5 is meant to identify how many potentially traumatic events a person has experienced, but besides this, there is no formal scoring protocol or interpretation (Weathers, Blake et al., 2013).

Previous research studies have summed responses to the LEC-5 to find a total number of events endorsed (Bardeen & Fergus, 2016; Hohman et al., 2017; Pinto et al., 2017). However, there are discrepancies on which level of endorsement is used as positive endorsements of a traumatic event. Some studies have only considered items that are endorsed as having been directly experienced or witnessed as positive endorsements of traumatic events (Hohman et al., 2017; Pinto et al., 2017). Yet, Bardeen and Fergus (2016) considered responses of the potentially traumatic event having occurred to the person, having been witnessed, learned about, or being part of the job as positive endorsement of a potentially traumatic experience. This study used the LEC-5 to determine the total number varied types of potentially traumatic events each participant experienced. For each item, responses of the potentially traumatic event having occurred to the person, having been witnessed, learned about, or being part of the job were coded as an endorsement of a

potentially traumatic experience (1) and does not apply responses as a denial of a potentially traumatic experience (0). The response of “Not sure” was omitted from the total score calculation. A total scale score was derived by summing the number of items endorsed. As such, a score of 0 would mean the individual denied experiencing any potentially traumatic event, and a score of 17 would mean the individual endorsed experiencing all 16 potentially traumatic events items and reported an additional event in the write-in option of the LEC-5.

In a sample of community members (primarily White women), the LEC-5 had a positive significant correlation ( $r = .26$ ; Bardeen & Fergus, 2016) with the Posttraumatic Stress Disorder Checklist for DSM-5 (PCL-5; Weathers, Litz et al., 2013). There were minimal changes between the LEC-5 and its previous version; the previous version of the LEC has shown adequate reliability (mean kappa for all items was .61, and the retest correlation was  $r = .82, p < .001$ ; Gray et al., 2004). The previous version has also shown good concurrent validity with another measure for assessing exposure to potentially traumatic events (i.e., the Traumatic Life Events Questionnaire; Gray et al., 2004). The internal consistency for this study was excellent when combined ( $\alpha_{\text{English}} = .91$ ) and for the English version ( $\alpha_{\text{English}} = .91$ ) and good for the Spanish version ( $\alpha_{\text{Spanish}} = .80$ )

### ***Racial and Heterosexist Microaggressions***

Perceived racism in LGBT communities and heterosexism in racial/ethnic communities were measured with the LGBT People of Color Microaggressions Scale (LGBT-PCMS; Balsam et al., 2011). The LGBT-PCMS is an 18-item self-report measure with three subscales (LGBT racism, POC heterosexism, LGBT relationship racism) that can be used with racial/ethnic minority LGBT adults to assess their unique experiences of microaggressions over the past 12 months. The LGBT-PCMS can be used as a total score of

the whole scale and as subscale scores. For this study, only the LGBT racism (six items) and POC heterosexism (six items) subscales were used. Items were rated on a 5-point scale ranging from 0 (*Did not happen/not applicable*) to 5 (*It happened, and it bothered me EXTREMELY*). The options of 0 and 1 were collapsed because both options represent no effect on the individual; this follows the procedures recommended by Balsam et al. (2011). Item responses are averaged to achieve subscale scores, with subscale response values ranging from 1 to 5 for each subscale. The higher the mean score the more impactful the microaggression experiences. An example item from the LGBT racism subscale includes, “Having to educate White LGBT people about ethnic/race issues,” and a sample item for the POC heterosexism subscale includes “Feeling misunderstood by people in your ethnic/racial community.” Three items on these two subscales used the words “ethnic/racial” or “ethnicity/race,” but two other items only used the words “race” or “racial,” omitting ethnicity. For consistency, the words “ethnic” and “ethnicity” were added to these two items.

The LGBT-PCMS was developed with a diverse People of Color sample that included Latina/Latino Americans. Concurrent validity for the LGBT racism subscale has been supported by its significant positive correlations with general perceptions of LGBT discrimination, LGBT stigma sensitivity and psychological distress, and a negative correlation with life satisfaction (Balsam et al., 2011; Zelaya & DeBlaere, 2015). Moreover, the POC heterosexism subscale was significantly positively correlated with depressive symptoms, perceived stress, and psychological distress, and negatively correlated with life satisfaction (Balsam et al., 2011; Zelaya & DeBlaere, 2015). Balsam et al. (2011) reported good reliability for each LGBT racism ( $\alpha = .89$ ) and POC heterosexism ( $\alpha = .81$ ). The

internal consistency in this study was good for LGBT racism ( $\alpha_{\text{Combined}} = .88$ ;  $\alpha_{\text{English}} = .89$ ;  $\alpha_{\text{Spanish}} = .91$ ) and POC heterosexism ( $\alpha_{\text{Combined}} = .89$ ;  $\alpha_{\text{English}} = .88$ ;  $\alpha_{\text{Spanish}} = .87$ ).

### ***Foreigner Objectification***

Perceived foreigner objectification was measured with the Foreigner Objectification Scale (FOS; Armenta et al., 2013). The FOS is a 4-item self-report measure that assesses Asian- and Latino-Americans' experiences with perpetual foreigner objectification over the past 12 months. Six additional items were added based on the qualitative findings of Rivera et al. (2010). River et al. (2010) explored the microaggression experiences of Latinx Americans and the items added to this scale came from the theme "Alien in own land." Following original scoring, items were be rated on a 4-point scale ranging from 1 (*Never*) to 4 (*Five or More Times*). Items are averaged to achieve a total scale score, with total response values ranging from 1 to 4. Example items include, "Had your American citizenship or residency questioned by others" and "Asked by strangers, 'Where are you from?' because of your ethnicity/race." Items were averaged to achieve a total score. The FOS was developed with foreign- and U.S.-born Asian and Latino Americans. Concurrent validity for the original FOS has been supported by significant positive correlations with perceived general forms of discrimination and identity denial. Armenta et al. (2013) reported acceptable internal reliability for the FOS with a U.S.-born Latino subsample ( $\alpha = .70$ ), questionable reliability with a Foreign-born Latino subsample ( $\alpha = .62$ ), and acceptable reliability for the whole sample ( $\alpha = .71$ ). Internal reliability was excellent in the present study ( $\alpha_{\text{Combined}} = .90$ ;  $\alpha_{\text{English}} = .90$ ;  $\alpha_{\text{Spanish}} = .93$ ).

### ***Collective Action***

Three group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) were measured with modified versions of the Involvement in Feminist Activities Scale (IFAS; Szymanski, 2004). The IFAS is a 17-item self-report measure that was originally developed to assess involvement in a variety of feminist activities. For the present study, the IFAS was adapted into three modified versions of the scale to assess participants' involvement in activities supporting ethnic/racial minority, sexual minority, and immigrant communities. For instance, the sample item, "I educate others about feminist/women's issues" were modified to 1) "I educate others about ethnic/racial issues," 2) "I educate others about LGBQ issues," and 3) "I educate others about the immigration issues." Furthermore, three items of the IFAS were modified to mention the use of social media in collective action efforts. For instance, the item "I am involved in research, writing, and/or speaking about..." was adapted to "I am involved in research, writing (including through social media platforms), and/or speaking about ..." Items for each modified version were rated on a 7-point scale ranging from 1 (*Very untrue of me*) to 7 (*Very true of me*), with total response values ranging from 1 to 7. Items of each modified versions were averaged to achieve a mean scale score, with higher scores indicating more involvement in group-specific collective action.

Convergent validity for the IFAS has been supported by significant and positive correlations with measures that assess self-identification as feminist, attitudes towards feminism, feminist identity development, and feminist ideologies (Szymanski, 2004). In samples of sexual minority women, items of the IFAS yielded Cronbach's alphas of .91 and .94 (Szymanski, 2004; Szymanski & Owen, 2009). A sexual minority modified version of the IFAS demonstrated excellent internal reliability with a sample of racial/ethnic sexual

minority women ( $\alpha = .94$ ; DeBlaere et al., 2014) and among a predominately White sexual minority sample ( $\alpha = .95$ ; Velez & Moradi, 2016). Internal consistency was excellent for this study's ethnic/racial minority ( $\alpha_{\text{Combined}} = .90$ ;  $\alpha_{\text{English}} = .95$ ;  $\alpha_{\text{Spanish}} = .97$ ), immigrant ( $\alpha_{\text{Combined}} = .96$ ;  $\alpha_{\text{English}} = .96$ ;  $\alpha_{\text{Spanish}} = .96$ ), and sexual minority ( $\alpha_{\text{Combined}} = .95$ ;  $\alpha_{\text{English}} = .95$ ;  $\alpha_{\text{Spanish}} = .96$ ) collective action measures. Concurrent validity for this modified version was supported by a significant positive correlation with psychological distress ( $r = -.13$ ) and negative correlation with psychological well-being ( $r = .29$ ; Velez & Moradi, 2016).

### ***Psychological Distress***

Psychological distress was assessed with the 21-item Hopkins Symptom Checklist-21 (HSCL-21; Green et al., 1988), a shortened version of the Hopkins Symptom Checklist (Derogatis et al., 1974). The HSCL-21 is a self-report measure that assesses psychological distress over the past 7 days across three dimensions: General Feelings of Distress, Somatic Distress, and Performance Difficulty. Participants rate the extent to which they were bothered by a list of symptoms (e.g., "Trouble concentrating," "Feeling lonely") in the past week using a scale ranging from 1 (*Not at all*) to 4 (*Extremely*). Items were averaged to derive a total scale score, values range from 1 to 4, with higher scores indicating greater psychological distress. A total scale score has been used with samples of LGBT People of Color (e.g., Szymanski & Sung, 2010; Velez et al., 2015; Zelaya & DeBlaere, 2015).

Concurrent validity for the HSCL-21 has been supported by significant and positive correlations with other measures of psychological distress among college men and women (Moller et al., 2003) and adult therapy patients (Deane et al., 1992). A three-factor structure has also been supported across a racially/ethnically diverse sample (e.g. African American, Latinx, White American; Cepeda-Benito & Gleaves, 2000). In samples of predominately

White sexual minority people, total HSCL-21 scores yielded Cronbach's alphas ranging from .89 to .91 (Szymanski & Owen, 2009; Velez & Moradi, 2016; Velez et al., 2013). The total HSCL-21 scores yielded excellent Cronbach's alphas with samples of LGBT People of Color ( $\alpha = .91$ ; Zelaya & DeBlaere, 2015), sexual minority Asian American people ( $\alpha = .93$ ; Szymanski & Sung, 2010) and with sexual minority Latinx people ( $\alpha = .93$ ; Velez et al., 2015). Internal consistency was excellent in the present study ( $\alpha_{\text{Combined}} = .96$ ;  $\alpha_{\text{English}} = .96$ ;  $\alpha_{\text{Spanish}} = .93$ ). Concurrent validity for the HSCL-21 with sexual minority Latinx people has been supported by significant negative correlations with life satisfaction ( $r = -.52$ ) and self-esteem ( $r = -.54$ ; Velez et al., 2015).

### ***PTSD Symptoms***

PTSD symptoms were measured by the PCL-5 (Weathers, Litz et al., 2013). The PCL-5 is a 20-item self-report measure that can be used with any population to assess the severity of PTSD symptoms over the past month. Items were rated on a 5-point scale ranging from 0 (*Not at all*) to 4 (*Extremely*) scale. Items were summed to achieve a total score, and scores may range from 0–80 with higher scores indicating more PTSD severity. Example items include, “Feeling jumpy or easily startled” and “Feeling distant or cut off from other people.” The items can be grouped into four clusters, referred to as cluster B (Intrusion), cluster C (Avoidance), cluster D (Negative Alterations in Cognitions and Mood), and cluster E (Alterations in Arousal and Reactivity; Weathers, Litz et al., 2013). Weathers, Litz et al. (2013) stated that the PCL-5 may be summed to yield a measure of PTSD symptoms for symptom clusters and for the whole disorder. A cutoff score of 33 has been recommended as an indicator of PTSD (Weathers, Litz et al., 2013). Concurrent validity for the PCL-5 has been supported by significant and positive correlations with the PTSD Checklist-Specific

Version, Posttraumatic Distress Scale, and the Detailed Assessment of Posttraumatic Symptoms–Posttraumatic Stress Scale (Weathers, Litz et al., 2013). The PCL–5 scores yielded excellent Cronbach’s alphas ( $\alpha = .95$ ; Blevins et al., 2015) with a predominately White sample of psychology undergraduate students, and with a sample of predominately White community members ( $\alpha = .96$ ; Contractor et al., 2017). Responses across all items were highly consistent in the present study ( $\alpha_{\text{Combined}} = .97$ ;  $\alpha_{\text{English}} = .97$ ;  $\alpha_{\text{Spanish}} = .94$ ).

## Results

### Missing Data

Missing data were examined before running the main analyses. A total of 670 entries were record. Nine entries were deleted because participants did not select in which language they preferred to complete the survey; thus, they were unable to proceed with the survey. Six additional entries were deleted for not meeting age criterion, 59 entries for not meeting the self-identification as a sexual minority Latinx person criterion, and eight entries for not meeting the length of residency in the United States criterion. Participants missing large amounts of data (i.e., more than 25% at the item level based on the person;  $n = 67$ ; Parent, 2013) were excluded from analyses. Moreover, five validity questions (e.g., “Please select *Unlikely*”) were embedded in the online survey to ensure that participants do not randomly respond to items. Participants were deleted from the study if they missed one of these items. One hundred and seven entries were removed for failing to select the right answer for the first validity question. These entries were removed and the answers of the second validity check were checked, resulting in the removal of 13 more entries. Thirty additional entries were removed when the third validity check was examined. Five additional entries were removed when the fourth validity check was examined, and an additional two were removed

with the last validity check. A total of 157 entries were removed at this step. A total of 364 cases remained.

Next, the pattern of missingness at item level was evaluated for the remaining participants using SPSS missing value analysis procedure. Although there was an English and Spanish version of the survey, a Little's Missing Completely at Random (MCAR) test considering all scale items was only conducted for the English version to assess the pattern of missing data. A MCAR test was not conducted for the Spanish version because the sample ( $n = 16$ ) was too small. The result for the English version was non-significant,  $\chi^2(11106) = 10451.49, p = 1.00$ , suggesting that data in the English version items was missing completely at random (Graham, 2009). Therefore, missing data was imputed for both versions using the expectation-maximization algorithm (Graham, 2009). Items in the English version were missing at most 2.3% of the data. Following this, total scale scores were calculated for all scales in both versions.

### **Data Screening**

Total scale scores from the English and Spanish survey versions were merged prior to checking for the assumptions of multiple regression. Z-scores were computed to determine univariate outliers that were greater than or less than 3.26 standard deviations from the mean for all variables (Field, 2013). No univariate outliers were identified. Multivariate normality was assessed by calculating the Mahalanobis distance and then checking for individual probabilities, with anything below a probability of .001 indicating a potential multivariate outlier (Tabachnick & Fidell, 2007). Six multivariate outliers were identified. The influence of potential multivariate outliers on the overall model was examined using Cook's Distance ( $> 1.00$ ; Field, 2013). None of the Cook's Distances were greater than 1.00 (Field, 2013),

suggesting that none of the potential multivariate outliers placed a significant influence on the overall model. Variance inflation factors (VIF) were examined to determine multicollinearity; VIF of 10 or greater indicates multicollinearity (Field, 2013). No multicollinearity was suggested by VIF. Scatter plots were reviewed for cases that fell above +2 or below -2 standard deviations of the means, which might indicate an issue for homoscedasticity (Tabachnick & Fidell, 2007). The residual variances fell within 2 standard deviations below and above the mean. The final sample included 364 cases.

### **Exploratory Factor Analysis for Modified Scales**

#### ***Foreigner Objectification***

Given that six items were added to the original 4-item foreigner objectification scale, an exploratory factor analysis (EFA) was conducted to examine the psychometric properties of the English version of the 10-item foreigner objectification scale. An EFA was not conducted for the Spanish version of the foreigner objectification scale because the sample ( $n = 16$ ) was insufficient for an EFA. The original foreigner objectification scale (Armenta et al., 2013) is a unidimensional scale and I do not have reason to believe that the additional items would create subcategories. As such, principal axis factoring was used (Field, 2013). All items were restricted to load onto a single factor to explore if the data supported the use of the 10-item scale as a total scale score.

The Kaiser-Meyer-Olkin (KMO) measure was used to assess the adequacy of the sample size (Field, 2013). Hutcheson and Sofroniou's (1999) guidelines were used to interpret the KMO values: values in the .90s are marvelous, .80s meritorious, .70s middling, .60s mediocre, .50s miserable, and below .50 unacceptable. The sample size adequacy for the English foreigner objectification scale was deemed marvelous; it had a KMO of .92. The

Bartlett's test of sphericity was used to assess the correlation between variables, and a significant test is desired as it indicates that the correlation between variables is significantly different from zero (Field, 2013). Bartlett's test of sphericity was significant ( $\chi^2 [45] = 1756.16, p < .001$ ). Items were retained if the factor loadings were  $> .30$  (Field, 2013). All ten items met this criterion (see Table 2). The extracted eigenvalues explained 48.40% of the variance.

### ***Collective Action***

Given the word modifications and additions I made to the collective action scales, an EFA was conducted to examine the psychometric properties of each English version of the modified collective action scale with the current sample of sexual minority Latinx people. EFAs were not conducted for the Spanish version of the collective action scales because the sample ( $n = 16$ ) was insufficient for an EFA. The original IFAS (Szymanski, 2004) is a multidimensional scale with two subscales that load onto a larger construct. Because of its multidimensionality, principal axis factoring was used (Field, 2013). Yet, all items were restricted to load onto a single factor when conducting the EFA to explore if data supported the use of these modified scales as a total scale score.

The sample size adequacy for all three English collective action scales was deemed marvelous; the ethnic/racial collective action scale had a KMO of .96, the immigrant version a KMO of .96, and the LGBQ version a KMO of .95. Bartlett's test of sphericity was significant for the ethnic/racial collective action scale ( $\chi^2 [136] = 445.67, p < .001$ ), the immigration collective action scale ( $\chi^2 [136] = 4762.28, p < .001$ ), and the LGBQ collective action scale ( $\chi^2 [136] = 4232.19, p < .001$ ). Items were retained if the factor loadings were  $> .30$  (Field, 2013). All seventeen items met this criterion for each of the three collective action

scales (see Table 3 to Table 5). The extracted eigenvalues for the ethnic/racial collective action scale explained 54.59% of the variance, the immigration collective action scale explained 57.34% of the variance, and the LGBQ collective action scale explained 53.38% of the variance.

### **Descriptive Data**

Descriptive statistics for all variables, as well as the covariance and correlations are reported in Table 6. POC heterosexism had a mean score of 2.80 (possible range 1-7), LGBT racism a mean of 2.82 (possible range of 1-7), and foreigner objectification a mean of 2.37 (possible range of 1-4). Regarding group-specific collective action, ethnic/racial collective action had a mean score of 4.65, sexual minority collective action a mean of 4.55, and immigration collective action a mean of 4.65. The possible range for the collective action scales was 1-7. The mean score for psychological distress was 2.35 (possible range of 1-4) and PTSD symptoms had a mean of 36.78 (possible range of 1-74).

Cohen's (1992) benchmarks for correlations were used to describe small ( $r = .10$ ), medium ( $r = .30$ ), and larger ( $r = .50$ ) effect sizes. The number of varied types of trauma events was positive and significantly correlated with both psychological distress and PTSD symptoms; both relationships had a medium effect size. Each of the three types of microaggressions were positive and significantly correlated to both psychological distress and PTSD symptoms. The relations between POC heterosexism and LGBT racism and psychological distress were each small, while foreigner objectification and psychological distress had a large effect size. The relation between POC heterosexism and PTSD symptoms was small, medium with LGBT racism, and large with foreigner objectification. All three types of collective actions were positive and significantly correlated among themselves, and

each had a large effect size. Each type of collective action was positive and significantly correlated with both psychological distress and PTSD symptoms. Each ethnic/racial collective action and sexual minority collective action had a medium effect size with psychological distress, and immigration collective action had a large effect size with psychological distress. The same effect sizes were observed between the three collective actions and PTSD symptoms. Moreover, since there were two language options offered for the survey, the influence of the language of the survey on all the variables were evaluated. The language of the survey had a positive and significant relation with POC heterosexism and LGBT racism; these relationships each had a small effect size. Language was used as a covariate in the main analysis since it significantly influenced both of the outcome variables.

A previous intersectional study (Watson et al., 2018) also found a large correlation and effect size among group-specific collective actions. Similar to the present study, Watson et al. (2018) measured LGBTQ collective action and feminist collective among a sample of predominantly White, bisexual women and found both forms of collective action to be significantly positively correlated and with a large effect size ( $r = .83$ ). Watson et al. (2018) combined responses to both collective action measures and used this combined variable in their main analysis. The three groups-specific collective actions in the present study yielded large correlation among one other. This precedence supports the decision to combine scores for the group-specific collective action in the present study and its use in predicting PTSD symptoms and psychological distress. The combined collective action variable in this study was the mean level of collective action across issues of immigration, sexuality, and race/ethnicity. Descriptive statistics for the covariates, microaggressions, combined collective action, and outcome variables, as well as the covariance and correlations are

reported in Table 7. Combined collective action had a mean of 4.62 (possible range of 1-7). The combined collective action variable was positive and significantly correlated to both psychological distress and PTSD symptoms; both relations had a large effect size.

### **Main Analyses**

Two hierarchical regressions were conducted to examine each outcome variable, and they varied on whether I used the three group-specific collective action or combined collective action variable. The number of varied types of traumatic events and the language of the survey were entered as covariates in the first block of all of the multiple regression analyses. Hypotheses 1 was addressed with the second block of the multiple regression analysis where psychological distress and PTSD symptoms are regressed on all microaggressions (i.e., LGBT racism, POC heterosexism, foreigner objectification). Hypotheses 2 was answered with the third block of a multiple regression analysis where psychological distress and PTSD symptoms are regressed on either all types of collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) or combined collective action. Hypothesis 3 was addressed with the fourth block of a multiple regression where psychological distress and PTSD symptoms were regressed on either the interaction terms between the three forms of microaggressions and their corresponding collective action or the interaction terms between the three forms of microaggressions and combined collective action.

### ***PTSD Symptoms***

The model using group-specific collection action is presented in Table 8 and the model using combined collective action in Table 9. The covariates of the number of varied types of traumatic experiences and the language of the survey were entered on the first block

of the hierarchical regression for PTSD symptoms. Together these covariates contributed significantly to the regression model,  $F(2, 361) = 33.48, p < .001$ , and accounted for 15.6% of the variation in PTSD symptoms. The number of varied types of traumatic experiences was a positive and unique predictor of PTSD symptoms ( $t = 4.68, \beta = .20, p < .001, CI = .47, 1.16$ ) and had a small unique effect size ( $R_{part} = .18$ ). The language of the survey was not a significant unique predictor of PTSD symptoms ( $t = -.24, \beta = -.01, p = .81, CI = -9.22, 7.20$ ).

Hypothesis 1 – Multiple forms of microaggressions (i.e., LGBT racism, POC heterosexism, foreigner objectification) would be significantly and positively related to PTSD symptoms – was tested with the second block of the hierarchical regression. The second block contributed significantly to the regression model,  $F(3, 358) = 49.73, p < .001$ , and together accounted for 41% of the variation in PTSD symptoms. Microaggressions accounted for an additional 25.3% ( $p < .001$ ) of the variation in PTSD symptoms above and beyond the effects of the number of varied types of traumatic experiences and language of the survey. Foreigner objectification was a unique positive predictors of PTSD symptoms ( $t = 6.55, \beta = .34, p < .001, CI = 6.72, 12.50$ ) and had a small unique effect size ( $R_{part} = .26$ ). POC heterosexism and LGBT racism were not significant unique predictors of PTSD symptoms ( $t = .65, \beta = .04, p = .51, CI = -1.60, 3.19; t = 1.31, \beta = .09, p = .29, CI = -.83, 4.15$ , respectively).

Block three of the hierarchical regression was used to test hypothesis 2 – Group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) would be significantly and negatively related to PTSD symptoms. Introducing the three types of group-specific collective action on the third block explained an additional 10.16% of the variation in PTSD symptoms, and this change was

significant ( $p < .001$ ). The model containing the covariates, microaggressions, and group-specific collective action was statistically significant,  $F(3, 355) = 37.28, p < .001$ , and accounted for a total of 45.7% of the variation in PTSD symptoms. Immigration collective action ( $t = 3.22, \beta = .28, p < .001, CI = 1.73, 7.17$ ) and LGBQ collective action ( $t = 2.42, \beta = .17, p = .02, CI = .51, 4.92$ ) were *positive* and significant unique predictors of PTSD symptoms. Immigration collective action ( $R_{part} = .13$ ) and LGBQ collective action ( $R_{part} = .10$ ) each had a small unique effect size. Ethnic/racial collective action was not a significant unique predictor of PTSD symptoms ( $t = -1.84, \beta = -.18, p = .07, CI = -6.06, .20$ ).

The three group-specific collective actions were removed from block three of the hierarchical regression and substituted with combined collective action. The model containing the covariates, microaggressions, and combined collective action was statistically significant,  $F(1, 357) = 47.70, p < .001$ , and accounted for a total of 44.5% of the variation in PTSD symptoms. Introducing the combined collective action score on the third block explained an additional 3.5% ( $p < .001$ ) of the variation in PTSD symptoms. Combined collective action ( $t = 4.75, \beta = .23, p < .001, CI = 2.30, 5.55$ ) was a *positive* and significant predictor of PTSD symptoms and had a small unique effect size.

Finally, hypothesis 3 – Group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) would moderate the positive links from each corresponding form of microaggression and PTSD symptoms – was tested with block four using the three group-specific collective actions. The addition of the interactions to the regression model on block four explained an additional 4.7% of the variation in PTSD symptoms, but this change in  $R^2$  was not significant ( $p = .31$ ).

The interaction terms between the three forms of microaggressions and their corresponding collective action were removed from block four and substituted with the interaction terms between the three forms of microaggressions and combined collective action. The addition of the interactions using combined collective action to the regression model on block four explained an additional 1.0% of the variation in PTSD symptoms and this change in  $R^2$  was not significant ( $p = .35$ ).

### ***Psychological Distress***

The model using group-specific collection action is presented in Table 10 and the model using combined collective action in Table 11. The covariates of the number of varied types of traumatic experiences and the language of the survey were entered on the first block of the hierarchical regression for psychological distress. The first block contributed significantly to the regression model,  $F(2, 361) = 34.75, p < .001$ , and accounted for 16.1% of the variation in psychological distress. The number of varied types of traumatic experiences was a positive and unique predictor of psychological distress ( $t = 4.84, \beta = .20, p < .001, CI = .02, .04$ ) and had a small unique effect size ( $R_{part} = .19$ ). The language of the survey not a significant unique predictor of psychological distress ( $t = -.45, \beta = -.02, p = .66, CI = -.35, .22$ ).

Hypothesis 1 – Multiple forms of microaggressions (i.e., LGBT racism, POC heterosexism, foreigner objectification) would be significantly and positively related to psychological distress – was tested with the second block of the hierarchical regression. The second block contributed significantly to the regression model,  $F(3, 358) = 54.24, p < .001$ , and accounted for 43.1% of the variation in psychological distress. Microaggressions accounted for an additional 27% ( $p < .001$ ) of the variation in psychological distress above

and beyond the effects of the number of varied types of traumatic experiences and language of the survey. Results indicated that foreigner objectification was a positive and unique predictor of psychological distress ( $t = 7.89, \beta = .40, p < .001, CI = .30, .50$ ) and had a medium unique effect size ( $R_{part} = .31$ ). POC heterosexism and LGBT racism were not significant unique predictors of psychological distress ( $t = .35, \beta = .02, p = .73, CI = -.07; .10; t = 1.0, \beta = .06, p = .32, CI = -.04, .13$ , respectively).

Block three of the hierarchical regression was used to test hypothesis 2 – Group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) would be significantly and negatively related to psychological distress. Introducing the three types of group-specific collective action on the third block explained an additional 3.5% ( $p < .001$ ) of variation in psychological distress. Racial/ethnic collective action was significantly negatively related to psychological distress ( $t = -2.09, \beta = -.21, p = .04, CI = -.22, -.01$ ). Immigration collective action ( $t = 2.81, \beta = .45, p = .005, CI = .04, .23$ ) and LGBQ collective action ( $t = 2.60, \beta = .18, p = .01, CI = .02, .18$ ) were significantly, *positively* related to psychological distress. Racial/ethnic collective action ( $R_{part} = -.08$ ), immigration collective action ( $R_{part} = .11$ ), and LGBQ collective action ( $R_{part} = .10$ ) each had a small unique effect size.

The three group-specific collective actions were removed from block three of the hierarchical regression and substituted with combined collective action. The model containing the covariates, microaggressions, and combined collective action was statistically significant,  $F(1, 357) = 49.48, p < .001$ , and accounted for a total of 45.4% of the variation in psychological distress. The introduction of the combined collective action variable on the third block explained an additional 2.3% ( $p < .001$ ) of variation in psychological distress.

Combined collective action ( $t = 3.88$ ,  $\beta = .19$ ,  $p < .001$ ,  $CI = .06, .17$ ) was a *positive* and significant predictor of psychological distress and had a small unique effect size.

Finally, hypothesis 3 – Group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective, immigration collective action) would moderate the positive links from each corresponding form of microaggression and psychological distress – was tested with block four using the three group-specific collective actions. The introduction of the interaction terms on the fourth block yielded a non-significant ( $p = .23$ ) increase of 1.0% in variation explained in psychological distress.

The interaction terms between the three forms of microaggressions and their corresponding collective action were removed from block four and substituted with the interaction terms between the three forms of microaggressions and combined collective action. The introduction of the interaction terms using combined collective action on the fourth block yielded a non-significant ( $p = .35$ ) increase of 0.4% in variation explained in psychological distress.

## **Discussion**

Activist and scholar Audre Lorde proclaimed in 1984, “There is no such thing as a single issue-struggle because we do not live single-issue lives.” The foremothers of intersectionality (i.e., Anzaldúa, 1987; Collins, 1989; Davis, 1983; hooks, 1981; Lorde, 1984; Moraga & Anzaldúa, 1983) understood back in the 1960-70s that oppression does not operate on a single-axis. They criticized social movements of the time for taking a single-axis focus (e.g., treating race, class, gender, sexuality separately), which left their experiences as Women of Color on the outskirts of the movements (Collins & Bilge, 2016; Crenshaw, 1991). Failing to account for how multiple systems of power and oppression overlap

(multiple-axis approach) and create unique experiences for people promotes oppression by deeming certain individuals invisible (Collins, 1990; Crenshaw, 1991). Within recent years, there has been an increased interest in understanding the complexity of how systems of power and oppression shape well-being. A larger number of studies focusing on the experiences of LGBTQ People of Color have emerged within recent years (e.g., Gattis & Larson, 2017; Sutter & Perrin, 2016; Zelaya & DeBlaere, 2017); yet, there has been less attention given to the experiences of sexual minority Latinx people in particular. To date, there is no quantitative study that has examined xenophobia among this population while accounting for racism and heterosexism. Thus, this study sought to examine POC heterosexism, LGBT racism, and foreigner objectification as they relate to PTSD symptoms and psychological distress among sexual minority Latinx people in the United States, after controlling for the effects of the number of varied types of traumatic experiences and language.

### **Hypothesis 1**

I hypothesized that multiple forms of microaggressions (i.e., LGBT racism, POC heterosexism, and foreigner objectification) would relate to higher levels of PTSD symptoms and psychological distress among sexual minority Latinx participants. Results supported that each of the three types of microaggressions were positively and significantly related to both PTSD symptoms and psychological distress at the bivariate level. Yet, only foreigner objectification emerged as a significant, positive predictor of PTSD symptoms and psychological distress in the hierarchical regression analyses.

At the bivariate level, heterosexism within communities of color and racism within LGBT communities were each positively significantly related to PTSD symptoms and

psychological distress in the present study. LGBT racism had a medium effect size with PTSD symptoms and small effect size with psychological distress. POC heterosexism had a small effect size with both PTSD symptoms and psychological distress. These positive bivariate relations support the results found in literature that examined the relations between POC heterosexism and LGBT racism on psychological distress among LGBTQ People of Color (Zelaya & DeBlaere, 2017), and expands it specifically to sexual minority Latinx people. Previous literature has supported a positive link from heterosexist microaggressions (Bandermann & Szymanski, 2014; Szymanski & Balsam, 2011) and racial/ethnic microaggressions (Torres & Taknint, 2015) to PTSD among sexual minority people and Latinx people, respectively. Relatedly, heterosexism within communities of color, but not racism within LGBT communities, has been supported as a predictor of psychological distress among LGBT People of Color (Zelaya & DeBlaere, 2015).

Yet, results from the regression analyses suggested that POC heterosexism and LGBT racism were not significant predictors of either PTSD symptoms or psychological distress among this sample of sexual minority Latinx people. These findings partially contradict the limited, but existing, literature that has attended to microaggressions sexual minority People of Color face as they separately occur within LGB and People of Color communities. POC heterosexism and LGBT racism may not have emerged as significant predictors of PTSD symptoms and psychological distress due to the present study having explored the predicting role of multiple microaggressions simultaneously rather than independently. Additionally, the language of the items may have been too broad to capture the racial microaggressions sexual minority Latinx people may experience within LGBT communities and their heterosexist experiences within Latinx communities. Racism within LGBT communities may

include aspects of foreigner objectification, such as being called a “wetback” and being told to “go back to your country” by White sexual minority people (Akers, 2006). Heterosexism within Latinx communities may include being exposed to heterosexist comments directed towards others and people refusing to acknowledge or discount a sexual minority Latinx person's sexual identity (Li et al., 2017). Further research is needed to better understand the racial microaggressions sexual minority Latinx people may experience within LGBT communities and their heterosexist experiences within Latinx communities.

At the bivariate level, foreigner objectification had the largest magnitude (a large effect size) of the three types of microaggressions in relation to both PTSD symptoms and psychological distress. In addition to the bivariate relation between foreigner objectification and PTSD symptoms and psychological distress, foreigner objectification emerged as the sole predictor of these psychological outcomes in regression analyses. That is, after controlling for the number of varied types of traumatic events and language, foreigner objectification was the only significant predictor of PTSD symptoms, and it had a positive relation and small unique effect size. Similar results emerged when predicting psychological distress, except that in this case foreigner objectification was found to have a moderate unique effect size. Foreigner objectification has been supported to have negative psychological consequences among Latinx people (Armetta et al., 2013), but this is the first study to directly link foreigner objectification to psychological distress and PTSD symptoms among a sexual minority Latinx sample.

A potential statistical reason for foreigner objectification emerging as the sole predictor of the psychological outcomes (i.e., PTSD symptoms and psychological distress) may be that the present study statistically controlled for the effect of number of varied types

of traumatic events. Traumatic events, which may include deportation fears, accounted for a small portion of the variance in PTSD symptoms and psychological distress, and controlling for this variable likely decreased the variance left to be explained by microaggressions. In addition, the turbulent sociopolitical climate around Latinx immigration in the United States today may intensify deportation fears (Stafford et al., 2019). Literature has supported that fear of deportation, for self or for family members, is associated with psychological distress (Alif et al., 2019). As such, foreigner objectification may have emerged as a predictor of PTSD symptoms and psychological distress by potentially tapping into deportation fears among participants.

The results of the present study suggest that, by living at the intersection of racism, heterosexism, and xenophobia, sexual minority Latinx people are likely to experience discrimination at the larger societal level as well as within the minoritized communities they belong to. Take for instance the erasure and underdressing of the multiple issues affecting sexual minority Latinx people that occurred within LGBTQ media coverage of the Pulse Nightclub massacre (Meyer, 2019). Given the results of the present study, researchers are encouraged to take a multiple-axis approach in seeking to understand the relation between microaggressions and mental health among sexual minority Latinx people.

Trauma and feminist scholars have called for a broadening of the conceptualization of traumatic experiences to include experiences of identity-based oppression (e.g., racism, heterosexism, xenophobia, sexism, microaggressions, etc.; Brown, L. S., 2013; Root, 1992). Root (1992) proposed that repeated identity-based oppressive experiences damage the psychological sense of safety, security, and survival of members of marginalized and oppressed communities, which leads to insidious trauma. The positive predictive role of

foreigner objectification found in this present study adds support to the conceptualization of microaggressions, namely foreigner objectification, as traumatic experiences among sexual minority Latinx people in the United States. Xenophobia and foreigner objectification have been given limited attention in literature focused on sexual minority communities. As the results indicate, the role of foreigner objectification in the mental health of sexual minority Latinx people in the United States is a fruitful area to further explore.

Within the past few years, there have been major sociopolitical changes and controversies around Latinx immigration and LGBTQ rights in the United States. These changes are detrimental to the mental health of Latinx and sexual minority communities in the United States today. For instance, recent research on the impact of parental deportation suggests that U.S. citizen Latinx children demonstrate significantly higher levels of trauma symptoms, anxiety, and depression, as compared with citizen Latinx children whose parents have not been detained or deported (Rojas-Flores et al., 2017). In addition to parental threat of or actual deportation, immigrant Latinx children face the threat of forced institutionalization. MacLean et al. (2019) found that nearly half of the Latinx children held at an immigration detention center demonstrated high rates of at least one emotional or behavioral problem, and nearly one fifth had a probable diagnosis of PTSD. Participants in the current study were not asked to disclose if they or others around them faced deportation. Yet in 2018, 55% of Latinx people in the United States, regardless of citizenship status, reported worrying that they, a family member, or a close friend could be reported (Pew Research Center, 2018).

Deportation fears among sexual minority Latinx people may be aggravated by recent drawbacks in anti-LGBTQ discrimination protections (e.g., removal of “sexual orientation”

from national anti-discrimination guidelines; D'Angelo, 2019) that convey the message that LGBTQ people are second-class citizens. This sociopolitical context of the United States amplifies the *othering* of Latinx and sexual minority communities and could explain the finding that foreigner objectification was a significant predictor of both psychological distress and PTSD. That is, sexual minority Latinx individuals, regardless of their immigration status, may be negatively affected by the foreigner objectification within the current sociopolitical climate that casts Latinx and sexual minority communities as outsiders in the United States.

Moreover, critiques of the study of microaggressions merit consideration in interpreting these results. Microaggressions are subtle and subject to interpretation by each individual. As such, the study of microaggressions has been critiqued for its heavy reliance on self-reports (Lilienfeld, 2017). Lilienfeld (2017) proposed that personality traits, such as negative emotionality, may influence self-reports of microaggressions. That is, people high in negative emotionality may be more critical and judgmental, vulnerable to distress, and vigilant to negative environmental cues. Thus, personality traits influence a person's perception and judgment of already highly subjective microaggressions (Lilienfeld, 2017). According to this argument, it is possible that the high correlation among the microaggression variables in the current study may be partially due to characteristic ways of responding influenced by personality traits. Even if personality traits, such as negative emotionality, influenced the reporting of microaggressions among participants, these reports still merit acknowledgement. Racial microaggressions and overt racial discriminations have been found to be highly correlated, yet distinct from one another (Lui & Quezada, 2019). Thus, participants who reported microaggressions may have also experienced overt

discrimination, which might have led them to be more alert to negative messages in the environment around sexuality, race, and immigration. Given this criticism of microaggression literature, future research may benefit from examining the role of personality traits in ways of reporting microaggressions.

## **Hypothesis 2**

I hypothesized that group-specific collective action (i.e., ethnic/racial collective action, sexual minority collective action, immigration collective action) would be negatively related to PTSD symptoms and psychological distress among sexual minority Latinx people. The results of this study found that all three types of group-specific collective actions were significantly *positively* related to psychological distress at the bivariate level. Immigration collective action was related to psychological distress to a large magnitude, while ethnic/racial collective action and sexual minority collective action each had a medium effect size with psychological distress. Results from the regression analysis supported all group-specific collective actions to be significant predictors, with small effect sizes, of psychological distress. The finding that group-specific collective actions were related to greater psychological distress contradicts previous literature that has found collective action to be related with less psychological distress among predominantly White, sexual minority women samples (Szymanski & Owen, 2009; Watson et al., 2018).

Moreover, results of this study also supported that all three types of group-specific collective actions were significantly *positively* related to PTSD symptoms at the bivariate level. Immigration collective action had a large effect size and ethnic/racial collective action and sexual minority collective action each had a medium effect size with PTSD symptoms. Yet, immigration collective action and sexual minority collective action were the only

significantly positive predictors of PTSD symptoms, each with a small effect size. All group-specific collective actions had a large amount of overlapping variance which may have reduced the ability of ethnic/racial collective action to emerge as a significant predictor. This is the first study to date to support that group-specific collective actions are positively related to PTSD symptoms among sexual minority Latinx people.

Combined collective action was significantly *positively* related to PTSD symptoms and psychological distress at the bivariate level. Results from the regressions analyses suggested that combined collective action was a significant, positive predictor of PTSD symptoms and psychological distress, and had a small unique effect size for both. Thus, higher levels of collective engagement across issues impacting sexual minority Latinx people was associated with greater PTSD symptoms and psychological distress among this sample.

Within recent years there has been a greater call for people to “stay woke.” This is often a call for people to stay connected with the social injustice and inequalities occurring around them, with the hopes that people will take action against them (Barton, 2016). This call is congruent with collective action since collective action requires a recognition and awareness of the social injustices taking place in society. Collective action efforts can be fruitful in educating others and raising allyship (Geia et al., 2010) and an important tool of resistance against discrimination (Velez & Moradi, 2016). Yet, the general positive relations of group-specific collective actions in the present study suggest that engaging in these forms of collective action may be associated with greater psychological distress and/or PTSD symptoms for sexual minority Latinx people. These maladaptive psychological outcomes might have to do with the type of spaces in which participants engage(d) in collective action.

LGBT People of Color face racial/ethnic discrimination within predominantly White LGBTQ communities and heterosexism within communities of color (Balsam et al., 2011). As such, the climate around other minoritized identities people hold can impact the experience of participating in advocacy spaces. For instance, participants may have sought engagement in LGBTQ spaces to advocate for a group they belong to; yet, the only spaces (physical or online) that may have been available could have exposed them to microaggressions and/or overt discrimination. This further potential discrimination within a group with which one identifies could have added further distress, potentially reigniting PTSD symptoms related to rejection, exclusion, and isolation. Further examination is needed to better understand what additional factors may influence the direction of the relation between collective action and psychological indicators among sexual minority Latinx people.

Another potential reason for the positive links from engagement in group-specific and combined collective actions to psychological distress and PTSD symptoms could be that these spaces may have a singular-cause focus (e.g., immigration issues only, LGBTQ issues only, racial issues only). Following the Pulse Nightclub massacre, LGBT People of Color expressed frustration at the lack of intersectional focus following this massacre and expressed interest in intersectional advocacy and visibility of LGBT People of Color (Ramirez et al., 2019). In the present study, all group-specific collective actions had a large, significant and positive relation among each other. This might speak to participants' high desire to advocate for various aspects of their identity as sexual minority Latinx people. As such, having been involved in spaces that took a singular-cause approach and/or may have not been open to more intersectional advocacy work could have added further distress among this sample. Future research may benefit from asking about the types of spaces (singular-cause approach

vs. multiple-axis approach) in which sexual minority Latinx people participate in advocacy and how it may impact wellbeing.

### **Hypothesis 3**

For the final hypothesis, I predicted that group-specific collective action would moderate the positive relation between each corresponding microaggression and PTSD symptoms and psychological distress. Findings failed to support the buffering effect of any group-specific collective action. This contradicts literature that has supported the buffering effect of group-specific collective action among corresponding forms of discrimination and psychological distress (DeBlaere et al., 2014; Szymanski & Owens, 2009). Moreover, when the combined collective action was used, it did not significantly moderate the links from various types of microaggressions to PTSD symptoms and psychological distress. In other words, regardless of the level of collective action, microaggressions, specifically foreigner objectification, are similarly harmful for sexual minority Latinx people. Notably, this study focused on negative mental health indicators (i.e., PTSD symptoms and psychological distress) and did not examine the moderating role of collective action using a positive mental health indicator. Collective action has been found to be positively related to psychological wellbeing and to be a moderator of the association between discrimination and psychological wellbeing through internalized heterosexism among a sample of predominantly White sexual minority people (Velez & Moradi, 2016). Future research may benefit from examining the moderating role of collective action among sexual minority Latinx people when using a positive mental health indicator.

## **Limitations**

The findings of the present study should be considered in light of a number of limitations. First, the current study used an additive intersectional approach. Although it can be conceptualized as intersectional from a theoretical perspective, the additive perspective varies in its strength of adherence to key tenets of intersectionality analysis (e.g., exploration of unique experiences; Lewis & Grzanka, 2017). The current study used the LGBT-PCMS which measured the unique experiences of racism within LGBT communities and of heterosexism within communities of color. The use of this measure allowed the study to capture some of the unique experiences of sexual minority People of Color. Additionally, given the role of xenophobia in the current climate, this study measured foreigner objectification. The use of the foreigner objectification scale and two subscales of the LGBT-PCMS allowed the current study to capture a broader picture of how racism, heterosexism, and xenophobia affect sexual minority Latinx people in the United States. Yet, racism, heterosexism, and xenophobia were captured individually and then their effects added together (additive intersectional approach). This approach did not allow the study to capture the unique ways sexual minority Latinx people experience racist heterosexist xenophobic microaggressions. As such, the results of the current study should be understood with this limitation in mind.

In addition, the present study used a cross-sectional, correlational design, which does not allow for causal inferences. Experimental and longitudinal studies would help to clarify the directionality of the relations among perceived microaggressions, collective action, and mental health indicators. Moreover, insidious trauma theory focuses on the cumulative effect of discrimination across a lifetime (Brown, L. S., 2013). The current study restricted this

conceptualization by only assessing the cumulative effects of microaggressions over the past twelve months. Even in light of this limitation, significant relations emerged and suggest microaggressions can have an insidious nature in a year's timeframe.

Another limitation of this study is related to general criticisms of the microaggression literature. The current study relied solely on self-reports in measuring all the variables. Lilienfeld (2017) has suggested that this practice may lead to inflated associations between microaggressions and mental health indicators due to shared method variance. Thus, the associations between microaggressions and PTSD symptoms and psychological distress in this study may be elevated. Additionally, the microaggression scales used in this study had good to excellent reliability (ranged from .88 to .90 when both language versions were combined). The goodness of high levels of internal consistency among microaggression items has been questioned (Lilienfeld, 2017). Lilienfeld (2017) suggested that at least some of the high levels of reliability of microaggression scales might reflect the influence of personality traits. Readers are encouraged to consider these criticisms when contemplating the results of this study.

Furthermore, reliability and validity evidence with samples representing sexual minority Latinx people were not available a priori for the LGBT-PCMS. As previously explained, the language of the two subscales used in the present study may have been too broad to adequately capture the experiences of racism within LGBT communities and heterosexism within Latinx communities experienced by participants. A qualitative approach may better capture how sexual minority Latinx people experience racism and heterosexism within the communities to which they belong.

## **Professional and Clinical Implications**

Results from this study demonstrate the importance of attending to multiple forms of microaggressions in the lives of sexual minority Latinx people. Practitioners are urged to attend to the ways in which interlocking systems of oppression (i.e., heterosexism, racism, and xenophobia) are linked to increased psychological distress and PTSD symptoms among sexual minority Latinx people. Given the direct and significant links between recurrent and multiple forms of microaggressions and PTSD symptoms, practitioners are encouraged to expand their conceptualizations of trauma to include a consideration of the sociocultural and sociopolitical context that is rife with heterosexism, racism, and xenophobia. While considering other forms of microaggressions, language, and the number of varied types of traumatic experiences, foreigner objectification emerged as a significant predictor of the psychological distress and PTSD symptoms experienced by sexual minority Latinx people in the United States today. As such, it is critical that practitioners inquire about the impact of immigration policies on the lives of their clients and their loved ones, regardless of the client's immigration status.

Racism, heterosexism, and xenophobia are implicit even when diversity is explicitly lauded. Educational training and clinical work are not excluded from this. As such, it is paramount that practitioners reflect on how their training and clinical practices may be shaped by racism, heterosexism, and xenophobia. Pairing this recognition of how systems of power and oppression shape clinical work with cultural humility (Owen et al., 2016), a nonjudgmental “way of being” with clients, may serve as an affirmative approach by allowing practitioners to remain open to new ways of knowing and foster healing for their clients.

The field of counseling psychology is committed to using science and practice for social justice. Practitioners are encouraged to translate insights of academic scholarship into activism and social transformation with and on behalf of their clients (Moradi & Grzanka, 2017). Results from this study emphasized that LGBT racism, POC heterosexism, and foreigner objectification are detrimental to the mental health of sexual minority Latinx people. Practitioners are encouraged to recognize the intersectional issues faced by their clients and that these necessitate intersectional solutions. Cole and Luna (2010) recommended that meaningful coalition work can be accomplished across a wide range of groups when the groups recognize their work within a larger context and begin by focusing on short-term and specific work. To this end, practitioners' engagement in coalition work with an array of social justice groups could be fruitful in achieving social transformation that would be beneficial to sexual minority Latinx people and beyond.

Collective action is a vehicle for advocating for minoritized and oppressed groups. This study found that collective action (group-specific and combined) had a positive relation with PTSD symptoms and psychological distress among sexual minority Latinx people. Systems of privilege and oppression shape all aspects of society, even those that tend to advocate for certain minoritized groups. For instance, Ward (2008) found that Whiteness permeated an LGBTQ advocacy organization even though the group purported to embrace diversity as a political priority. As such, practitioners are encouraged to be thoughtful in considering whether to engage in collective action, and whether to encourage their sexual minority Latinx clients to engage in it. Collective action can be beneficial to the social liberation of minoritized and oppressed communities and some literature supports its mental health benefits among minoritized communities (e.g., Szymanski & Owen, 2009; Watson et

al., 2018). Yet, collective action efforts may be personally taxing and associated with negative mental health indicators; this was the case in the present study. As such, practitioners interested in and/or engaged in collective action and coalition work are prompted to be attentive to their mental health while engaging in these efforts.

### **Conclusion**

Findings from this study suggest that LGBT racism, POC heterosexism, and foreigner objectification were each related to more PTSD symptoms and psychological distress at the bivariate level, although only foreigner objectification emerged as a positive predictor of PTSD symptoms and psychological distress. These results support the use of an intersectional approach in seeking to understand the relation between microaggressions and mental health among sexual minority Latinx people. Additionally, results also support insidious trauma theory (Brown, L. S., 2013; Root, 1992), whereby repeated microaggressions, namely foreigner objectification, may result in PTSD symptoms among sexual minority Latinx people. As such, mental health providers are encouraged to expand their conceptualization of potentially traumatic experiences by recognizing the deleterious role of xenophobia in the lives of sexual minority Latinx people.

Furthermore, all group-specific collective actions (i.e., ethnic/racial collective action, sexual minority collective action, immigration collective action) were positively related at the bivariate level to higher levels of PTSD symptoms and psychological distress. Sexual minority collective action and immigration collective action emerged as positive predictors of psychological distress and ethnic/racial collective action as a negative predictor. Only sexual minority collective action and immigration collective action were predictors of PTSD symptoms and they were positive. Moreover, combined collective action was also found to

have a positive relation at the bivariate with PTSD symptoms and psychological distress and to be a positive predictor of these two outcomes. These results suggest that, although beneficial for society, collective action efforts may be personally taxing and associated with negative mental health indicators. Additionally, none of the group-specific forms of collective action nor combined collective action moderated the links from each corresponding form of microaggression to PTSD symptoms and psychological distress. These results indicate that microaggressions, specifically foreigner objectification, are similarly harmful to sexual minority Latinx people, regardless of level of collective action. Taken together, these results point to the importance of attending to mental health while engaging in collective action efforts.

Table 1  
*Demographic information for the whole sample, English survey sample, and Spanish survey sample.*

Characteristic	Total (N = 364)	English Survey (n = 348)	Spanish Survey (n = 16)
Hispanic, Latinx/a/o, or Spanish origins *			
Argentinean	10 (2.7%)	10 (2.9%)	
Brazilian	19 (5.2%)	19 (5.5%)	
Colombian	41 (11.3%)	36 (10.3%)	5 (31.3%)
Cuban	27 (7.4%)	26 (7.5%)	1 (6.3%)
Dominican	12 (3.3%)	10 (2.9%)	2 (12.5%)
Ecuadorian	7 (1.9%)	7 (2.0%)	
Honduran	6 (1.6%)	5 (1.4%)	1 (6.3%)
Mexican	183 (50.3%)	181 (52.0%)	2 (12.5%)
Peruvian	4 (1.1%)	4 (1.1%)	
Puerto Rican	31 (8.5%)	31 (8.9%)	
Salvadoran	10 (2.7%)	10 (2.9%)	
Other (i.e., Bolivian, Guatemalan, Nicaraguan, Panamanian, Venezuelan, Spanish)	40 (11.0%)	35 (10.1%)	5 (31.3%)
Cultural identity *			
Black/African American	24 (6.6)	20 (5.7%)	4 (15%)
Asian/Asian American	19 (5.2%)	17 (4.9%)	2 (12.5%)
American Indian/Native American	8 (2.2%)	8 (2.3%)	
Biracial/Multiracial	24 (6.6%)	23 (6.6%)	1 (6.3%)
White/European-American	82 (22.5%)	78 (22.4%)	4 (25%)
Hispanic/Latinx/a/o	364 (100%)	348 (100%)	16 (100%)
Pacific Islander	10 (2.7%)	10 (2.9%)	
Middle Eastern	1 (0.3%)	1 (0.3%)	
Other	3 (0.8%)	3 (0.9%)	
Country of origin			
U.S.A.	234 (64.3%)	228 (65.5%)	6 (37.5%)
Foreign born	124 (34.1%)	114 (32.8%)	10 (62.5%)
Did not respond	6 (1.6%)	6 (1.7%)	
Citizenship status			
Lawful permanent resident	47 (12.9%)	42 (12.1%)	5 (31.3%)
Natural born citizen	213 (58.5%)	208 (59.8%)	5 (31.3%)
Naturalized citizen	50 (13.7%)	49 (14.1%)	1 (6.3%)
Non-immigrant resident	17 (4.7%)	14 (4.0%)	3(18.8%)
Undocumented resident	2 (0.5%)	2 (0.6%)	

Table continued

Characteristic	Total ( <i>N</i> = 364)	English Survey ( <i>n</i> = 348)	Spanish Survey ( <i>n</i> = 16)
Prefer not to answer	28 (7.7%)	27 (7.8%)	1 (6.3%)
Did not respond	7 (1.9%)	6 (1.7%)	
Sexual identity *			
Lesbian	76 (20.9%)	70 (20.1%)	6 (37.5%)
Gay	66 (18.1%)	61 (17.5%)	5 (31.3%)
Bisexual	141 (38.7%)	138 (39.7%)	3 (18.8%)
Pansexual	34 (9.3%)	32 (9.2%)	2 (12.5%)
Omnisexual	7 (1.9%)	7 (2.0%)	
Queer	65 (17.9%)	65 (18.7%)	
Questioning	1 (0.3%)	1 (0.3%)	
Other (i.e., Asexual, biromantic, demisexual)	9 (2.5%)	9 (2.6%)	
Relationship status			
Single	167 (45.9%)	161 (46.3%)	6 (37.5%)
Monogamous dating	43 (11.8%)	41 (11.8%)	2 (12.5%)
Polyamorous dating	7 (1.9%)	4 (1.1%)	3 (18.8%)
Married	116 (31.9%)	111 (31.9%)	5 (31.3%)
Domestic partnership	18 (4.9%)	18 (5.2%)	
Committed polyamorous relationships	1 (0.3%)	1 (0.3%)	
Separated	7 (1.9%)	7 (2.0%)	
Did not respond	5 (1.4%)	5 (1.4%)	
Gender identity			
Cisgender man	149 (40.9%)	141 (40.5%)	8 (50.0%)
Transgender man	17 (4.7%)	17 (4.7%)	
Non-binary	26 (7.1%)	24 (6.9%)	2 (12.5%)
Cisgender woman	154 (42.3%)	149 (42.8%)	5 (31.3%)
Transgender woman	8 (2.2%)	7 (2.0%)	1 (6.3%)
Other (i.e., Butch, AFAB, masculine, non-cis, non-trans, gender questioning, not sure)	3 (0.8%)	2 (0.9%)	
Did not respond	7 (1.9%)	7 (2.0%)	
Gender pronouns *			
She/her/hers	177 (48.6%)	170 (48.9%)	7 (43.8%)
He/him/his	148 (40.7%)	141 (40.5%)	7 (43.8%)
They/them/theirs	20 (5.5%)	17 (4.9%)	3 (17.8%)
No preference	3 (0.8%)	3 (0.9%)	
Did not respond	25 (6.9%)	24 (6.9%)	1 (6.3%)
Education level			
Some high school	4 (1.1%)	4 (1.1%)	
High school diploma	14 (3.8%)	13 (3.7%)	1 (6.3%)
GED	4 (1.1%)	4 (1.1%)	

Table continued

Characteristic	Total (N = 364)	English Survey (n = 348)	Spanish Survey (n = 16)
Vocational/trade school	7 (1.9%)	6 (1.7%)	1 (6.3%)
Some college	28 (7.7%)	25 (7.2%)	3 (18.8%)
Associates	21 (5.8%)	21 (6.0%)	
Bachelor's	183 (50.3%)	175 (50.3%)	8 (50.0%)
Master's	79 (21.7%)	77 (22.1%)	2 (12.5%)
Specialist	1 (0.3%)		1 (6.3%)
Doctorate	18 (4.9%)	18 (5.2%)	
Did not respond	5 (1.4%)	5 (1.4%)	
Annual income			
\$0-9,999	23 (6.3%)	22 (6.3%)	1 (6.3%)
\$10,000-19,999	43 (11.8%)	41 (11.8%)	2 (12.5%)
\$20,000-29,999	61 (16.8%)	58 (16.7%)	3 (18.8%)
\$30,000-39,999	54 (14.8%)	54 (15.5%)	
\$40,000-49,999	51 (14.0%)	47 (13.5%)	4 (25.0%)
\$50,000-59,999	35 (9.6%)	33 (9.5%)	2 (12.5%)
\$60,000-69,999	26 (7.1%)	25 (7.2%)	1 (6.3%)
\$70,000-79,999	23 (6.3%)	21 (6.0%)	2 (12.5%)
\$80,000-89,999	22 (6.0%)	21 (6.0%)	1 (6.3%)
\$90,000-99,999	4 (1.1%)	4 (1.1%)	
\$100,000 or more	16 (4.4%)	16 (4.6%)	
Did not respond	6 (1.7%)	6 (1.7%)	
Region of the U.S.A.			
Northeast	61 (16.8%)	58 (16.7%)	3 (18.8%)
Southeast	116 (31.9%)	109 (31.3%)	7 (43.8%)
Midwest	67 (18.4%)	66 (19.0%)	1 (6.3%)
Southwest	61 (16.8%)	58 (16.7%)	3 (18.8%)
Mountain West	11(3.0%)	10 (2.9%)	1 (6.3%)
West Coast	42 (11.5%)	41 (11.8%)	1 (6.3%)
Hawaii/Alaska	1 (0.3%)	1 (0.3%)	
Did not respond	5 (1.4%)	5 (1.4%)	
Developed environment			
Urban	212 (58.2%)	198 (56.9%)	14 (87.5%)
Suburban	99 (27.2%)	97 (27.9%)	2 (12.5%)
Rural	48 (13.2%)	48 (13.8%)	
Did not respond	5 (1.4%)	5 (1.4%)	
Mean (SD)			
Age	29.16 (6.35)	29.14 (6.38)	29.5 (5.74)
	18 – 70	18 – 70	19 – 39
Years in the U.S	12.94 (10.56)	13.26 (10.7)	9.5 (8.67)
(foreign-born only)	1 – 40	1 – 40	2 – 28

*Note.* \* Participants had the option to select more than one Hispanic, Latinx/a/o, or Spanish origin, cultural identity, sexual identity, and gender pronouns.

Table 2  
*Factor Loading for 10-item Foreigner Objectification Scale*

Item no.	Items	Factor Loading
8	Had someone assume that you are an undocumented immigrant because of your ethnicity/race.	.80
6	Had someone tell you "Go back to your country!" because of your ethnicity/race.	.78
10	Had someone refer to you by a derogatory term (e.g., wetback, spic) because of your ethnicity/race.	.77
1	Had your U.S. citizenship or residency questioned by others.	.76
4	Had someone speak to you in an unnecessarily slow or loud way.	.75
2	Had someone comment on or be surprised by your English language ability.	.72
7	Had people make unnecessary comments about your language abilities or go out of their way to comment on your accent (either in a positive or negative manner).	.70
5	Had people assume that you were not born in the United States because of your ethnicity/race.	.66
9	Had someone comment on Latino/a/x immigrants and their children having no right to be in the United States.	.50
3	Asked by strangers, "Where are you from?" because of your ethnicity/race.	.40

Table 3  
*Factor Loading for IFAS-Race Scale*

Item no.	Items	Factor Loading
17	I actively participate in ethnic/racial justice-oriented organizational, political, social, community, and/or academic activities and events.	.85
5	I attend ethnic/racial justice-oriented organizational, political, social, community, and/or academic activities and events.	.83
6	I am involved in antiracist work.	.81
4	I am involved in antiracist work.	.80
14	I am a member of one or more ethnic/racial justice-oriented organizations and/or groups.	.79
8	I am involved in research, writing, and/or speaking (including through social media platforms) about ethnic/racial issues.	.79
13	I am involved in teaching and/or mentoring activities related to ethnic/racial justice.	.79
7	I am involved in teaching and/or mentoring activities related to ethnic/racial justice.	.78
9	I am involved in organizations that address the needs of other minority groups (e.g., lesbians, gay men, and bisexual people, women, people with disabilities).	.76
16	I am involved in organizations that address the needs of other minority groups (e.g., lesbians, gay men, and bisexual people, women, people with disabilities).	.75
3	I participate in ethnic/racial justice-oriented demonstrations, boycotts, marches, and/or rallies.	.74
10	I am involved in planning/organizing ethnic/racial justice-oriented events and activities.	.73
2	I educate others about ethnic/racial justice-oriented issues.	.72
15	I read racial justice-oriented literature and news outlets.	.66
1	I write to politicians and elected officials concerning ethnic/racial justice-oriented issues.	.59
12	I donate money to ethnic/racial justice-oriented groups or causes.	.59
11	I vote for political candidates that support ethnic/racial justice-oriented issues.	.43

Table 4  
*Factor Loading for IFAS-Immigration Scale*

Item no.	Items	Factor Loading
17	I actively participate in immigration-focused organizational, political, social, community, and/or academic activities and events.	.87
3	I participate in pro-immigration demonstrations, boycotts, marches, and/or rallies.	.84
7	I am active as an immigration justice-oriented person in political activities.	.84
14	I am a member of one or more immigration-focused organizations and/or groups.	.84
5	I attend immigration-focused organizational, political, social, community, and/or academic activities and events.	.84
13	I am involved in teaching and/or mentoring activities related to immigration-rights issues.	.82
4	I attend conferences/lectures/classes/training on immigration-rights issues.	.81
8	I am involved in research, writing, and/or speaking (including through social media platforms) about immigration-rights issues.	.79
6	I am involved in anti-xenophobia (fear of those believed to be foreigners) work.	.78
10	I am involved in planning/organizing immigration-related events and activities.	.77
16	I am a member of one or more immigration-focused listservs or social media groups.	.77
2	I educate others about immigration-rights issues.	.72
1	I write to politicians and elected officials concerning immigration-rights issues.	.70
12	I donate money to immigration-focused groups or causes.	.69
15	I read immigration-focused literature and news outlets.	.64
9	I am involved in organizations that address the needs of other minority groups (e.g., people of color, women, LGBQ people, people with disabilities).	.62
11	I vote for political candidates that support immigrant-rights issues.	.37

Table 5  
*Factor Loading for IFAS-LGBQ Scale*

Item no.	Items	Factor Loading
5	I attend LGBQ organizational, political, social, community, and/or academic activities and events.	.82
17	I actively participate in LGBQ organizational, political, social, community, and/or academic activities and events.	.80
4	I attend conferences/lectures/classes/training on LGBQ issues.	.80
7	I am active as a LGBQ justice-oriented person in political activities.	.80
14	I am a member of one or more LGBQ organizations and/or groups.	.79
13	I am involved in teaching and/or mentoring activities related to LGBQ issues.	.77
10	I am involved in planning/organizing LGBQ events and activities.	.76
3	I participate in LGBQ-oriented demonstrations, boycotts, marches, and/or rallies.	.75
8	I am involved in research, writing, and/or speaking (including through social media platforms) about LGBQ issues.	.75
2	I educate others about LGBQ issues.	.75
6	I am involved in anti-heterosexism work.	.74
16	I am a member of one or more LGBQ listservs or social media groups.	.73
9	I am involved in organizations that address the needs of other minority groups (e.g., people of color, women, people with disabilities).	.70
15	I read LGBQ literature and news outlets.	.67
12	I donate money to LGBQ groups or causes.	.60
1	I write to politicians and elected officials concerning LGBQ issues.	.59
11	I vote for political candidates that support LGBQ issues.	.55

Table 6

*Ten Variables Descriptive Statistics, Cronbach's Alphas, and Bivariate Correlations*

Variable	1	2	3	4	5	6	7	8	9	10	<i>M</i>	<i>SD</i>	Range	$\alpha$
1. LEC – 5	-										9.85	5.12	0-17	.91
2. POC Heterosexism	.19**	-									2.80	1.09	1-5	.89
3. LGBT Racism	.20**	.78**	-								2.82	1.08	1-5	.88
4. FOS	.43**	.20**	.28**	-							2.37	0.74	1-4	.90
5. IFAS Race	.27**	.24**	.32**	.49**	-						4.65	1.33	1-7	.95
6. IFAS Imm	.25**	.23**	.30**	.60**	.87**	-					4.55	1.34	1-7	.96
7. IFAS LGBQ	.21**	.25**	.29**	.43**	.83**	.74**	-				4.65	1.32	1-7	.95
8. HSCL–21	.40**	.24**	.29**	.62**	.44**	.52**	.43**	-			2.35	.74	1-4	.96
9. PCL–5	.40**	.27**	.33**	.59**	.46**	.53**	.45**	.84**	-		36.78	21.10	0-74	.97
10. Survey Language	.01	.13*	.13*	.004	-.14**	-.08	-.07	-.01	.002	-	-	-	1-2	-

*Note.* Mean, standard deviation, range, and alpha levels were calculated after combining the English and Spanish versions. LEC-5 = Life Event Checklist for DSM-5; FOS = Foreigner Objectification Scale; IFAS-Race = Involvement in Feminist Activities Scale, Race version; IFAS-Imm = Involvement in Feminist Activities Scale, Immigration version; IFAS-LGBQ = Involvement in Feminist Activities Scale, LGBQ version; HSCL-21 = Hopkins Symptoms Checklist-21; PCL-5 = Posttraumatic Stress Disorder Checklist for DSM-5

\*  $p < .05$ , \*\*  $p < .001$ .

Table 7

*Eight Variables Descriptive Statistics, Cronbach's Alphas, and Bivariate Correlations*

Variable	1	2	3	4	5	6	7	8	<i>M</i>	<i>SD</i>	Range	$\alpha$
1. LEC – 5	-								9.85	5.12	0-17	.91
2. POC Heterosexism	.19**	-							2.80	1.09	1-5	.89
3. LGBT Racism	.20**	.78**	-						2.82	1.08	1-5	.88
4. FOS	.34**	.20**	.28**	-					2.37	0.74	1-4	.90
5. IFAS Combined	.26**	.25**	.33**	.54**	-				4.62	1.25	1-7	.98
6. HSCL–21	.40**	.24**	.29**	.62**	.49**	-			2.35	.74	1-4	.96
7. PCL–5	.40**	.27**	.33**	.59**	.51**	.87**	-		36.78	21.10	0-74	.97
8. Survey Language	.01	.13*	.13*	.004	-.11*	-.01	.002	-	-	-	1-2	-

*Note.* Mean, standard deviation, range, and alpha levels were calculated after combining the English and Spanish versions.

LEC-5 = Life Event Checklist for DSM-5; FOS = Foreigner Objectification Scale; IFAS-Combined = Involvement in Feminist Activities Scale, Combined; HSCL-21 = Hopkins Symptoms Checklist-21; PCL-5 = Posttraumatic Stress Disorder Checklist for DSM-5

\*  $p < .05$ , \*\*  $p < .001$ .

Table 8

*Summary of Multiple Regression Analysis Predicting PTSD Symptoms with Eight Predictors*

Variable	B	<i>B</i>	<i>t</i>	Part <i>r</i>	Total <i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> inc	<i>F</i> inc	<i>df</i>
Step 1					.16	.16	33.48*	2, 361
LEC-5	.82	.20	4.68*	.18				
Survey Language	-1.01	-.01	-.24	-.01				
Step 2					.41	.25	51.24*	3, 358
POC Heterosexism	.80	.04	.65	.03				
LGBT-Racism	1.66	.09	1.31	.05				
FOS	9.60	.34	6.55*	.26				
Step 3					.46	.05	10.16*	3, 355
IFAS Race	-2.93	-.18	-1.84	-.07				
IFAS Imm	4.45	.28	3.22**	.13				
IFAS LGBQ	2.72	.17	2.42*	.10				
Step 4					.46	.06	1.21	3, 352
LGBT Racism X IFAS Race	-1.28	-.92	-1.64	-.06				
FOS X IFAS Imm	1.19	.06	1.32	.05				
POC Heterosexism X IFAS LGBQ	.34	.02	.46	.02				

*Note.* *df* = degrees of freedom. The criterion variable in these analyses is PTSD symptoms.

\**p* < .05; \*\**p* < .001

Table 9

*Summary of Multiple Regression Analysis Predicting PTSD Symptoms with Six Predictors*

Variable	B	<i>B</i>	<i>t</i>	Part <i>r</i>	Total $R^2$	$R^2$ inc	<i>F</i> inc	<i>df</i>
Step 1					.16	.16	33.48*	2, 361
LEC-5	.77	.19	4.37*	.17				
Survey Language	.80	.01	.19	.01				
Step 2					.41	.25	51.24*	3, 358
POC Heterosexism	.83	.04	.68	.03				
LGBT-Racism	1.47	.08	1.15	.05				
FOS	10.57	.37	7.56*	.30				
Step 3					.45	.04	22.56*	1, 357
IFAS Combined	3.92	.23	4.75*	.19				
Step 4					.45	.01	1.11	3, 354
LGBT Racism X IFAS Combined	-.03	-.06	-.89	-.04				
FOS X IFAS Combined	.05	.08	1.61	.06				
POC Heterosexism X IFAS Combined	.002	.004	.06	.002				

*Note.* *df* = degrees of freedom. The criterion variable in these analyses is PTSD symptoms.

\*  $p < .001$

Table 10

*Summary of Multiple Regression Analysis Predicting Psychological Distress with Eight Predictors*

Variable	B	<i>B</i>	<i>t</i>	Part <i>r</i>	Total $R^2$	$R^2$ inc	<i>F</i> inc	<i>df</i>
Step 1					.16	.16	34.75***	2, 361
LEC-5	.03	.20	4.84***	.19				
Survey Language	-.07	-.02	-.45	-.02				
Step 2					.43	.27	56.54***	3, 358
POC Heterosexism	.02	.02	.35	.01				
LGBT Racism	.04	.06	1.00	.04				
FOS	.40	.40	7.89***	.31				
Step 3					.47	.04	7.70***	3, 355
IFAS Race	-.12	-.21	-2.08*	-.08				
IFAS Imm	.14	.25	2.81**	.11				
IFAS LGBQ	.10	.18	2.60*	.10				
Step 4					.47	.01	1.43	3, 352
LGBT Racism X	-.04	-.08	-1.35	-.05				
IFAS Race								
FOS X IFAS Imm	.06	.09	1.87	.07				
POC Heterosexism X	.01	.01	.21	.01				
IFAS LGBQ								

*Note.* *df* = degrees of freedom. The criterion variable in these analyses is psychological distress symptoms.

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

Table 11

*Summary of Multiple Regression Analysis Predicting Psychological Distress with Six Predictors*

Variable	B	<i>B</i>	<i>t</i>	Part <i>r</i>	Total <i>R</i> <sup>2</sup>	<i>R</i> <sup>2</sup> inc	<i>F</i> inc	<i>df</i>
Step 1					.16	.16	34.75*	2, 361
LEC-5	.03	.19	4.53*	.18				
Survey Language	.001	.00	-.01	.00				
Step 2					.43	.27	56.54*	3, 358
POC Heterosexism	.02	.02	.38	.02				
LGBT Racism	.04	.05	.84	.03				
FOS	.43	.43	8.86*	.35				
Step 3					.45	.02	15.05*	1, 357
IFAS Combined	.11	.19	3.88*	.15				
Step 4					.46	.004	.96	3, 354
LGBT Racism X IFAS Combined	-.04	-.08	-1.35	-.05				
FOS X IFAS Combined	.06	.09	1.87	.07				
POC Heterosexism X IFAS Combined	.01	.01	.21	.01				

*Note.* *df* = degrees of freedom. The criterion variable in these analyses is psychological distress symptoms.

\*  $p < .001$

APPENDIX A

DEMOGRAPHIC QUESTIONNAIRE

---

1. Age in years: \_\_\_\_\_
  
2. Please identify your Hispanic, Latinx/a/o, or Spanish origins
  - a. Argentinean
  - b. Brazilian
  - c. Colombian
  - d. Cuban
  - e. Dominican
  - f. Ecuadorian
  - g. Honduran
  - h. Mexican
  - i. Peruvian
  - j. Puerto Rican
  - k. Salvadoran
  - l. If the above terms do not adequately describe your Hispanic, Latinx/a/o, or Spanish origins identity, please specify a term that does \_\_\_\_\_
  
3. Please describe your cultural identity
  - a. Black/African American
  - b. Asian/Asian American
  - c. American Indian/Native American
  - d. Biracial/Multiracial
  - e. White/European-American
  - f. Hispanic/Latinx/a/o
  - g. Pacific Islander
  - h. Middle Eastern
  - i. If the above terms do not adequately describe your racial identity, please specify a term that does \_\_\_\_\_
  
4. Country of origin \_\_\_\_\_
  - a. If other than the United States, please indicate the number of years you have been living in the United States \_\_\_\_\_
  
5. Please identify your citizenship status
  - a. Lawful permanent resident
  - b. Natural born citizen
  - c. Naturalized citizen
  - d. Non-immigrant resident (e.g., student visa, temporary protected status)
  - e. Undocumented resident
  - f. If the above terms do not adequately describe your citizenship status, please specify a term that does \_\_\_\_\_

6. Please identify your sexual identity
  - a. Heterosexual
  - b. Lesbian
  - c. Gay
  - d. Bisexual
  - e. Pansexual
  - f. Omnisexual
  - g. Queer
  - h. Questioning
  - i. If the above terms do not adequately describe your sexual identity, please specify a term that does \_\_\_\_\_
  
7. Please identify your relationship status
  - a. Single (never married)
  - b. Monogamous dating
  - c. Polyamorous dating
  - d. Married
  - e. Domestic partnership
  - f. Separated
  - g. Widow
  
8. Please identify your gender identity
  - a. Man of cisgender experience (assigned male at birth and identify as a man)
  - b. Man of transgender experience (assigned female at birth and identify as a man)
  - c. Non-binary (e.g., agender, genderqueer, genderfluid)
  - d. Woman of cisgender experience (assigned female at birth and identify as a woman)
  - e. Woman of transgender experience (assigned male at birth and identify as a woman)
  - f. If the above terms do not adequately describe your gender identity, please specify a term that does \_\_\_\_\_
  
9. Gender pronouns (e.g., she, he, they, zie): \_\_\_\_\_
  
10. Please indicate your highest level of education achieved
  - a. Some High School/No Diploma
  - b. High School Diploma
  - c. GED
  - d. Vocational or Trade School
  - e. Some College/No Degree
  - f. Associates Degree
  - g. Bachelor's Degree (Ex: BA, BS, AB, BSW)
  - h. Master's Degree (Ex: MA, MS, MSW, MPH, MEd)
  - i. Specialist (Ex: Ed.S.)

j. Doctorate Degree (Ex: Ph.D., Ed.D., Sc.D., DA, DB, DSW)

11. Please identify your personal annual income:

- a. \$0-9,999
- b. \$10,000-19,999
- c. \$20,000-29,999
- d. \$30,000-39,999
- e. \$40,000-49,999
- f. \$50,000-59,999
- g. \$60,000-69,999
- h. \$70,000-79,999
- i. \$80,000-89,999
- j. \$90,000-99,999
- k. \$100,000 or more

12. Please indicate which region of the United States you've lived in for the past six months

- a. Northeast
- b. Southeast
- c. Midwest
- d. Southwest
- e. Mountain West
- f. West Coast
- g. Hawaii/Alaska

13. What best describes the area in which you live?

- a. Urban
- b. Suburban
- c. Rural

APPENDIX B

LIFE EVENT CHECKLIST FOR DSM-5

**Instructions:** Listed below are a number of difficult or stressful things that sometimes happen to people. For each event check one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job (for example, paramedic, police, military, or other first responder); (e) you're not sure if it fits; or (f) it doesn't apply to you.

Be sure to consider **your entire life** (growing up as well as adulthood) as you go through the list of events.

Event	Happened to me	Witnessed it	Learned about it	Part of my job	Not sure	Doesn't apply
1. Natural disaster (for example, flood, hurricane, tornado, earthquake)						
2. Fire or explosion						
3. Transportation accident (for example, car accident, boat accident, train wreck, plane crash)						
4. Serious accident at work, home, or during recreational activity						
5. Exposure to toxic substance (for example, dangerous chemicals, radiation)						
6. Physical assault (for example, being attacked,						

hit, slapped, kicked, beaten up)						
7. Assault with a weapon (for example, being shot, stabbed, threatened with a knife, gun, bomb)						
8. Sexual assault (rape, attempted rape, made to perform any type of sexual act through force or threat of harm)						
9. Other unwanted or uncomfortable sexual experience						
10. Combat or exposure to a war-zone (in the military or as a civilian)						
11. Captivity (for example, being kidnapped, abducted, held hostage, prisoner of war)						
12. Life-threatening illness or injury						
13. Severe human suffering						
14. Sudden violent death (for example, homicide, suicide)						
15. Sudden accidental death						
16. Serious injury, harm, or death you caused to someone else						

17. Any other very stressful event or experience						
--	--	--	--	--	--	--

## APPENDIX C

### LGBT PEOPLE OF COLOR MICROAGGRESIONS SCALE

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**Instructions:** During the last 12 months, how much has each problem distressed or bothered you?

0	1	2	3	4	5
Did not happen/not applicable to me	It happened, and it bothered me				
	NOT AT ALL	A LITTLE BIT	MODERA- TETLY	QUITE A BIT	EXTRE- MELY

1. Not being able to trust White LGBT people
2. Feeling misunderstood by White LGBT people
3. Having to educate White LGBT people about ethnic/race issues
4. Being the token LGBT person of color in groups or organizations
5. Being told that “ethnicity/race isn’t important” by White LGBT people
6. White LGBT people saying things that are racist
7. Not being accepted by other people of your ethnicity/race because you are LGBT
8. Feeling misunderstood by people in your ethnic/racial community
9. Feeling invisible because you are LGBT
10. Difficulty finding friends who are LGBT and from your ethnic/racial background
11. Feeling unwelcome at groups or events in your ethnic/racial community
12. Not having any LGBT people of color as positive role models

APPENDIX D

FOREIGNER OBJECTICATION SCALE

---

**Instructions:** How many times have you experienced the following events in **THE PAST YEAR?**

1	2	3	4
Never	Once or Twice	Three or Four Times	Five or More Times

1. Had your U.S. citizenship or residency questioned by others.
2. Had someone comment on or be surprised by your English language ability.
3. Asked by strangers, “Where are you from?” because of your ethnicity/race.
4. Had someone speak to you in an unnecessarily slow or loud way.
5. Had people assume that you were not born in the United States because of your ethnicity/race.
6. Had someone tell you “Go back to your country!” because of your ethnicity/race.
7. Had people make unnecessary comments about your language abilities or go out of their way to comment on your accent (either in a positive or negative manner).
8. Had someone assume that you are an undocumented immigrant because of your ethnicity/race.
9. Had someone comment on Latino/a/x immigrants and their children having no right to be in the United States.
10. Had someone refer to you by a derogatory term (e.g., wetback, spic) because of your ethnicity/race.

APPENDIX E

PERMISSION TO USE AND ADD ITEMS TO THE FOREIGNER OBJECTIFICATION

SCALE

---

**From:** Flores, Mirella J. (UMKC-Student)  
**Sent:** Friday, May 11, 2018 10:42 AM  
**To:** Richard Lee  
**Subject:** Re: Permission to use the Foreigner Objectification Scale

Yes, I will share those as well. Thank you!

Best,  
Mirella J. Flores, M.A.  
Counseling Psychology Doctoral Student  
University of Missouri-Kansas City  
[Division 17 Section on LGBT Issues](#), Program Committee Chair  
*Pronouns: she / her / hers ([What is this?](#))*

---

**From:** Richard Lee <richlee@umn.edu>  
**Sent:** Friday, May 11, 2018 10:39:12 AM  
**To:** Flores, Mirella J. (UMKC-Student)  
**Subject:** Re: Permission to use the Foreigner Objectification Scale

Hi Mirella

That sounds fine to add questions to the scale. I would be interested to see these items and to learn of your results when you complete the project. Good luck!

- Rich

-----  
Richard M Lee, PhD, LP  
Editor, [Cultural Diversity and Ethnic Minority Psychology](#)  
Professor of Psychology | University of Minnesota  
612-625-6357 | [richlee@umn.edu](mailto:richlee@umn.edu) | [Dept](#) and [Lab](#)

On Fri, May 11, 2018 at 10:38 AM, Flores, Mirella J. (UMKC-Student) <[mjfx7@mail.umkc.edu](mailto:mjfx7@mail.umkc.edu)> wrote:  
Hi Dr. Lee,

I emailed you a while back asking for permission to use your foreigner objectification scale for my dissertation. I recently proposed my dissertation proposal to my committee, and they want me to add more items to the foreigner objectification scale (4-items) to capture a wider range experiences and potentially increase the scale's reliability. Do I have your permission to add items to your scale?

Since our first conversation, I have also decided that I will be translating the scales I will be using to Spanish and wanted to inform you of this change. I reviewed the five terms and still agree with them.

Best,  
Mirella J. Flores, M.A.  
Counseling Psychology Doctoral Student  
University of Missouri-Kansas City  
[Division 17 Section on LGBT Issues](#), Program Committee Chair  
*Pronouns: she / her / hers ([What is this?](#))*

---

**From:** Flores, Mirella J. (UMKC-Student)  
**Sent:** Friday, December 9, 2016 3:30:50 PM  
**To:** Richard Lee

**Subject:** Re: Permission to use the Foreigner Objectification Scale

Hi Dr. Lee,

Thank you for granting me permission. I agree to abide to all five terms. Since I am in the process of developing my proposal for this study, it will be about a year until I have scale data to share with you. I do not plan on needing to translate the scales. Again, thank you for allowing me to use your scale.

Thank you,  
Mirella J. Flores  
Counseling Psychology Doctoral Student  
University of Missouri-Kansas City  
[Division 17 Section on LGBT Issues](#), Program Committee Chair  
*Pronouns: she / her / hers ([What is this?](#))*

---

**From:** Richard Lee <[richlee@umn.edu](mailto:richlee@umn.edu)>  
**Sent:** Friday, December 9, 2016 2:53:35 PM  
**To:** Flores, Mirella J. (UMKC-Student)  
**Subject:** Re: Permission to use the Foreigner Objectification Scale

Thank you for the interest in my measure. I have attached a copy of the scale, including different versions, scoring procedures, select references, and terms for usage. If you need to translate one of the scales, please use a translation-backtranslation method with

independent translators. I also would appreciate a copy of any translation and the English back-translation. You may use any version. Please read the terms for usage and let me know if they are acceptable prior to use of the scales. There is no copyright form beyond responding to this email. Best, Rich

----

Richard M Lee, PhD, LP  
Editor, [Cultural Diversity and Ethnic Minority Psychology](#)  
Professor of Psychology | University of Minnesota  
612-625-6357 | [richlee@umn.edu](mailto:richlee@umn.edu) | [Dept](#) and [Lab](#)

On Fri, Dec 9, 2016 at 2:52 PM, Flores, Mirella J. (UMKC-Student) <[mjfx7@mail.umkc.edu](mailto:mjfx7@mail.umkc.edu)> wrote:

Hi Dr. Lee,

My name is Mirella Flores and I am a counseling psychology doctoral student at the University of Missouri-Kansas City. I am developing a proposal for a study that aims to examine the relationship between multiple forms of discrimination (racism, heterosexism, foreigner objectification) and PTSD symptoms, and the moderating role of collective action, among U.S. sexual minority Latinx. I would greatly appreciate it if you granted me permission to use your Foreigner Objectification Scale. Please let me know if you have further questions about my intents, or need anything else from me.

Best,

Mirella J. Flores

Counseling Psychology Doctoral Student

University of Missouri-Kansas City

[Division 17 Section on LGBT Issues](#), Program Committee Chair

***Pronouns: she / her / hers ([What is this?](#))***

APPENDIX F

INVOLVEMENT IN FEMINIST ACTIVITIES SCALE – ETHNIC/RACIAL

COLLECTIVE ACTION

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**Instructions:** For each of the following statements, indicate to what degree it describes your involvement in the stated activity, using the scale below.

1	2	3	4	5	6	7
Very untrue of me	Untrue of me	Somewhat untrue of me	Neither untrue or true of me	Somewhat true of me	True of me	Very true of me

1. I write to politicians and elected officials concerning ethnic/racial justice-oriented issues.
2. I educate others about ethnic/racial justice-oriented issues.
3. I participate in ethnic/racial justice-oriented demonstrations, boycotts, marches, and/or rallies.
4. I attend conferences/lectures/classes/training on ethnic/racial issues.
5. I attend ethnic/racial justice-oriented organizational, political, social, community, and/or academic activities and events.
6. I am involved in antiracist work.
7. I am active as an ethnic/racial justice-oriented person in political activities.
8. I am involved in research, writing, and/or speaking (including through social media platforms) about ethnic/racial issues.
9. I am involved in organizations that address the needs of other minority groups (e.g., lesbians, gay men, and bisexual people, women, people with disabilities).
10. I am involved in planning/organizing ethnic/racial justice-oriented events and activities.
11. I vote for political candidates that support ethnic/racial justice-oriented issues.
12. I donate money to ethnic/racial justice-oriented groups or causes.
13. I am involved in teaching and/or mentoring activities related to ethnic/racial justice.
14. I am a member of one or more ethnic/racial justice-oriented organizations and/or groups.
15. I read racial justice-oriented literature and news outlets.
16. I am a member of one or more ethnic/racial justice-oriented listservs or social media groups.
17. I actively participate in ethnic/racial justice-oriented organizational, political, social, community, and/or academic activities and events.

APPENDIX G

INVOLVEMENT IN FEMINIST ACTIVITIES SCALE –SEXUAL MINORITY

COLLECTIVE ACTION

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**Instructions:** For each of the following statements, indicate to what degree it describes your involvement in the stated activity, using the scale below.

1	2	3	4	5	6	7
Very untrue of me	Untrue of me	Somewhat untrue of me	Neither untrue or true of me	Somewhat true of me	True of me	Very true of me

1. I write to politicians and elected officials concerning LGBQ issues.
2. I educate others about LGBQ issues.
3. I participate in LGBQ-oriented demonstrations, boycotts, marches, and/or rallies.
4. I attend conferences/lectures/classes/training on LGBQ issues.
5. I attend LGBQ organizational, political, social, community, and/or academic activities and events.
6. I am involved in anti-heterosexism work.
7. I am active as a LGBQ justice-oriented person in political activities.
8. I am involved in research, writing, and/or speaking (including through social media platforms) about LGBQ issues.
9. I am involved in organizations that address the needs of other minority groups (e.g., people of color, women, people with disabilities).
10. I am involved in planning/organizing LGBQ events and activities.
11. I vote for political candidates that support LGBQ issues.
12. I donate money to LGBQ groups or causes.
13. I am involved in teaching and/or mentoring activities related to LGBQ issues.
14. I am a member of one or more LGBQ organizations and/or groups.
15. I read LGBQ literature and news outlets.
16. I am a member of one or more LGBQ listservs or social media groups.
17. I actively participate in LGBQ organizational, political, social, community, and/or academic activities and events.

## APPENDIX H

### INVOLVEMENT IN FEMINIST ACTIVITIES SCALE – IMMIGRATION COLLECTIVE

#### ACTION

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**Instructions:** For each of the following statements, indicate to what degree it describes your involvement in the stated activity, using the scale below.

1	2	3	4	5	6	7
Very untrue of me	Untrue of me	Somewhat untrue of me	Neither untrue or true of me	Somewhat true of me	True of me	Very true of me

1. I write to politicians and elected officials concerning immigration-rights issues.
2. I educate others about immigration-rights issues.
3. I participate in pro-immigration demonstrations, boycotts, marches, and/or rallies.
4. I attend conferences/lectures/classes/training on immigration-rights issues.
5. I attend immigration-focused organizational, political, social, community, and/or academic activities and events.
6. I am involved in anti-xenophobia (fear of those believed to be foreigners) work.
7. I am active as an immigration justice-oriented person in political activities.
8. I am involved in research, writing, and/or speaking (including through social media platforms) about immigration-rights issues.
9. I am involved in organizations that address the needs of other minority groups (e.g., people of color, women, LGBTQ people, people with disabilities).
10. I am involved in planning/organizing immigration-related events and activities.
11. I vote for political candidates that support immigrant-rights issues.
12. I donate money to immigration-focused groups or causes.
13. I am involved in teaching and/or mentoring activities related to immigration-rights issues.
14. I am a member of one or more immigration-focused organizations and/or groups.
15. I read immigration-focused literature and news outlets.
16. I am a member of one or more immigration-focused listservs or social media groups.
17. I actively participate in immigration-focused organizational, political, social, community, and/or academic activities and events.

APPENDIX I

HOPKINS SYMPTOMS CHECKLIST – 21

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**Directions:** How have you felt in the **previous 7 days including today?** Use the following scale to describe how distressing you have found these things over this time.

1	2	3	4
Not at all	A little	Quite a bit	Extremely

1. Difficulty in speaking when you're excited
2. Trouble remembering things
3. Worried about sloppiness or carelessness
4. Blaming yourself for things
5. Pains in the lower part of your back
6. Feeling lonely
7. Feeling blue
8. Your feelings being easily hurt
9. Feeling others do not understand you or are unsympathetic
10. Feeling that people are unfriendly or dislike you
11. Having to do things very slowly in order to be sure you're doing them right
12. Feeling inferior to others
13. Soreness of your muscles
14. Having to check and double check what you do
15. Hot or cold spells
16. Your mind going blank
17. Numbness or tingling in parts of your body
18. A lump in your throat
19. Trouble concentrating
20. Weakness in parts of your body
21. Heavy feelings in your arms and legs

APPENDIX J

POSTTRAUMATIC STRESS DISORDER CHECKLIST FOR DSM – 5

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**Instructions:** Below is a list of problems that people sometimes have in response to a very stressful experience. Please read each problem carefully and then circle one of the numbers to the right to indicate how much you have been bothered by that problem **in the past month**.

**In the past month, how much were you bothered by:**

0	1	2	3	4
Not at all	A little bit	Moderately	Quite a bit	Extremely

1. Repeated, disturbing, and unwanted memories of the stressful experience?
2. Repeated, disturbing dreams of the stressful experience?
3. Suddenly feeling or acting as if the stressful experience were actually happening again (as if you were actually back there reliving it)?
4. Feeling very upset when something reminded you of the stressful experience?
5. Having strong physical reactions when something reminded you of the stressful experience (for example, heart pounding, trouble breathing, sweating)?
6. Avoiding memories, thoughts, or feelings related to the stressful experience?
7. Avoiding external reminders of the stressful experience (for example, people, places, conversations, activities, objects, or situations)?
8. Trouble remembering important parts of the stressful experience?
9. Having strong negative beliefs about yourself, other people, or the world (for example, having thoughts such as: I am bad, there is something seriously wrong with me, no one can be trusted, the world is completely dangerous)?
10. Blaming yourself or someone else for the stressful experience or what happened after it?
11. Having strong negative feelings such as fear, horror, anger, guilt, or shame?
12. Loss of interest in activities that you used to enjoy?
13. Feeling distant or cut off from other people?
14. Trouble experiencing positive feelings (for example, being unable to feel happiness or have loving feelings for people close to you)?
15. Irritable behavior, angry outbursts, or acting aggressively?
16. Taking too many risks or doing things that could cause you harm?
17. Being “superalert” or watchful or on guard?
18. Feeling jumpy or easily startled?
19. Having difficulty concentrating?
20. Trouble falling or staying asleep?

APPENDIX K  
CONSENT FORM

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**Consent for Participation in a Research Study**  
**Sexual minority Latinx/a/o people's social experiences, community involvement, and mental health**  
*Mirella J. Flores and Dr. Laurel B. Watson*

**Request to Participate**

You are being asked to take part in a research study. This study is being conducted at the University of Missouri-Kansas City (UMKC). This document is called an information sheet. Please read this information sheet carefully and take your time making your decision. This information sheet explains what to expect: the risks, discomforts, and benefits, if any, if you consent to be in the study.

The researchers in charge of this study are Dr. Laurel B. Watson and Mirella J. Flores, M.A.

You are being asked to take part in this research study because you met the following criteria: 1) 18 years of age or older, 2) self-identify as a sexual minority person of Latin American descent, 3) lived in the United States for at least the last 12 months, , and 4) read either English or Spanish.

Research studies are voluntary and only include people who choose to take part. You may contact the researchers and ask them to explain anything that you do not understand. Feel free to think about it and talk it over with your family and friends before you decide if you want to take part in this research study.

**Background**

We are asking sexual minority Latinx/a/o people to complete this survey about their social experiences, community involvement, and mental health. We believe it is important to understand what type of experiences sexual minority Latinx/a/o people have in today's sociopolitical climate. Such knowledge can foster advocacy efforts and also be useful for individuals who serve this community.

You will be one of about 400 people in the study.

**Purpose**

The purpose of this study is to collect information about your social experiences, community involvement, and mental health as a sexual minority Latinx/a/o person. Data will be collected online and will be used to understand how/if social experiences contribute to mental health, and if community involvement influences this potential relationship.

**Procedures**

If you choose to participate, you will be asked to complete in one sitting a one-time online survey that is estimated to take approximately 20-25 minutes. You will only be involved in

the study for that time it takes you to complete the survey. Data collected will be anonymous. Upon completion of the survey, you will be directed to a separate link to enter your name for a chance to win a \$25 Amazon e-gift card (approximately 1 out of 5 chances of winning). Your email will not be linked to your survey responses.

### **Risks and Inconveniences**

You may feel like some of the questions asked in the survey are sensitive or invasive. We do not anticipate the questions to cause stress beyond what you may typically experience in daily life (i.e., distress, discomfort). However, you are free to skip any question you might feel uncomfortable answering. We have also provided contact information at the end of the survey for some national mental health resources should you experience distress.

### **Benefits**

It is possible that you may find it helpful to reflect on your level of community involvement. In addition, results from this study may inform the future work of psychologists and other professionals to help them to provide affirmative services to sexual minority Latinx people.

### **Fees and Expenses**

There is no monetary cost to participating in this study beyond paying for internet access.

### **Compensation**

Upon completion of the survey, you may choose to enter your name for a chance to win a \$25 Amazon e-gift card. Your chances of winning a gift-card are around 1 out of 5. To be eligible for the gift card, you must provide a valid email address for the e-gift card to be sent. You will be directed to click on a separate link at the end of the survey to provide your email address. Your email will not be linked to your survey responses.

### **Alternatives to Study Participation**

The alternative is not to take part in the study.

### **Confidentiality**

We will make every effort to keep your responses confidential. The primary survey does not ask for information that will personally identify you and there is no way for responses to be linked to individuals. You may choose to share your email address to receive the compensation, but this information will be collected through a separate survey. As such, it will not be linked to your responses to the primary survey. Only the researchers will have access to the data which will be stored on an university password protected network.

### **Contacts for Questions about the Study**

You should contact the Office of UMKC's Institutional Review Board at 816-235-5927 if you have any questions, concerns or complaints about your rights as a research subject. You may contact the researcher Dr. Laurel B. Watson at [WatsonLB@umkc.edu](mailto:WatsonLB@umkc.edu) or 816-235-2489, or Mirella J. Flores, M.A. at [MJFlores@mail.umkc.edu](mailto:MJFlores@mail.umkc.edu) if you have any questions about this study. You may also contact them if any problems come up while completing the study.

### **Voluntary Participation**

Taking part in this research study is voluntary. If you choose to be in the study, you are free to stop participating at any time and for any reason. If you choose not to be in the study or decide to stop participating, there will not be any repercussions. However, the option of entering your name for a chance of winning one of the gift cards is only offered to participants at the completion of the survey. By selecting the “Next” button you have indicated that you read this information and consented to participate in the study.

Notes: Please complete the questionnaire only once in one sitting.

## APPENDIX L

### SAMPLE RECRUITMENT MESSAGE

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Subject: Sexual minority Latinx/a/o people's social experiences, community involvement, and mental health

To whom it may concern,

My name is Mirella J. Flores, and I'm a counseling psychology doctoral student at the University of Missouri – Kansas City. Under the supervision of Dr. Laurel B. Watson (WatsonLB@umkc.edu), I am currently conducting a study on sexual minority Latinx/a/o people's social experiences, community involvement, and mental health. I am approaching this topic not only as a researcher, but as someone within this community – I am a bisexual Latina immigrant. I believe this topic is of great importance because of today's sociopolitical climate, and I hope you will consider sharing this call for participants with your members. I have provided some information below that may help you determine if this study is something you would like to share with the group.

The purpose of this study is to collect information about your social experiences, community involvement, and mental health of sexual minority Latinx/a/o people. Data will be collected online and will be used to understand how/if social experiences contribute to mental health, and if community involvement influences this potential relationship. Participants asked to complete in one sitting a one-time on-line survey that is estimated to take approximately 20-25 minutes to complete. Participants will be given the option to enter their name for a chance at winning a \$25 Amazon e-gift card. The chance of winning a gift card is approximately 1 out of 5.

IRB Approval Number: IRB at University of Missouri, Kansas City, protocol # XXXXXX

Please let me know if you need any additional information. If the information I have provided is enough, the below email is the statement that can go to your listserv (please do not include the above information so that the integrity of the study is preserved). Thank you very much for your consideration of this research project, I appreciate your assistance very much!

Mirella J. Flores, M.A.  
Counseling Psychology Doctoral Student  
University of Missouri, Kansas City  
Counseling & Educational Psychology  
[mjflores@mail.umkc](mailto:mjflores@mail.umkc)  
**Pronouns:** *she / her / hers* ([What is this?](#))

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Email recruitment for listservs:

Hello,

My name is Mirella Flores and I'm a doctoral Counseling Psychology student at the University of Missouri-Kansas City. Under the supervision of Dr. Laurel B. Watson (WatsonLB@umkc.edu), I am doing an online survey to better understand the ***social experiences, community involvement, and mental health of sexual minority Latinx/a/o people***. I am approaching this topic not only as a researcher, but as someone within this community – I am a bisexual Latina immigrant. I believe this topic is of great importance because of today's sociopolitical climate, and I hope you will take the time to participate if you meet all of the following: 1) are 18 years of age or older, 2) self-identify as a sexual minority person of Latin American descent, 3) have lived in the United States for at least the last 12 months, and 4) read either English or Spanish.

If you decide to participate, you will be asked to complete in one sitting a one-time online survey that is estimated to take approximately 20-25 minutes to complete. ***Upon completion of the survey, you may choose to enter your name for a chance to win a \$25 Amazon e-gift card. Your chances of winning a gift-card are around one out of five.***

If you are interested in participating in this study, please click on the following link:  
[ADD LINK]

Feel free to contact me via email ([mjflores@mail.umkc.edu](mailto:mjflores@mail.umkc.edu)) if you have any questions about the study.

This study, protocol number XXXXX, has been reviewed by University of Missouri, Kansas City's Institutional Review Board. If you have any concerns about your rights as a participant your concerns, please call 816-235-5927

Thanks for your consideration,  
Mirella J. Flores, M.A.  
Counseling Psychology Doctoral Student  
University of Missouri, Kansas City  
Counseling & Educational Psychology  
[mjflores@mail.umkc](mailto:mjflores@mail.umkc)  
***Pronouns: she / her / hers ([What is this?](#))***

## APPENDIX M

### MENTAL HEALTH REFERRALS

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#### **LOCAL**

##### **Kansas City Anti-Violence Project (KCAVP)**

For LGBTQ survivors of violence

<http://www.kcavp.org/home/services>

(816) 561-0550 or [info@kcavp.org](mailto:info@kcavp.org)

- 24-Hours Crisis Hotline
- Free Counseling Services/Therapy
- For list of other services please refer to website or contact KCAVP

##### **Mattie Rhodes Center**

<https://www.mattierhodes.org/family-services/behavioral-health/>

(816) 241-3780

148 N. Topping Ave.

Kansas City, MO 64123

- Free, bilingual (Spanish/English) counseling, service coordination, and parenting classes
- After-work and weekend services offered

##### **Guadalupe Center**

<http://guadalupecenters.org/>

Contact Mercedes Mora, Clinical Supervisor

[mmora@guadalupecenters.org](mailto:mmora@guadalupecenters.org)

(816) 531-6911

2600 Belleview

Kansas City, MO 64108

- Bilingual (Spanish/English) supportive recovery services treatment program for adult men and women challenged with alcohol/drug abuse

##### **Community Counseling and Assessment Center**

<http://www.umkc.edu/ccas/>

UMKC School of Education

Suite 212

615 E. 52<sup>nd</sup> Street

Kansas City, MO 64110

(816) 235-2725

##### **UMKC Counseling Center**

Only for Students, Faculty and Staff

<http://www.umkc.edu/chtc/>

4825 Troost Ave

Suite 206

Kansas City, MO 64110

816-235-1635 or 816-235-5820

Individuals with speech or hearing impairments may call Relay Missouri at (800) 735-2966 (TTY) or (800) 735-2466 (voice).

If you require assistance with access to the building, call (816)235-1635.

### **NATIONAL HOTLINES**

#### **National Suicide Prevention Lifeline**

English: 1-800-273-TALK (8255)

Spanish: 1-888-628-9454

#### **Trevor Suicide Prevention Line**

<http://www.thetrevorproject.org/>

(866) 488-7386 or 1 (800) 850-8078

- Lifeline, chat, and text available 24/7

#### **GLBT National Hotline**

1 (888)843-4564

#### **Immigration Equality**

<https://www.immigrationequality.org/>

1 (212) 714-2904

- National LGBTQ immigrant rights legal emergency help.

#### **National Immigrant Justice Center**

<http://www.immigrantjustice.org/services/lgbtq-immigrants>

Call (773) 672-6551 on Wednesdays and Fridays between 10:00 a.m. – 12:00 p.m. or email [lgbtimmigrants@heartlandalliance.org](mailto:lgbtimmigrants@heartlandalliance.org).

- Provides legal service to low-income immigrants who identify as lesbian, gay, bisexual, or transgender (LGBT) and those who are living with HIV.

#### **SAMHSA's National Helpline**

<https://findtreatment.samhsa.gov/>

1 (800) 662-HELP (4357)

- Free, confidential, 24/7
- Bilingual (Spanish/English)
- Offers a Behavioral Health Treatment Services Locator to help you find a low-cost treatment facility in the United States for mental health services.
  - o Visit <https://findtreatment.samhsa.gov>

#### **HRSA**

<https://findahealthcenter.hrsa.gov/>

- Helps you find federally-funded health centers that service uninsured or underinsured people.

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Ms. Flores began her doctorate of philosophy program in Counseling Psychology in 2014 at the University of Missouri-Kansas City, through which she concurrently received her Master of Arts in Counseling and Guidance in 2017. While in the program, she completed numerous clinical training experiences working with college students and went on to complete her pre-doctoral internship at the University of North Carolina at Chapel Hill. Ms. Flores received numerous awards from the University of Missouri-Kansas City's School of Education, School of Graduate Studies, and Women's Council during her time in the program.

Ms. Flores is a member of the American Psychological Association (APA) and the National Latinx Psychological Association. She has held leadership positions in the APA Society of Counseling Psychology's Section for Lesbian, Gay, Bisexual, and Transgender Issues and the American Psychological Association of Graduate Students. Ms. Flores has received awards from the APA Society for the Psychology of Sexual Orientation and Gender Diversity and the Society of the Psychology of Women's Section for Lesbian, Bisexual and Transgender Concerns. She has also served as a student reviewer for the *Psychology of Women Quarterly* since 2016. Ms. Flores is also serving as an associate editor for the Translational Issues in Psychological Sciences' special issue "Intersectionality in Psychology: Science, Policy, and Social." To date, she has been an author in nine articles

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