

**POST-TRAUMATIC GROWTH IN SEXUAL MINORITY LATINAS: AN  
INTERSECTIONAL EXPLORATION OF CUMULATIVE AND  
SYSTEMIC STRESS AND TRAUMA EXPOSURES**

by

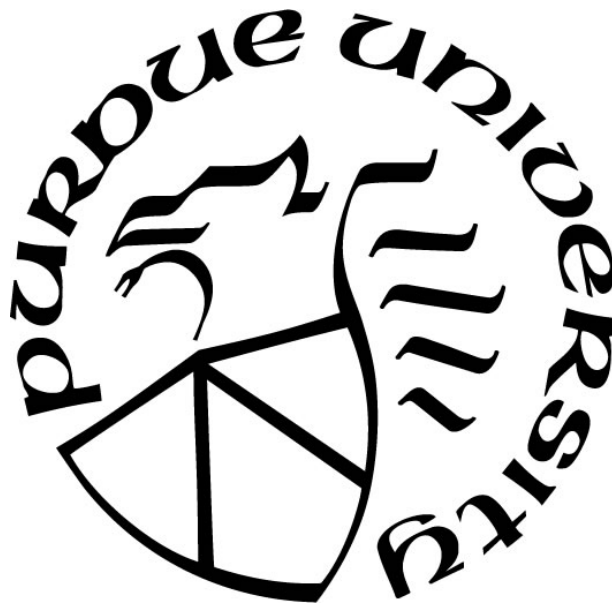
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*To the Queer Latinx community.*

*Your power and voices inspire me.*

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## ABSTRACT

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Title: Post-traumatic Growth in Sexual Minority Latinas: An Intersectional Exploration of Cumulative and Systemic Stress and Trauma Exposures

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There is a limited amount of research that explores the potential growth and experiences of sexual minority Latinas (SMLs). Using an intersectionality informed framework, this study explored SMLs post-traumatic growth (PTG) process following systemic traumas/stressors such as heterosexism and racial/ethnic discrimination, and cumulative stressors and traumas. A survey with both qualitative and quantitative questions was administered to 171 participants. It was hypothesized that cumulative trauma, socio-demographic characteristics, outness, and family acceptance would be positively related to higher PTG, while heterosexism and the intersection of both heterosexism and racial/ethnic discrimination would be related to lower PTG. A hierarchical regression was used and found that the post-traumatic growth inventory (PTGI) was a valid measure for Latina/Chicana sexual minorities and that SMLs experienced above moderate levels of PTG. Religion, age, outness, and heterosexism was positively associated with higher self-reported PTG, while family rejection and the intersection of heterosexism and racial/ethnic discrimination lowered PTG. Three qualitative themes emerged providing insights on SMLs self-defined growth. Clinical implications for marriage and family therapists and areas for future research are discussed.



## **CHAPTER 1: INTRODUCTION**

### **Statement of the Problem**

The Latinx population in the United States is vastly increasing. Latinx, a gender inclusive and neutral term, will be used in this study to describe prior research that describes individuals of Latin American origin or heritage. According to the United States Census Bureau (2018), there are 58.9 million Latinx in the United States as of 2017, and that number still continues to rise. This increase of Latinx individuals in the United States comes with an increase in the number of Latinx individuals who identify as a sexual minority, likely resulting in the largest sexual minority ethnic/racial group after non-Hispanic whites (Vargas, 2004). Sexual minorities include lesbian, gay, bisexual, queer, and those who are questioning (LGBQ+). Sexual minority Latinas (SMLs) stand to be one of the largest and most prominent growing minority groups in the US. Of the population of LGBQ individuals in the U.S., fifteen percent identify as Latinx (“Same-sex Couple,” 2016). More recently, 22% of Latinx millennials identify as LGBQ (Cohen, Fowler, Medenica, & Rogowski, 2018). Despite these increasing numbers of LGBQ Latinx individuals, research into this population is still very limited. Little is known about the experiences of these individuals, particularly through a strength-based lens.

SMLs are a population that is under-researched and underrepresented. There is research that looks at people of color who identify as LGBQ, but this does not entirely focus on or honor the experiences that SMLs face. Furthermore, when there is research on sexual minorities who are Latinx, the focus may center on mental health disparities and/or with Latinx gay and bisexual men, which may not necessarily resonate with the experiences of SMLs. Their lived experiences, histories, adversities, cultural influences, identities, and other considerations may not be entirely considered.

There are several challenges that sexual minorities face. Research on sexual minorities who are people of color, such as SMLs, have focused on potential negative consequences such as risk factors to this population. Research that examines a single identity such a sexual orientation, found that LGBTQ individuals experience suicide ideation, violence and abuse, substance abuse concerns, sexual risk behaviors, and mental health distress and disorders such as depression and anxiety due to discrimination and negative societal responses (D'Augelli, Hershberger, & Pilkington, 1998; Ryan, Huebner, Diaz, & Sanchez, 2009; Shilo & Savaya, 2011; Zimmerman, Darnell, Rhew, Lee, & Kaysen, 2015). Furthermore, there are greater mental and physical health disparities (Ryan et al., 2009; Trinh, Agénor, Austin, & Jackson, 2017) and higher rates of traumatization and victimization (Austin et al., 2008; Dworkin et al., 2018; Fredriksen-Goldsen et al., 2011) concerns as compared to their heterosexual peers. Outcomes such as these, when applied to sexual minorities, are rooted and perpetrated within larger societal structures such as heterosexism, homophobia, and heteronormativity (Boe, Maxey, & Bermúdez, 2018).

Research on sexual minorities still prioritizes White Americans, resulting in a lack of research with Latinx LGBTQ individuals. This is limiting considering the vast differences among sexual minority people of color, including Latinas, and their White LGBTQ counterparts (Aranda et al., 2015; Balsam et al., 2015; O'Donnell, Meyer, & Schwartz, 2011; Parks, Hughes, & Matthews, 2004). Furthermore, studies of SMLs and their intersecting identities are virtually nonexistent. Complex and comprehensive lived experiences, intersecting identities, and the role they play in their lives of SMLs often remains invisible in research. Considering that SMLs have several marginalized identities and unique cultural considerations, there may be additional challenges this population encounters as they navigate their intersecting identities within two or

more communities. Considering the rise in SMLs in the US, the gaps in literature focusing on this vulnerable group need to be addressed, beyond a deficit-based framework.

Research conducted on this population and on other sexual minority people of color, often examine detrimental outcomes, such as substance use, and negative mental health outcomes, such as depression and suicidality. There is still a need to examine risk factors, discrimination, mental health considerations, trauma exposure, and other effects this population might face; however, just examining this population through a deficit-based perspective and utilizing models that are not designed for the complex and multiple identities and experiences this population may face is limiting. Prior research might focus on models and theories that do not account for interlocking systems and processes of oppression, as well as the intersection of identities that sexual minority women and Latinas possess, such as sexual orientation, race, ethnicity, and gender (Parra & Hastings, 2018).

There is a need to know the different types of trauma exposures and stressors that SMLs face, including potential repeated experiences of discrimination and trauma. However, beyond the negative sequelae of traumatic life events and experiences is the paucity of research and theory that this multiple marginalized status population may demonstrate growth beyond trauma exposure, stress, and discrimination (Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Stepakoff & Bowleg, 1998). To begin to address these gaps in the literature, the present study aims to employ an intersectional and contextual approach to understanding the unique growth process of sexual minority Latinas, specifically looking at post-traumatic growth, from systemic and cumulative stressors and traumatic life experiences. All domains within research that are limited.

## **CHAPTER 2: SIGNIFICANCE OF THE PROBLEM**

### **Sexual Minority Latinas**

As a growing ethnic and sexual minority group, and some as racial minority group, it is critical to understand and explore the experiences and growth processes of sexual minority Latinas and Chicanas. Sexual minority Latinas is a term to be inclusive of the multiple self-identifications of sexual orientation present (e.g., lesbian, bisexual, queer, questioning, same-gender loving; DeBlaere et al., 2014; Fassinger & Arseneau, 2007). Latinas and Chicanas are those who have Latin American origin, but Chicanas are often Mexican American females. For some Latinas/Chicanas, their racial identity may be multi-dimensional and multi-faceted. It is important to note that race and ethnicity are two separate and distinct concepts, but in this study racial/ethnic are combined throughout. However, some Latinas/Chicanas may be White, identify as Afro-Latina as to embrace the intersection of their ethnicity and Black/African roots, or have other racial identities. Sexual minorities and racial/ethnic minorities such as SMLs may experience prejudice, social oppression, and discrimination that can include systemic trauma exposure. Therefore, research based in theory that attends to the intersection of multiple marginalized identities and examines oppressive social systems is needed.

### **Feminist Informed Intersectionality and Sexual Minority Latinas**

The concept of intersectionality (or intersectional feminist theory) offers a relevant and important framework in conceptualizing how social processes such as stressors, discrimination, structural inequalities and violence, or traumatic life events and experiences intersect and affect SMLs, especially if these experiences coexist in a cumulative nature. Intersectionality as a theory provides the opportunity to gain a deeper understanding of how multiple social identities (e.g.,

race, ethnicity, gender identity, sexual orientation, and social class), oppressions, experiences, and potential stigmatized statuses intersect by viewing these as interacting systems of privilege and discrimination and as mutually interdependent and interactive at a socio-structural level (Bowleg, 2012; Crenshaw, 1989; Crenshaw, 1994). Collins and Bilge (2016) posits that social identities are interdependent and mutually constitutive rather than isolated from one another. By living at the intersection of systems of oppression due to race, ethnicity, gender, sexual orientation, and other identities, SMLs have lived experiences that simultaneously result in unique challenges and strengths compared to those with a single marginalized identity. Similar to other minority groups, some SMLs may face challenges with regard to race, ethnicity, gender, sexual orientation, class, sexuality, and immigration-based marginalization (Harris, Battle, Pastrana, & Daniels, 2015). SMLs must contend with multiple marginalized and intersecting minority identities while being situated in a white, male, and heteronormative dominant culture (Boe et al, 2018).

According to Stewart and McDermott (2004), individuals must be located in terms of social structures and take power considerations and relations implied in those structures into account. Systems of power can contribute to multiple power inequalities and discrimination practices because they are interlocking. Therefore, examination of the effects of these interlocking systems, specifically how they harm marginalized groups, can only be explored by taking into account multiple intersecting identities and dimensions, and not prioritizing one singular identity and oppression over another (Collins, 1999). The intersections of oppressed race and ethnicity, gender, and sexual orientation identities may not be the only intersections at the forefront. Experiences of trauma exposure, adverse experiences, or stressors that are influenced or perpetrated systematically suggest that multiple and intersecting systems of power are at work.

In research, when intersectionality is not taken into account, these identities are considered to be independent, separate, and standalone. Studying them alone is very misleading (Kira et al., 2018). Therefore, the multiplicative effects of multiple minority identities in vulnerable and marginalized populations are often neglected in research (Bowleg, 2008). Systemic and intersectional attention to SMLs, when trying to understand growth in the concept of traumatic and stressful life events, was used in this study. An intersectional framework provides a more nuanced and integrated understanding of how lived experiences, trauma exposure and experiences, and contextual and demographic variation intersect and influence the process of growth beyond negative outcomes for SMLs.

### **Minority Stress Considerations**

Minority stress theory posits that individuals who belong to marginalized minority groups experience increasing levels of stress (Meyer, 2003). This is due to the unique and additional experiences, challenges, and stressors that accompany a minority social identity (Meyer, 2003). Minority stress is conceptualized by Moritsugu and Sue (1983) as a repercussion of “stressful stimuli such as prejudice, discrimination and attendant hostility from the social environment” (p. 164). Minority stress can be experienced interpersonally (e.g., verbal harassment, strained family relationships), institutionally (e.g., lack of protection from employment discrimination, work/school-based harassment), and systemic/structurally (e.g., unequal housing access due to minority status) (Balsam, Beadnell, & Molina, 2013). The stressors that minority groups face can appear in the form of larger discriminatory events such as systemic victimization to daily microaggressions, suggesting that the cumulative stressors and their severity can differ (Balsam, Molina, Beadnell, Simoni, & Walters, 2011).

Meyer's (2003) model is based on theoretical assumptions: (1) the stress that is experienced by minority group requires additional coping that is not required by those in non-minority groups; (2) the stress experienced by minority groups is chronic in nature; and (3) the stress that is experienced by minority groups is associated with social and cultural based values and stigma. Therefore, the minority stress model (Meyer, 1995, 2003) may explain higher, more chronic rates of discrimination and traumatic events for SMLs due to several marginalized statuses. Several studies provide evidence that minority stress increases negative mental and physical health outcomes due to negative social attitudes and behaviors. There is vast social science literature on race-based experienced stress (Clark, Anderson, Clark, & Williams, 1999; Landrine & Klonoff, 1996; Pole, Best, Metzler, & Marmar, 2005), ethnicity-based stress due to discrimination (Araújo, 2004; Utsey, Chae, Brown, & Kelly, 2002), and sexual orientation-based stress (Cochran, 2001; Herek & Berrill, 1992; Lewis, Derlega, Berndt, Morris, & Rose, 2002; Meyer 1995, 2003; Szymanski, 2009).

Distal and proximal stressors are key concepts in the minority stress literature. Proximal and distal stressors contribute to negative mental health outcomes in minorities. Distal stressors are enacted stressors experienced by minorities externally, whereas proximal are those that arise within an individual (Fingerhut, Peplau, & Gable, 2010). Having both a queer identity and racial/ethnic identity may increase the occurrence of both distal and proximal stressors. Distal stressors include acts such as discrimination, rejection, and marginalization as these are experienced externally, whereas proximal stressors are internal processes and are often a byproduct of distal stressors (Dohrenwend, 2000). Examples of proximal stressors include concealing one's own sexual orientation, negative feelings about one's ethnic/racial group, and increased vigilance. Both distal and proximal stressors have been examined in racial, ethnic, and

sexual minority populations and may be experienced much higher than compared to non-minority groups like heterosexuals and White individuals.

In sexual minority individuals, these stressors increase overall mental health issues (Diaz, Ayala, Beinm, Henne, & Marin, 2001) such as suicide risk and attempts (Cochran & Mays, 2000; Russell & Joyner, 2001), self-harming behaviors (Williamson, 2000), depression and anxiety (Gilman et al., 2001; Herek, Gillis, & Cogan, 1999), and substance abuse (McKirnan & Peterson, 1988). In racial minorities, risk for substance abuse concerns, mental health symptoms such as depressive and anxiety, and physical health symptoms are heightened (Landrine & Klonoff, 1996; Lee & Ahn, 2011; Pascoe & Richman, 2009; Williams & Williams-Morris, 2000; Williams, Yu, Jackson, & Anderson, 1997). Stressors experienced ethnically, racially, and in the form of heterosexism and homophobia may affect the LGBQ Latinx population at disproportionate rates. Research has found that compared to heterosexual Latinx individuals, LGB Latinx experience higher rates of stress, depression, and suicide attempts (Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007).

Minority stress, as a model, is applied to various minority populations but does not entirely attend to within group diversity (Diamond, 2003). The minority stress model may only account for single salient identities such as stress of just gender, sexual, ethnicity, or race. Therefore, it might not account for potential added stressors that are experienced within the variation of these identities. In addition, it may not account for assessing multiple factors such as the intersections of multiple minorities' statuses. Therefore, the universalization of the experiences of sexual minorities within research and clinical practice can be of no benefit, due to very distinct and multiple social, systemic, and cultural factors differentiating them from those of other gender, racial, and sexual minorities (Diamond, 2003). Dominant models, such as minority



stress and trauma models, might not account for multiple minority status individuals as they may conduct separate examinations of single types of societal stressors. Still, past examinations of one marginalized identity are necessary, particularly when they are researched in depth with underrepresented populations. However, generalizations extrapolated by this type of research may do more harm for people with multiple intersecting minority identities such as SMLs as they might encounter divergent cumulative stressors.

A reliance on negative factors and outcomes in research neglects the opportunity to explore capacities to thrive beyond these detrimental outcomes (Savin-Williams, 2008). Research on minority populations must not negate the considerable amount of empirical data on the negative experiences of victimization, discrimination, and stress; however, it must expand beyond non-intersectional generalizations of stress and discrimination. Negative outcomes precipitate not only stress and detrimental outcomes, but also potentially predict the significant growth processes from them (Luthar, 2001; Savin-Williams, 2008). Therefore, this study is partially guided by minority stress theory, but aims to expand beyond this using an intersectional and growth framework by identifying how potential stressful and traumatic life experiences may foster post-traumatic growth.

### **Family-Based Discrimination and Cultural Considerations**

Family discrimination particularly in childhood and at the hands of caregivers or parents can cause deleterious effects. Family discrimination may be more challenging for those who are a sexual minority, as there may be both proximal and distal stressors present. When trauma is relational, such as family-based trauma, it is interpersonal in nature, often happening within close relationships, where there can be an imbalance of power, and is experienced at a prolonged and repeated duration (Wolf et al., 2015). With the intersection of race, ethnicity, culture, and other

considerations, SMLs experience family-based discrimination differently than their white counterparts. This can be experienced by both children, adults, or cumulatively as experienced at the start of childhood and into adulthood. Rejection that may be rooted in heterosexism can appear in different ways including violence and/or lack of support. Negative parental reactions can influence negative coping and outcomes, such as higher risk of suicide ideation and attempts, depression, drug use, and unprotected sex (Ryan et al., 2009). Due to numerous challenges this population faces, some SMLs might choose to disclose multiple, one, all, or none of their identities to friends, family, colleagues, and community.

**Familismo.** *Familismo* often stresses the importance of loyalty, collectivism, and obligation to one's blood ties, with these priorities before the self (Falicov, 1998). Latinas' experiences are influenced by their unique value system, customs, and beliefs (Leon & Dziegielewski, 1999). Family is centered in the Latinx culture and community, and often in sense of self (Miranda, Frevert, & Kern, 1998). The importance of family and cultural values often extends well into multiple generations and extended family networks. According to Falicov (1998), "familismo encompasses meanings about inclusiveness and participation in large family networks" (p. 161).

Latinx individuals show a stronger willingness to "engage in behaviors that fulfill family obligations and have a preferred reliance on family members as sources of social support" (Campos, Perez, & Guardino, 2014, p. 82). Familismo, as it relates to closeness, may often be pathologized. Connectedness and emotional interconnectedness in one culture may look and have different meanings in another (Falicov, 1998). Families that uphold values such as familismo may present a challenge for SMLs. A small body of research on familismo indicates that this cultural value might lead to detrimental outcomes on Latinx individuals' mental health

(Koerner & Shirai, 2012; Schwartz, Unger, Zamboanga, & Szapocznik, 2010; Zayas & Pilat, 2008), while another scholar found familismo serves as a protective factor for acceptance (Ryan et al., 2009). However, most of this research does not look at LGBTQ+ Latinx.

According to Muñoz-Laboy (2008), “in cultures where collectivism is a predominant value, the sexual orientation of individuals is no longer an individual issue, but rather a struggle between placing an individual’s orientation over apparent collective social order” (p. 774). Some research finds that gay and bisexual Latinx men experience more rejection and higher levels of internalized homophobia due to strong familial ties and the inability to denounce family homophobia (Diaz, 1998; Ryan et al., 2009). SMLs who want to experience the close ties of their Latinx families may have to conform to the social norms within their family network (Diaz, 1998). Cultural expectation can result in SMLs denying their sexual minority identity in order to fulfill their cultural role and prevent bringing shame to their immediate and extended family (Espin, 1987; Sager, Schlimmer, & Hellmann, 2001). According to Munoz-Laboy (2008), familismo shapes the sexual decisions of bisexual Latinx men. Familismo as a core value and belief, is still salient for Latinx individuals residing in the U.S. (Bermúdez, Kirkpatrick, Hecker, & Torres-Robles, 2010).

**Machismo.** Gender role expectations and their meanings in the Latinx culture and community are highly researched in the social sciences literature. *Machismo* and *marianismo* are masculine and feminine cultural belief systems that are influential on identity. Machismo maintains that Latino men are the most influential beings in the family (Mendez-Villarrubia & LaBruzza, 1994; Miranda, Bilot, Peluso, Berman, & Van Meek, 2006). Descriptions of machismo include physical courage, virility, aggressiveness, being indomitable in character, and may include the domination of women including their wives (Falicov, 1998; Miranda et al.,

2006). Domination may be in the form of physical force and violence (Falicov, 1998). Machismo can also have positive meanings attached, including strong influences of men to be brave, hardworking, proud, and dedicated to meeting the needs of their family (Falicov, 1998). For examples of Latino masculinity and cultural values on gay and bisexual men please see Guadalupe-Diaz, 2015; Guarnero, 2007; Reisen, Iracheta, Zea, Bianchi, & Poppen, 2010.

**Marianismo.** *Marianismo* as a concept stems from and is highly influenced by religion and the Virgin Mary as a role model of the ideal Latina woman (Bermúdez & Mancini, 2013). Women are viewed through a binary according to their sexuality as either “good” or “bad,” with a preference towards Latinas only being good. Furthermore, a “good” woman consists of being submissive, self-sacrificing, religious, modest, pure, and sexual only in a virginal way, whereas “bad” women are those who are sexual, manipulative, pernicious, and seductive (Falicov, 1998). In marianismo, sex, servitude, and fidelity are duties that are mandatory (Falicov, 1998). With regards to trauma and abuse, marianismo and familismo can be a negative cultural influence and may hinder a Latina woman from leaving an abusive relationship, as families may encourage staying in the relationship (Bermúdez & Mancini, 2013).

Considering that machismo and marianismo may influence LGBTQ Latinx individuals, SMLs may experience difficulty expressing both their sexuality and sexual minority identity. Adherence to gender roles, particularly those that might not align with values may cause gender role stress. In a qualitative study conducted by Rice and colleagues (2018), Latinas living with HIV shared their perceptions that cultural values may assign greater power to men within their community and family. Therefore, “when the endorsement of a masculine ideology is very strong or obsessive, physical and mental health can suffer, just as excessive adherence to the feminine stereotype hurts women” (Falicov, 1998, p. 197).

Maintaining original cultural values may result in some challenges for SMLs. For example, if there is strained or unsupportive cultural and familial support, non-cohesive sense of family, or cultural rejection, SMLs may be susceptible to many risk factors. LGBTQ Latinx individuals may honor and abide by family loyalty due to strong familial and cultural expectations. Therefore, cultural barriers may reinforce the obligation of sustaining this loyalty and proclaiming a heterosexual identity (Akerland & Cheung, 2000; Pastrana, 2015). According to Diaz and colleagues (2001), 70% of Latinx gay and bisexual men reported that their sexual orientation harmed their family. Culture and identity play a large role in how we view ourselves and interact with others. Cultural values such as familismo, Latinx family structures, conservative gender roles, and religion may have an influence on SMLs, especially if there is discrimination embedded within.

**Religion and Spirituality.** Additional cultural values strongly interwoven and practiced in Latinx culture include religion and spirituality (Bermúdez & Mancini, 2013; Wolfinger, Wilcox, & Hernández, 2009). Latinx families primarily identify as Catholic, which may uphold the belief that marriage is a sacred bond only to be shared between a man and a woman. However, progressive Catholics may hold fewer conservative values thus adopting a more accepting view on same-sex marriages and sexual minorities (Ellison, Acevedo, & Ramos-Wada, 2011). Religion and spirituality are also used in term of coping. Within the trauma literature, religion has been consistently associated with post-traumatic growth, specifically lending to providing a meaning making framework for processing traumatic and stressful events (Berger & Weiss, 2006; Milam, Ritt-Olson, & Unger, 2004; Park & Fenster, 2004).

## **Trauma Exposures**

Exposure to trauma and stressors can happen at any time in one's life. When an event is experienced, witnessed, or if someone is exposed to something that has the potential to cause injury or death, it is considered traumatic (Herman, 1992). Traumatic events can result in the manifestation of anxiety and stress disorders if these events overwhelm an individual's ability to cope and respond to the events. Stressors such as financial concerns, work or relationship stressors, and other forms pose challenges to individuals, whether in the short-term or experienced chronically. However, stressors are not always traumatic. The Substance Abuse and Mental Health Services Administration defines trauma and the burden it has on individuals, families, and communities as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2019, para. 1). Often times, traumas can be experienced successively and simultaneously, despite most psychological research focusing on single traumatic events (Kira et al., 2008).

In order to examine growth from trauma, it is vital to look at the trauma and stress exposures that potentially lead to post-traumatic growth. LGBTQ+ individuals may experience trauma exposures specific to their sexual minority status such as discrimination, abuse, and harassment (Mooney, 2017). Mental health outcomes as a result of these events are exacerbated for SMLs because of their sexual orientation and racial/ethnic identity within hostile environments (Consolacion, Russell, & Sue, 2004; Harper & Schneider, 2003). As a triple minority status group, types of trauma, discrimination, and stress will differ for SMLs from their white, male, and heterosexual counterparts, as systemic trauma exposure includes discrimination

acts such as racism, heterosexism, and sexism. Therefore, mental health challenges and discrimination acts are experienced in different ways that are distinct from non-racial/ethnic LGBQ individuals and other Latinx people because of potential exposure to social prejudice, oppression, and discrimination.

Multiple oppressions influence social, emotional, psychological, mental, and physical functioning at multiple levels including individual, interpersonal, familial, cultural, and community (Schumm, Stines, Hobfoll, & Jackson, 2005). Latinx LGBQ individuals face discrimination on the basis of race, class, education, sexual orientation, gender identity and expression, geographical location, language, religion, family ties, and more (Akerlund & Cheung, 2000; Asencio, 2009; Diaz & Ayala, 2001; Pastrana, 2015). Sexual minority Latinas must contend with the forces of heterosexism, racism, and sexism and other systemic traumas, as they do not experience their multiple and intersecting identities in isolation. Complex and multiplicative interconnections of sociocultural factors and systems must be taken into account.

Therefore, belonging to multiple marginalized groups means there could be a disproportionate exposure to social-cultural chronic stressors (e.g., racism, bullying, discrimination, anti-LGBQ bias, violence, development of a bicultural identity, stigmatization, and victimization) that overlap, coexist, intersect, and are experienced simultaneously and cumulatively, and therefore are generally not experienced singularly due to compounding oppressions. These systemic trauma exposures have an impact on overall coping and wellbeing. In a study examining Latinx gay and bisexual men, racism, poverty, and homophobia all contributed to barriers to well-being (Diaz & Ayala, 2001). Individuals with both racial/ethnic and sexual minority identities may be especially vulnerable to societal based traumatization

because of their exposure to multiple forms of discrimination and the negative impacts these events create (Balsam et al., 2011; Diaz et al., 2001).

**Cumulative trauma.** Unlike acute traumas (sometimes referred to as shock traumas) which are single, isolated traumatic events such as experiencing a car accident, natural disaster, and being a victim of crime, cumulative trauma happens more than once and often last for longer periods of time. According to Kira and colleagues (2008) cumulative trauma is the successive and combined exposure to multiple traumatic events over the lifetime of the person (Kira et al., 2008). It may also be referred to as repeated or complex trauma as it encompasses a “sequence of similar and or dissimilar traumas across the life span” (Kira et al., 2008, p. 64). Examples of this include individuals in refugee and war zones, domestic violence survivors, and violent and aggressive discrimination.

### **Systemic Trauma Exposure and Discrimination**

In this study, systemic trauma is conceptualized as exposure of oppressive acts that institutions, communities, and systems perpetrate, which contributes to trauma outcomes (Goldsmith, Martin, & Smith, 2014). These are often cumulative acts of systemic racism, heterosexism, and ethnic discrimination which can impact SMLs and their families. This expands beyond a framework of looking at just individual victimization and perpetration by examining the influence of systems on trauma and oppression.

In the trauma literature, systemic traumas, especially when experienced cumulatively, have been described by Root (1992) as “trauma associated with [social statuses such as gender, color, sexual orientation, and physical ability] that are [not] valued by those in power” (p. 240). Systemic trauma can be in the form of societal discrimination and include individuals’ unequal access to resources based on factors such as race, ethnicity, ability, and sexual orientation



(Brown, 2008; Singh & McKleroy, 2011). These can also include acts of racism, heterosexism, sexism, and cissexism.

Systemic traumatization can impact marginalized groups, due to oppression and discrimination enacted by larger systems of power and privilege. Trauma professionals should be versed concerning the facets of institutions, cultures, and communities, and how these environments maintain trauma outcomes (Goldsmith et al., 2014). A systemic and cumulative trauma perspective allows for a critical examination of the dynamics of racism, sexism, discrimination, and homophobia (Goldsmith et al., 2014).

### **Collective Identity Stressor/Trauma**

Members within minority groups are exposed to disproportionate amounts of structural inequalities due to social factors and the systemic factors that uphold it. Kira and colleagues (2018) identified the usefulness of integrating collective identity stressors and traumas (CISTs) in their development-based trauma framework because of the direct role these stressors and trauma have with oppression, discrimination, and socio-structural violence. According to Kira and colleagues (2018) stressors/traumas act as the common denominator in acts of oppression, discrimination, and social/structural violence that target social identities such as racial/ethnic, sexual, and other minorities (Kira et al., 2018).

Additionally, discrimination due to color, ethnicity, sexual orientation, and other social intersected types is due to severe stressors that target those in disadvantaged positions in social hierarchies (Kira et al., 2018). Risk, stress, and traumatic life events are related to a social context of oppression for marginalized groups. Naming these stressors and identifying them in terms of their impact allow for continued research. In the context of oppressive environments, opting for a systemic framework that acknowledges that mental, physical, and psychological

distress and concerns is a product of oppressive systems, and not defining individuals or groups by these issues is vital.

The intergroup trauma paradigm, which looks at discrimination and politically motivated acts as trauma, is defined as “internal and external acts that threaten a person’s physical, personal, or social identities, this/her basic autonomy or dependence needs, and have potential of yielding different symptoms” that may include trauma disorders (Kira, Fawzi, & Fawzi, 2013, p. 179). Historical trauma touches on identity-based trauma exposures perpetrated by larger systems of oppression that can impact over the lifespan and across generations. Genocide that impacts Native Americans, slavery as a result of segregation and racism, and the dehumanizing practices that separate Latinx children from their migrant families in the United States all are a result of historical, race-based, discriminatory, and migration trauma perpetrated by larger systems.

Although individuals who have multiple minority statuses may be at greater risk because of their social locations and contexts, it is important to note that their identity is *not* the cause. Those with marginalized and intersecting statuses are not at risk due to their identity, but rather it is the discriminatory, aversive, and chronic stressful exchanges that increase in occurrence and duration within oppressive systems. Threats by dominant institutions, groups, and social structures are overwhelming, hold power, and can be more distressing than threats coming from an individual or perpetrator (Kira et al., 2018). Thus, Kira and colleagues (2018) propose the concept of social (collective) identity stressors/traumas (CISTs) and argue that social identity stressors and traumas are unique in that they are initiated by social systems, chronic in nature, and cannot be separated because they interact and accumulate with other types of stressors.

## **Heterosexism and Homophobia**

Systemic oppression of sexual minorities can appear in the form of heterosexism, heteronormativity, and homophobia. According to Herek (1990), heterosexism is comparable to the prejudice experienced in sexism and racism, particularly in the form of denial, denigration, and stigmatization of any nonheterosexual form of behavior, identity, relationship or community. For example, lack of federal protection in the workplace from discrimination based on sexual orientation is a form of heterosexism (Balsam et al., 2013). Anti-gay sentiments that reinforce this system of power can appear in the form of attitudes, bias, beliefs, and discrimination and prioritize heterosexual relationships as a normative, preferred, and subsequent superior relationships. These challenges are compounded when LGBTQ people of color experience both discrimination and heterosexism from their racial/ethnic community (Balsam et al., 2011).

Heterosexism can range from repeated micro-aggressions to more flagrant forms of discrimination, victimization, and traumatization. In a study conducted by Herek (2009), sexual minority respondents reported experiencing harassment, sexual assault, physical attacks, verbal abuse, and other forms of violence that they attributed to their sexual orientation. Traumas encountered due to heterosexism and homophobia can also include peer bullying, victimization, familial abuse and violence, and physical harassment. A recent example of a violent and fatal hate crime includes the U.S. mass shooting at Pulse nightclub, during Latin night, with many victims being queer Latinx and other sexual minorities (Alvarez & Pérez-Peña, 2016).

Many LGBTQ people of color may rely on their racial/ethnic group and their own cultural community for support, but may be met with heterosexism and prejudice that is rooted in ethnocultural norms and religious beliefs influenced by traditional gender and sexuality norms (Balsam et al., 2011). In some instances, adherence to sexual identity can violate cultural and

religious traditions. Heterosexism poses a challenge, particularly with the coming out process and the timing, more so by LBQ women of color and SMLs (Rosario, Schrimshaw, & Hunter, 2004). The coming out process influences sexual identity, religion, family, and traditional views on gender roles, which may hinder the coming out process of sexual minorities of color (Diaz, 1998; Harris et al., 2015). SMLs must contend with both a dominant society and culture that may view heterosexual identities as the norm. Passing as heterosexual is common (Diaz & Ayala, 2001). Therefore, SMLs may have to navigate through contradictory identities by use of silence and concealing their sexual identity, especially if there is increased homophobia in their families.

### **Racial and Ethnic Discrimination**

Several studies document that Latinx individuals experience ethnic (i.e., language, accent, and immigration status) and racial membership (i.e., skin color and facial features) discrimination (Allen, Telles, & Hunter, 2000; Araújo & Borrell, 2006; Espino & Franz, 2002). Considering the current political climate and discrimination rhetoric, there are additional cultural considerations that intersect with discrimination to make up unique systemic traumas this population might face such as immigration status, acculturation stress, and generational status.

The LGBTQ community, which is a predominately White community, may create several challenges to those who are both sexual minorities and ethnically and racially diverse. These challenges may be repeated acts of microaggressions and racism. Other forms of systemic traumas may be viewed through the lens of ethnicity and race. For example, in a qualitative study examining Black lesbians, participants contextualized their experiences of sexism and heterosexism through the prism of racism (Bowleg et al., 2003). Race-related stress and trauma exposure is much more difficult for those who are not a part of the dominant group. In regard to colorism considerations, darker skinned Latinx individuals experience more racial discrimination

with regards to employment, but not to the degree that African Americans do (Allen et al., 2000). In a study comparing four groups (European Americans, African Americans, Latinos, and Afro-Latinos), Afro Latinas were found to have higher depressive symptoms than those of the other groups (Ramos, Jaccard, & Guilamo-Ramos, 2003). These studies suggest that racial/ethnic discrimination and victimization may greatly impact SMLs when they intersect with other identities.

### **The Intersection of Heterosexism and Racial/Ethnic Discrimination**

At the core of sexism, racism, heterosexism, and other forms of oppressions is the promotion and domination of a privileged, dominant group within society at the expense of marginalized populations. Living at the intersection of sexual orientation that is not heterosexual and having a marginalized racial/ethnic identity includes unique challenges and cultural considerations that White LGBTQ individuals may not have to experience. As a result, the experience of racial/ethnic discrimination and bias can occur within the LGBTQ community, which may subjugate SMLs. This includes covert and overt behaviors including exclusion, harassment, rejection, discrimination, and ethnic sexual objectification (Balsam et al., 2011; Diaz & Ayala, 2001; Wilson et al., 2009). These forms of discrimination occur on a personal, organizational, and systemic level. Potential racism experienced in the LGBTQ community can remove community as a source of support for some sexual minorities who are a racial/ethnic minority (Diaz et al., 2001).

Multiple marginalized groups such as SMLs and their families who belong to ethnic, racial, and other identity groups may have historical trauma such as oppression, violence, genocide, and in some cases conflict in their countries of origin (USDHHS, 2004). Given the intersections of SMLs, understanding trauma and multiple levels of discrimination within the

context of their lives and multiple identities is vital. The interplay of cultural, familial, individual, and potential systemic traumatization and discrimination can influence a person's lived experiences. According to Berger (2004), "loss of familiarity with the physical, social and cultural environment as well as loss of language, social support systems, identity, belief system, and socio-economic status" adds to the additional and complex adversity this population might face (p. 56). These considerations, cultural factors, and social disadvantages do not act or operate independently, they intersect. It is important to distinguish if some of these considerations are protective and provide growth in spite of discrimination and traumatic events.

### **Post-traumatic Growth**

Post-traumatic growth (PTG) first appeared in social and behavioral science literature and research in 1995 as a concept defined as the experience of positive change as a result of struggling with major life crises and highly challenging, stressful, or traumatic events (Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004). Psychological research, specifically within existential and humanistic theories, has explored the possibility for growth and meaning making following loss and trauma, and has its historical underpinnings through the conceptualizations of previous scholars (Caplan, 1964; Frankl, 1962; Frankl, 1985; Tedeschi & Calhoun, 1995; Yalom, 1980). Psychiatrist and Holocaust survivor Victor Frankl summarized the concept of growth and making meaning from tremendous suffering in *Man's Search for Meaning*:

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into triumph, to turn one's predicament into a human achievement. (Frankl, 1985, p. 135)

## Theoretical Foundations

Other theories explore the possibility for personal growth that comes from the struggle of adversity; these include stress-related growth (Park, Cohen, & Murch, 1996), benefit finding (Tomich & Helgeson, 2004), adversarial growth (Linley & Joseph, 2004), and thriving (O’Leary & Ickovics, 1995). The most common current theory in trauma research is known as post-traumatic growth (Tedeschi & Calhoun, 1995, 1996, 2004). Suffering and experiencing of trauma are not required for individual growth and to find meaning in life; however, a number of researchers have noted that the *experience*, and not the trauma itself, can offer unique opportunities for individuals to change their worldview, find meaning, and have a greater appreciation of life (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1995).

PTG as a theory is not only focused on the reduction of symptoms but also with helping to establish meaning and increasing positive psychological change (Tedeschi & Calhoun, 2004). The impact of the trauma or stressor including the struggle of that experience is not minimized, denied, or ignored in PTG; instead, PTG explains the personal growth that can occur, despite the negative effects of the trauma or stressor (Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004). Thus, research supports the phenomenon that growth and struggle can be experienced simultaneously and meaningfully.

## Historical Foundations

Tedeschi and Calhoun (1996), found that perceived positive changes following a traumatic experience can be categorized into three dimensions: self, interpersonal relationships, and philosophy of life (Weiss & Berger, 2006). Tedeschi and Calhoun’s (2004) post-traumatic model identifies five growth outcomes that are experienced after trauma, including (1) appreciation of life, (2) personal strength, (3) spirituality, (4) new possibilities, (5) and positive

relationships. Systemic investigation of these growths is made possible by the development of scales specifically designed to measure growth with the *Post-traumatic Growth Inventory* (PTGI) with various types of traumas, adversities, stressors, and crises (Tedeschi & Calhoun, 1996; 2004).

The post-traumatic growth process has been applied to a variety of challenging events and traumas in research. These include, but are not limited to, physical disability (Tedeschi & Calhoun, 1988), spousal loss (Tedeschi & Calhoun, 2004), substance abuse (Linley & Joseph, 2004), war (Powell, Rosner, Butollo, Tedeschi, & Calhoun, 2002; Tedeschi & McNally, 2011), bereavement (Linley & Joseph, 2004; Tedeschi & Calhoun, 2003; Tedeschi & Calhoun, 2007), cancer survivors (Nenova, DuHamel, Zemon, Rini, & Redd, 2011; Stanton, Bower, & Low, 2006), sexual assault survivors (Linley & Joseph, 2004), individuals with a diagnosis of HIV (Linley & Joseph, 2004), and Latina immigrants (Berger & Weiss, 2006; for more examples see Tedeschi & Calhoun, 2004).

Many different labels are used in the PTG literature to describe potential negative events that can lead to PTG. For this study, cumulative trauma and trauma exposures was used to identify potentially trauma exposures that may lead to PTG in SMLs. Trauma is expanded to include systemic trauma including racial, ethnic, and heterosexist discrimination. Use of inclusive terminology that captures this variety is consistent with other research in the field of PTG (Tedeschi & Calhoun, 2004). Although “trauma” is in the title, any negative life event is included in PTG. Despite the variety of terms (i.e., adversity, stressors, traumas, and others) used in PTG, each type represents an event that can be negative and cause distress, and therefore, has the possibility of leading to PTG (Tedeschi & Calhoun, 2004).



## **Sociocultural Considerations**

The majority of post-traumatic growth (PTG) research has looked at the samples from White American participants, but has now expanded to those who belong to different ethnic groups (Weiss & Berger, 2010). In prior research, correlates of PTG (e.g., contextual factors and sociodemographic variables) were not entirely understood in the early 2000's, as social and cultural factors were not fully explored in PTG (Linley & Joseph, 2004). This proved to be a significant gap in the post-traumatic growth literature. Research evolved into examining the impact of socio-cultural factors on PTG. Weiss (2004a, 2004b) found an association with social context and PTG; however, there were inconsistent findings about an association with PTG and some contextual factors such as age, socio-economic status, and level of education (Berger & Weiss, 2006; Cordova, Cunningham, Carlson, & Andrykowski, 2001; Powell et al., 2002; Tomich & Helgeson, 2004).

Therefore, Calhoun, Cann, and Tedeschi (2010) updated PTG to incorporate sociocultural factors as they influence possible growth. Cultural considerations in the post-traumatic growth process have looked at how it may affect cultural contexts, geographic locations, and societies (Tedeschi, 1999). PTG has been documented in many countries and looks at a range of traumatic and stressful experiences in individuals (Tedeschi & Calhoun, 2004; Weiss & Berger, 2010). Education level, income status, age, religion, ethnicity, and females have been recorded as correlates of PTG and produce some aspect of personal growth (Berger & Weiss, 2009; Stanton et al., 2006). Cultural traditions and values may influence how PTG is promoted and experienced. Modifications to the model include increasing the emphasis on social context and sociocultural influences and how these impact pre-trauma and different points in the PTG process including after the traumatic event (Tedeschi & Calhoun, 2006). Therefore, the original

model's focus on individual growth from a trauma event has evolved to incorporate socio-cultural factors. Considering the influence culture has on individuals, this shift is relevant to minority groups but especially so in research on minority populations.

### **Post-traumatic Growth in Sexual Minority Latinas**

Despite the interest in growth from trauma, research on the negative effects of trauma is examined extensively (Milam, Ritt-Olson, & Unger, 2004; Tedeschi & Calhoun, 1995). The field of trauma was challenged to focus on survivors' strengths for healing and not relying solely on a deficiency model (Burstow, 2003). Sexual minority Latinas may face significant and increased systemic and trauma exposures, whether currently and historically, due to discrimination. However, Latinas continue to experience growth, despite all of these barriers, and may have the potential to grow beyond potential stressful or traumatic life experiences. In some research, Latinas experience moderate to high levels of growth after some traumatic events (Berger & Weiss, 2006). Despite the focus on PTG in diverse cultures, PTG research as it pertains to Latinx individuals is still limited (Berger & Weiss, 2010). There are no studies to date that examine the growth that sexual minority Latinas may encounter after experiencing repeated systemic stressors and trauma exposures. Considering the rise of Latinx individuals in the U.S. population, it is vital that researchers seek to understand how PTG is experienced in this population.

Existing literature concerning SMLs typically focuses on the stressors and challenges they might encounter, specifically concerning substance use and negative mental health outcomes (Matthews, Aranda, Torres, Vargas, & Conrad, 2014). It is important to identify challenges and stressors as areas of inquiry for research; however, researchers and practitioners working with this population should also understand this population's intersecting identities, culture, and potential growth in the face of trauma or stressors, as it may assist them in

negotiating these unique stressors and experiences of discrimination. By focusing on risk *and* protective factors, it is possible to achieve a reduction in negative outcomes and examine enhanced post-traumatic growth. Therefore, this study, guided by intersectional theory and a strengths-based perspective, examines types of systemic and cumulative traumas including racial/ethnic discrimination and heterosexism. Although a handful of post-traumatic growth studies have looked at predominantly White sexual minority populations and Latinas (presumably heterosexual), the literature search found no post-traumatic studies that focused on sexual minority Latinas. To help bridge this gap, this study explores the post-traumatic growth phenomenon with sexual minority Latinas.

### **Research Questions and Hypotheses**

The present research study explored potential post-traumatic growth in sexual minority Latinas. The purpose of this study was to explore intersections of race/ethnicity and sexual orientation, stressors and trauma exposures, as these may be systemic and cumulative, and how these exposures influence post-traumatic growth. This study utilized an intersectional informed theoretical framework to explore different intersections of identity and contextual factors and how these aid in the growth process following stressful and traumatic experiences including multiple discriminatory experiences. The study was guided by the following research questions:

**Research Question 1: In sexual minority Latinas, what socio-demographic characteristics, and systemic and cumulative trauma/stress exposures, are associated with post-traumatic growth?**

***Hypothesis 1:*** Socio-demographic characteristics including outness, sexual orientation, generation status, and family acceptance (indicated by a low score on DHEQ-FOO subscale) will be positively associated with post-traumatic growth.

***Hypothesis 2:*** Cumulative trauma will be positively related to post-traumatic growth.

***Hypothesis 3:*** Heterosexism discrimination/victimization and the intersection of both racial/ethnic and heterosexism will be inversely related to post-traumatic growth.

**Research Question 2: What is the qualitative experience of SMLs who have experienced growth from trauma/stressors?**

***Question:*** What is the experience and growth process of SMLs who have experienced traumatic life events?

## **CHAPTER 3: METHODOLOGY**

### **Participants**

To meet the inclusion criteria, participants had to be between the age of 18 to 64 years old and self-identify as a Chicana/Latina, a sexual minority, and as female. Lesbian, bisexual, queer, pansexual, or a sexual minority status which include fluidity, questioning, or women who have sex with women are able to participate in this study as to recognize multiple dimensions of same-sex sexuality. Considering that those who identify as Hispanic or Latinx may be any race, several racial categories, including an open-text box, were provided in this study, and therefore, there was no criterion question regarding how participants identify racially. In addition, being of Latin American decent, or identifying as Latina/Chicana, is important considering that most literature has focused on Mexican individuals; other Latina subgroups possess varied and unique experiences and therefore should not be generalized to another (Araújo & Borrell, 2006; Moscicki, Rae, Regier, & Locke, 1987). Survey instruments and questions were in English. English proficiency was required of participants, specifically to be able to read, write, and understand English. Lastly, participants had to be living in the United States.

### **Procedures**

This study was approved by the Purdue University Institutional Review Board. An online survey was hosted via Qualtrics. The participants were recruited using convenience sampling methods. The survey instrument was hosted and distributed using Amazon Marketplace Turk, (MTurk), which is an online marketplace that allowed participants to complete this web-based survey. MTurk helps facilitate a diverse sample and has been found to be a convenient online data recruitment option that provides participants that are more socio-economically, ethnically,

and demographically diverse than college samples (Buhrmester, Kwang, & Gosling, 2011; Casler, Bickel, & Hackett, 2013).

The online link for the survey directed participants to the informed consent (see Appendix A). This study's informed consent statement included researcher and study information and a link for their consent to participate. This survey also inquired about sensitive themes including traumatic life experiences. Resources were provided for participants who feel they might need them or feel they would like support at the end of the survey including website links to the Human Rights Campaign, Trevor Project, and domestic violence and sexual violence hotlines (see Appendix A). Those that declined participation or did not meet the demographic criteria were re-directed to the resource page at the end of the survey. For each measure within the survey instrument, specific instructions for the completion of each scale were provided to participants. Upon answering all of the questions, participants were directed to a page in which the researcher thanked them for their time.

### **Measures**

This study utilized various scales and subscales and socio-cultural demographic variables as predictors of post-traumatic growth to investigate the relationships between these variables on post-traumatic growth change. Each participant completed an online survey including five scales and socio-cultural-demographic information. This study utilized an online survey instrument that has two primary sources of data: quantitative data collected via a socio-demographics questionnaire, five survey instruments, and qualitative data gathered through open-ended questions. A total of 13 socio-demographic questions were used in the survey.

## **Instruments**

The following instruments were used: The Outness Inventory (OI), the Daily Heterosexist Experiences Questionnaire (DHEQ), the LGBT People of Color Microaggressions Scale (LGBT-PCMS), the Cumulative Trauma Scale- short form (CTS-S), and The Post-traumatic Growth Inventory (PTGI) (see Appendix B).

### **Socio-Cultural-Demographic Questionnaire**

The demographic questionnaire asked 13 questions about participants' demographic, cultural, and identity characteristics. Questions regarding participants' age, education, race, heritage, sexual orientation, generation status, employment status, income, relationship status, religious and spiritual denomination, and the strength of religious and spiritual beliefs were utilized in this study.

### **The Outness Inventory**

The Outness Inventory (OI) is an 11-item scale for LGB individuals that was used to assess the degree of outness (Mohr & Fassinger, 2000). This scale examined openness about one's sexual orientation, specifically if their sexual orientation is known by and openly discussed with various types of individuals (i.e. father, mother) and groups (i.e. work peers, members of religious community). The OI uses a 7-point Likert-type scale with ranges including (1) "person definitely does NOT know about your sexual orientation status" to (7) "person definitely knows about your sexual orientation status, and it is OPENLY talked about." Additionally, there is an option "not applicable to your situation; there is no such person or group of people in your life" to select. A higher score indicates greater levels of outness. The OI provides adequate reliability and validity. The OI examined outness to family ( $\alpha = .91$ ), the world ( $\alpha = .91$ ), religion ( $\alpha = .96$ ),

and overall outness ( $\alpha = .94$ ; Wilkerson, Noor, Galos, & Rosser, 2015). An average score of all three subscales made up the variable outness.

### **The Daily Heterosexist Experiences Questionnaire**

The Daily Heterosexist Experiences Questionnaire (DHEQ) was used to assess sexual minority heterosexist and stress experiences for sexual minority adults (Balsam et al., 2013). The DHEQ is a 50-item comprehensive and clinically validated measure that contains nine subscales that examine various stressors related to gender expression, parenting, harassment and discrimination, vigilance, vicarious trauma, family of origin, victimization, HIV/AIDS, and isolation (Balsam et al., 2013). Frequency of the occurrence of heterosexist experiences was reported on a 6-point Likert scale with (0) “did not happen/not applicable to me” to (5) “it happened, and it bothered me EXTREMELY” with a sixth option to “skip question.” This study used three out of the nine subscales: (1) harassment and discrimination, (2) victimization, and (3) family of origin. This study removed the parenting, vigilance, isolation, gender expression, vicarious trauma, and HIV/AIDS subscales as it addresses issues out of the scope of this study. This study removed “G” or gay from sample items for clarity.

There are six items for the family of origin scale, six items in the harassment and discrimination scale, and four items in the victimization scale. A sample item for harassment and discrimination is “being treated unfairly in stores or restaurants because you are LGBT” while victimization included “being assaulted with a weapon because you are LGBT.” Sample items that the specific family of origin scale look at include “family members not accepting your partner as part of the family,” “family avoiding talking about your LGBT identity,” and “rejection from mother, father, siblings, or extended family for being a sexual minority status.”



For the family of origin specific scale, a higher score indicates more rejection. Overall higher scores in these subscales reflect higher experiences of heterosexist stress (Balsam et al., 2013).

It has been validated with LGBT samples that are diverse in ethnicity, gender, race, and sexual identity (Balsam et al., 2013). The family of origin subscale has a Cronbach alpha of ( $\alpha = .79$ ) and the overall scale has a Cronbach's alpha of ( $\alpha = .92$ ; Balsam et al., 2013). A total score of occurrences was calculated, which indicated how many of these experiences' participants have had and made up the heterosexism variable with subscales *victimization* and *harassment and discrimination*. A mean was computed to measure distress, which indicates the mean level of distress participants felt for family of origin specific discrimination and made up the family of origin variable.

### **The LGBT People of Color Micro-aggressions Scale**

The LGBT People of Color Micro-aggressions Scale (LGBT-PCMS) is an intersectionality-informed measure that examines experiences of racism and micro aggressions for adult ethnic minorities who are also sexually diverse (Balsam et al., 2011). The LGBT-PCMS "focuses on the experience of discrimination from within one's location, thereby attending to and analyzing the power and inequality linked to multiple groups, it represents an intersectional approach to measurement" (Else-Quest & Hyde, 2016, p. 327). This 18-item measure uses a 6-point scale ranging from (0) "Did not happen/not applicable to me" to (5) "it happened, and it bothered me EXTREMELY." It utilizes three subscales (i.e., LGBT racism, people of color (POC) heterosexism, and LGBT relationship racism) but this study only used two to align with the goals of this study: 1) racism in LGBT communities and 2) heterosexism in racial/ethnic minority communities. The first subscale examines the degree to which racism is experienced

within the LGBT community. The second subscale captures heterosexist experiences within racial/ethnic communities.

There are six items that make up the racism in LGBT community subscale with sample items including “feeling misunderstood by White LGBT people” and “White LGBT people saying things that are racist.” There are six items that make up the heterosexism in communities of color scale with sample items including “not being accepted by other people of your race/ethnicity because you are LGBT” and “difficulty finding friends who are LGBT and form your racial/ethnic background.”

The LGBT-PCMS has strong internal consistency and construct validity (Balsam et al., 2011). The LGBT Racism subscale has a Cronbach alpha of ( $\alpha = .89$ ) and POC heterosexism ( $\alpha = .81$ ; Balsam et al., 2011). The overall scale has a Cronbach’s alpha of  $\alpha = .92$  (Balsam et al., 2011). A total score of occurrences was calculated, which indicated how many of these experiences participants have had and made up the intersection of racial/ethnic and heterosexism variable.

### **Cumulative Trauma Scale Short Form**

The Cumulative Trauma Scale Short Form (CTS-S) is a comprehensive 32-item instrument that measures cumulative stressors and trauma; examining occurrence, frequency, type, and negative and positive appraisals (Kira et al., 2008). This scale used a 5-point Likert-type scale to specify occurrence of traumatic event ranging from (0) “never” to (4) “many times.” This scale changed language related to gender by removing “boy” and “man.” For example, sample item “other people and institutions and communities, discriminated against me because of my gender” removed “being girl or boy” to avoid participant confusion. The CTS-S has been used with a variety of socio-cultural groups and has adequate internal consistency and

reliability ( $\alpha = .85$ ; Kira et al., 2008). Cumulative trauma as a variable was constructed by totaling the scores (dose) of all the cumulative trauma types/subscales derived from this scale (Kira et al., 2008).

### **Post-traumatic Growth Inventory**

The Post-traumatic Growth Inventory (PTGI) was used to assess post-traumatic growth (Tedeschi & Calhoun, 1996). This 21-item scale utilized self-reported PTG and uses a 6-point Likert-type scale (0) “I did not experience this change as a result of my stressor/trauma” to (5) “I experienced this change to a very great degree as a result of my stressor/trauma.” There are five factors in this scale: New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life. Sample items in this inventory include “A sense of closeness with others,” “I discovered that I’m stronger than I thought I was,” and “I developed a new path for my life.”

The PTGI has a total score, in addition to scores on the five factors, and has good reliability and validity (Weiss & Berger, 2006). Coefficient alpha for the reported total scores is .90, and .84, .85, .72, .85, and .67 for the New Possibilities, Relating to Others, Personal Strength, Spiritual Change, and Appreciation of Life subscales, respectively. PTGI lends to the research on growth from traumatic events by possessing well documented psychometric properties while capturing the multidimensional qualities of post-traumatic growth (Weiss & Berger, 2006). Although there are several translations of the PTGI, including a Spanish PTGI (Weiss & Berger, 2006), this study utilized the entire English version of the PTGI, which is a highly reliable and available instrument. Total score for post-traumatic growth, as scored using the entire version of the PTGI, made up the dependent variable in this study.

### **Data Analysis**

Data were analyzed using IBM-SPSS version 26 software. Descriptives and frequency statistics including percentages were conducted for all socio-demographic information, including age, sexual orientation, race, annual household income, education level, and current relationship status, generation status, and religious and spiritual affiliation and strength of beliefs including those of their immediate family, family of choice, and their family of origin. Descriptives and percentages of participants' occurrences of each trauma and quantitative questions about trauma were calculated. Scales and subscales including the Post-traumatic Growth Inventory, the Outness Inventory, the Daily Heterosexist Experience Questionnaire, the LGBT People of Color Microaggressions, and the Cumulative Trauma Scale-short form were analyzed using univariate analyses to find means, standard deviations, observed minimum and maximum scales, and alpha levels.

Prior to analysis, all variables were examined in a data screening process including looking for missing data, outliers, and fit. Outliers and cases with missing data that were found were excluded from the analysis. Data were cleaned and coded before conducting any statistical analysis. Additional statistics were examined using data screening processes to assess for bias violation of statistical assumptions in the data. Bivariate correlations for all applicable study variables and demographic information were conducted to identify the relationship between correlates (as guided by examples in prior PTG research). To conduct a power analysis, this study needed to achieve a sample size of 107 (Cohen, 1992).

### **Multivariate Statistics**

To test hypotheses 1-3, a hierarchical regression analysis was conducted with the PTGI total score as the outcome variable. This test was used to find predictors/correlates of post-

traumatic growth as a dependent variable while examining if independent variables including generation status, sexual orientation, degree of outness, family acceptance, cumulative trauma, heterosexism, and the intersection of heterosexism and racial/ethnic discrimination have a major effect on the PTG by examining variance. The following variables were controlled for: age, religion, and income.

Variables were entered into the model in five blocks. Block 1: included demographic control variables including age, strength of religious beliefs, and income, Block 2: included socio-cultural data including generation status, outness (scores from outness inventory), sexual orientation, and family acceptance (score from family of origin subscale), Block 3: included cumulative trauma occurrence (scores from CTS occurrence subscale), Block 4: included heterosexist stress and discrimination (scores from DHEQ subscales), and Block 5: included the intersection of heterosexism and racial/ethnic trauma and discrimination (scores from LGBT-PCMS subscales).

### **Qualitative Analysis**

To answer the second research question, two open-ended qualitative questions were employed to briefly explore SMLs experiences, perspectives, and meanings of their identity and growth process. This included statements taken from the open-ended questions to describe SMLs' experiences of post-traumatic growth. Data were examined by identifying core themes from key phrases. For example, repeated phrases such as "God," "church," "spirituality," "religion," and other similar phrases were compiled and organized to create a main theme such as religion and spirituality.

SMLs' experiences of stressors/traumas and the meaning ascribed to this topic as it related to the specific research questions were also coded and compiled for themes. Themes, and

the corresponding answers that made up those themes, were checked several times. The number of participants that endorsed a theme was then counted and recorded. Specific quotes from participants are included to provide thicker descriptions of several themes found. Purposive sampling was used to make sure participants met the inclusion criterion for examining how sexual minority Latinas qualitatively experience post-traumatic growth.

## CHAPTER 4: RESULTS

### Sample

Participants were recruited using the online survey platform, MTurk, and hosted with a Qualtrics survey. A total of 500 participants accessed the online survey. Of those who accessed the survey, 198 participants met criteria and completed the survey. Participants were excluded from the analyses for several reasons including: seven not finishing the survey to completion, three provided nonsensical responses to open-ended and qualitative questions, 10 participants did not adequately fill out the survey questions, and seven ended participation before completion. Two cases were identified as multivariate outliers with  $p < .001$ . Thus, these outliers were excluded from further analysis. The final analyses included 171 participants who met the inclusion criteria and contested to completing the survey, making up 34.2% of the original 500 participants who accessed the survey.

### Demographics

Participants ranged in age from 18-55, with 25.7% falling below the age of 24, 64.3% in the 25-34 age group, 8.9% in the 35-44 age group, and less than 1% for both the 45-54 and 55-64 age group (Table 1). A selection criterion had all participants specify “yes” to being female, a Latina/Hispanic, a sexual minority, above the age of 18, and a resident of the United States. Furthermore, when asked to indicate which described participants best, 94.7% identified as female, 1.2% as non-binary or a third gender, 2.9% as transgender, and 1.2% preferring to self-describe. One participant identified as a gender minority, specifically as genderqueer, within an open text box. Over half of the participants identified as bisexual (53.2%), with the remaining

identifying as lesbian (38.0%), queer (5.3%), pansexual (2.3%), questioning (.6%), and other (6%; specifying as “asexual”) shown in Table 2.

Participants identified racially as mostly White or Caucasian (43.9%), with the remaining identifying as Asian American or Asian (8.2%), African American or Black (6.4%), Alaskan Native or American Indian (2.9%), Native Hawaiian or Pacific Islander (1.8%), multiracial (8.2%) and preferred not to answer (4.7%). Many participants specified “Other” racially (24%) while indicating their ethnic identity in the open text box (i.e., Mexican, Latina, and Puerto Rican). Therefore, they could not be coded into an existing racial category (Table 3).

Table 1: Age of Participants

| Age (N = 171)           | Frequency | Percentage |
|-------------------------|-----------|------------|
| 18-24                   | 44        | 25.7%      |
| 25-34                   | 110       | 64.3%      |
| 35-44                   | 15        | 8.9%       |
| 45-54                   | 1         | .6%        |
| 55-64                   | 1         | .6%        |
| 64 and older            | 0         | 0%         |
| I prefer not to answer. | 0         | 0%         |

Table 2: Sexual Orientation of Participants

| Sexual Orientation (N = 171) | Frequency | Percentage |
|------------------------------|-----------|------------|
| Bisexual                     | 91        | 53.2%      |
| Lesbian                      | 65        | 38%        |
| Queer                        | 9         | 5.3%       |
| Pansexual                    | 4         | 2.3%       |
| Questioning                  | 1         | .6%        |
| Other (please indicate)      | 1         | .6%        |
| I prefer not to answer       | 0         | 0%         |



Table 3: Race of Participants

| Race (N = 171)                    | Frequency | Percentage |
|-----------------------------------|-----------|------------|
| Caucasian or White                | 75        | 43.9%      |
| Asian or Asian American           | 14        | 8.2%       |
| African American or Black         | 11        | 6.4%       |
| Alaskan Native or American Indian | 5         | 2.9%       |
| Native Hawaiian/Pacific Islander  | 3         | 1.8%       |
| Other (please indicate)           | 41        | 24%        |
| Multiracial                       | 14        | 8.2%       |
| I prefer not to answer            | 8         | 4.7%       |

Additional demographic variable information was collected from participants including annual household income, educational level of participants, work status of participants, and current relationship status. Most participants identified having an annual household income of \$50,000 to \$74,999 (23.4%) and \$75,000 to \$99,999 (21.6%) (Table 4). Over half of participants earned a bachelor's degree (52.6%) (Table 5). A strong majority of participants indicated they are employed full time (74.3%) (Table 6). Most participants identified their current relationship status is dating (38.6%), single (29.8%), or married (28.7) while some identified as both dating and single (Table 7). Less than 2% of this sample indicated they were widowed, divorced, and separated.

A socio-cultural variable inquired about participants' generation status. First generation status (U.S. born; parents born outside of the U.S.) made up 29.8% of the participants and 24% indicated they were second generation (parents first born in the U.S.) (Table 8). In addition, 12.9% of participants identified as being born outside of the United States (Table 8).

Table 4: Annual Household Income of Participants

| Income (N = 171)       | Frequency | Percentage |
|------------------------|-----------|------------|
| Less than \$25,000     | 26        | 15.2%      |
| \$25,000 to \$34,000   | 24        | 14%        |
| \$35,000 to \$49,000   | 24        | 14%        |
| \$50,000 to \$74,000   | 40        | 23.4%      |
| \$75,000 to \$99,999   | 37        | 21.6%      |
| \$100,000 to \$149,000 | 12        | 7%         |
| \$150,000 to \$199,999 | 5         | 2.9%       |
| \$200,000 or more      | 3         | 1.8%       |
| I prefer not to answer | 0         | 0%         |

Table 5: Educational Level of Participants

| Education Level (N = 171)    | Frequency | Percentage |
|------------------------------|-----------|------------|
| Some High School             | 1         | .6%        |
| High School Graduate or GED  | 16        | 9.4%       |
| Some College                 | 24        | 14%        |
| Associate's Degree           | 14        | 8.2%       |
| Bachelor's Degree            | 90        | 52.6%      |
| Master's Degree              | 21        | 12.3%      |
| Professional/Doctoral Degree | 5         | 2.9%       |
| I prefer not to answer       | 0         | 0%         |

Table 6: Work Status of Participants

| Education Level (N = 171) | Frequency | Percentage |
|---------------------------|-----------|------------|
| Employed- Full Time       | 127       | 74.3%      |
| Employed- Part Time       | 25        | 14.6%      |
| Student                   | 11        | 6.4%       |
| Unemployed                | 4         | 2.3%       |
| Not able to work          | 2         | 1.2%       |
| Other (please indicate)   | 1         | .6%        |
| I prefer not to answer    | 1         | .6%        |

Table 7: Current Relationship Status of Participants

| Current Relationship Status<br>(N = 171) | Frequency | Percentage |
|--|-----------|------------|
| Single                                   | 51        | 29.8%      |
| Dating                                   | 66        | 38.6%      |
| Cohabiting                               | 25        | 14.6%      |
| Married                                  | 49        | 28.7%      |
| Widowed                                  | 2         | 1.2%       |
| Divorced                                 | 2         | 1.2%       |
| Separated                                | 2         | 1.2%       |
| I prefer not to answer                   | 2         | 1.2%       |

Table 8: Generation Status of Participants

| Generation Status (N = 171)  | Frequency | Percentage |
|--|-----------|------------|
| Born Outside of the U.S.   | 22        | 12.9%      |
| First Generation (U.S. born;<br>parents born outside of the<br>U.S.) | 51        | 29.8%      |
| Second Generation (parents<br>first born in the U.S.)                | 41        | 24%        |
| Third Generation<br>(grandparents born in the<br>U.S.)               | 31        | 18.1%      |
| Fourth Generation (great-<br>grandparents born in the<br>U.S.)       | 26        | 15.2%      |
| I prefer not to answer   | 0         | 0%         |

Several demographic variables inquired about religion and spiritual affiliation, including those of their immediate family and family of choice and of their family of origin. A strong majority of participants reported identifying as Christian-Catholic (64.9%) (Table 9) with a moderate strength of religious beliefs (26.3%) (Table 10). Most participants identified their immediate family or family of choice's strength of religious beliefs as somewhat strong (32.7%) (Table 11) and their family of origin's beliefs as very strong (36.3%) (Table 12). Most

participants identified the strength of their spiritual beliefs as somewhat strong (28.1%) and very strong (26.3%) (Table 13). Most participants identified their immediate family or family of choice's strength of spiritual beliefs as somewhat strong (32.7%) (Table 14) and their family of origin's beliefs as very strong (38%) (Table 15). Table 16 includes cumulative trauma statistics.

Table 9: Religious and Spiritual Affiliation of Participants

| Religion/Spiritual Affiliation<br>(N = 171) | Frequency | Percentage |
|---|-----------|------------|
| Agnostic                                    | 12        | 7%         |
| Atheist                                     | 18        | 10.5%      |
| Buddhist                                    | 1         | .6%        |
| Christian-Catholic                          | 111       | 64.9%      |
| Christian-Mormon                            | 5         | 2.9%       |
| Christian-Protestant                        | 8         | 4.7%       |
| Christian-Orthodox                          | 2         | 1.2%       |
| Christian-Other                             | 1         | .6%        |
| Muslim                                      | 3         | 1.8%       |
| Jewish                                      | 1         | .6%        |
| Spiritualist                                | 5         | 2.9%       |
| Other World Religion                        | 1         | .6%        |
| I prefer not to answer                      | 3         | 1.8%       |

Table 10: Strength of Participants' Religious Beliefs

| Strength of Religious Beliefs<br>(N = 171) | Frequency | Percentage |
|--|-----------|------------|
| None                                       | 19        | 11.1%      |
| Weak                                       | 13        | 7.6%       |
| Somewhat Weak                              | 12        | 7%         |
| Moderate                                   | 45        | 26.3%      |
| Somewhat Strong                            | 38        | 22.2%      |
| Very Strong                                | 42        | 24.6%      |
| I prefer not to answer                     | 2         | 1.2%       |

Table 11: Strength of Religious Beliefs for Participants' Immediate Family/Family of Choice

| Strength of Religious Beliefs for Participants' Immediate Family/Family of Choice (N = 171) | Frequency | Percentage |
|---|-----------|------------|
| None  | 7         | 4.1%       |
| Weak  | 7         | 4.1%       |
| Somewhat Weak   | 13        | 7.6%       |
| Moderate  | 35        | 20.5%      |
| Somewhat Strong   | 56        | 32.7%      |
| Very Strong   | 44        | 25.7%      |
| I prefer not to answer  | 9         | 5.3%       |

Table 12: Strength of Religious Beliefs for Participants' Family of Origin

| Strength of Religious Beliefs for Participants' Family of Origin (N = 171) | Frequency | Percentage |
|--|-----------|------------|
| None   | 5         | 2.9%       |
| Weak   | 6         | 3.5%       |
| Somewhat Weak  | 11        | 6.4%       |
| Moderate   | 37        | 21.6%      |
| Somewhat Strong  | 44        | 25.7%      |
| Very Strong  | 62        | 36.3%      |
| I prefer not to answer   | 6         | 3.5%       |

Table 13: Strength of Spiritual Beliefs for Participants

| Strength of Spiritual Beliefs (N = 171) | Frequency | Percentage |
|---|-----------|------------|
| None                                    | 17        | 9.9%       |
| Weak                                    | 9         | 5.3%       |
| Somewhat Weak                           | 12        | 7%         |
| Moderate                                | 38        | 22.2%      |
| Somewhat Strong                         | 48        | 28.1%      |
| Very Strong                             | 45        | 26.3%      |
| I prefer not to answer                  | 2         | 1.2%       |

Table 14: Strength of Spiritual Beliefs for Participants' Immediate Family/Family of Choice

| Strength of Spiritual Beliefs<br>for Participants' Immediate<br>Family/Family of Choice<br>(N = 171) | Frequency | Percentage |
|--|-----------|------------|
| None   | 7         | 4.1%       |
| Weak   | 8         | 4.7%       |
| Somewhat Weak  | 9         | 5.3%       |
| Moderate   | 42        | 25.1%      |
| Somewhat Strong  | 56        | 32.7%      |
| Very Strong  | 40        | 23.4%      |
| I prefer not to answer   | 8         | 4.7%       |

Table 15: Strength of Spiritual Beliefs for Participants' Family of Origin

| Strength of Spiritual Beliefs<br>for Participants' Family of<br>Origin (N = 171) | Frequency | Percentage |
|--|-----------|------------|
| None   | 7         | 4.1%       |
| Weak   | 5         | 2.9%       |
| Somewhat Weak  | 11        | 6.4%       |
| Moderate   | 39        | 22.8%      |
| Somewhat Strong  | 38        | 22.2%      |
| Very Strong  | 65        | 38%        |
| I prefer not to answer   | 6         | 3.5%       |

### Percentages and Frequencies of Cumulative Trauma

Table 16: Occurrence of Cumulative Trauma Types

| Type of Trauma/Stressor                                  | Once  | Two Times | Three Times | Many Times |
|--|-------|-----------|-------------|------------|
| Natural Disaster (N = 95)                                | 31.5% | 37.9%     | 23.2%       | 7.4%       |
| Life-threatening Accident (N = 76)                       | 36.8% | 35.5%     | 21.1%       | 6.6%       |
| War or Combat (N = 35)                                   | 28.6% | 37.1%     | 17.1%       | 17.1%      |
| Experienced a Sudden Death (N = 68)                      | 48.5% | 27.9%     | 10.3%       | 13.2%      |
| Life-threatening/Disabling Event for Loved Ones (N = 48) | 37.5% | 37.5%     | 20.8%       | 4.2%       |
| Life-threatening/Disabling Event (e.g., cancer) (N = 33) | 45.5% | 18.2%     | 18.2%       | 18.2%      |
| Robbery with Weapon (N = 30)                             | 31.0% | 44.8%     | 17.2%       | 6.9%       |
| Witnessed an Assault (N = 31)                            | 38.7% | 25.8%     | 25.8%       | 9.7%       |
| Threatened to be Killed/Harmed (N = 27)                  | 42.3% | 26.9%     | 23.1%       | 7.7%       |
| Physically Abused by Caretaker (N = 33)                  | 31.3% | 18.8%     | 18.8%       | 31.3%      |
| Witnessed Domestic Violence (N = 27)                     | 18.5% | 37.0%     | 25.9%       | 18.5%      |
| Led to Sexual Contact by Someone Older (N = 42)          | 24.4% | 29.3%     | 31.7%       | 14.6%      |
| Sexual Abuse or Rape (N = 28)                            | 22.2% | 33.3%     | 18.5%       | 25.9%      |
| Jailed and/or Tortured (N = 15)                          | 26.7% | 26.7%     | 33.3%       | 13.3%      |
| Abandoned/Separated by Mother (N = 13)                   | 38.5% | 30.8%     | 7.7%        | 23.1%      |
| Abandoned/Separated by Father (N = 23)                   | 47.8% | 21.7%     | 8.7%        | 21.7%      |
| Ethnic/Racial Discrimination (N = 31)                    | 19.7% | 38.7%     | 12.9%       | 29.0%      |
| Parent Divorce (N = 31)                                  | 71.0% | 12.9%     | 12.9%       | 3.2%       |
| Historical Racism (N = 33)                               | 20.7% | 20.7%     | 6.9%        | 51.7%      |
| Nervous Breakdown (N = 32)                               | 12.5% | 31.3%     | 15.6%       | 40.6%      |
| Family Member in War/Combat or Tortured (N = 16)         | 31.3% | 31.3%     | 25.0%       | 12.5%      |
| Failures at School (N = 16)                              | 18.8% | 50.0%     | 25.0%       | 6.3%       |
| Uprooted/Forced Move (N = 17)                            | 29.4% | 29.4%     | 29.4%       | 11.8%      |
| Physically Attacked (N = 12)                             | 33.3% | 25.0%     | 33.3%       | 8.3%       |
| Sexual Contact by Parent (N = 16)                        | 25.0% | 37.5%     | 12.5%       | 25.0%      |
| Gender Discrimination (N = 24)                           | 20.8% | 29.2%     | 20.8%       | 29.2%      |
| Failure/Rejection in Relationships (N = 25)              | 50%   | 4.5%      | 22.7%       | 22.7%      |
| Loss of Child or Spouse (N = 12)                         | 36.4% | 27.3%     | 36.4%       | 0%         |
| Employment Termination (N = 20)                          | 36.8% | 31.6%     | 31.6%       | 0%         |
| Remarried (N = 7)  | 28.6% | 28.6%     | 42.9%       | 0%         |
| Low-Income (N = 37)                                      | 38.9% | 19.4%     | 5.6%        | 36.1%      |
| Gender Discrimination from Family (N = 14)               | 7.1%  | 35.7%     | 0%          | 57.1%      |

### Instrumentation

Table 17 includes a list of instruments utilized in this study. Means, standard deviations, minimum and maximum values of each instrument can be used for reference with the collected data for this study. The reliability of the scales was investigated using the calculated Cronbach's  $\alpha$  coefficients and original scale alpha scores are included for comparison. The PTGI as a scale to measure PTG was validated in this study on a sample of 171 SMLs ( $\alpha = .92$ ; Table 17).

Table 17: Descriptives of the Scales and Subscales Utilized

| Scale  | <i>N</i> | $\alpha$<br>original | $\alpha$ | Possible<br>minimum | Possible<br>maximum | Observed<br>minimum | Observed<br>maximum | <i>M</i> | <i>SD</i> |
|--|----------|----------------------|----------|---------------------|---------------------|---------------------|---------------------|----------|-----------|
| PTGI   | 171      | .90                  | .922     | 0                   | 105                 | 3.180               | 3.760               | 72.73    | 19.052    |
| Outness<br>Inventory   | 171      | .94                  | .879     | 0                   | 77                  | 3.773               | 4.748               | 45.25    | 15.751    |
| PCMS<br>Racism in<br>LGBT<br>Community<br>Subscale             | 171      | .89                  | .915     | 0                   | 30                  | 3.763               | 4.066               | 23.61    | 8.045     |
| PCMS<br>Heterosexism<br>in Communities<br>of Color<br>Subscale | 171      | .81                  | .923     | 0                   | 30                  | 3.966               | 4.182               | 24.47    | 7.806     |
| DHEQ<br>Harassment and<br>Discrimination<br>Subscale           | 171      | .85                  | .941     | 0                   | 30                  | 3.613               | 3.910               | 22.35    | 8.582     |
| DHEQ<br>Victimization<br>Subscale                              | 171      | .87                  | .946     | 0                   | 20                  | 3.291               | 3.510               | 13.58    | 6.590     |
| DHEQ<br>Family of<br>Origin Subscale                           | 171      | .79                  | .943     | 0                   | 30                  | 3.517               | 3.800               | 21.86    | 8.993     |
| CTS-S<br>Occurrence<br>Subscale                                | 171      | .85                  | .937     | 0                   | 128                 | 0                   | 81                  | 58.30    | 6.81      |



### Analysis of Research Questions

Prior to the analysis, all independent variables and dependent variable were examined through IBM SPSS program for accuracy of data entry, missing values, and fit between their distribution and the assumptions of multivariate analysis. There were a few missing cases from each variable and were removed during the data screening process. To improve pairwise linearity and to reduce extreme skewness and kurtosis, several variables were logarithmically transformed. This is due to the fact that a square root transformation was not enough to address skewness. It is important to note that some variables including DHEQ and PCMS were still skewed but significantly less when the natural log transformation occurred. Thus, assumptions were not entirely met. These two variables were then rerun to see if univariate outliers existed. Two cases identified as a multivariate outlier with  $p < .001$  and were excluded from further analysis. A correlation between variables was below .90, indicating that no multicollinearity exists. An examination of the Mahalanobis distance scores indicated no further multivariate outliers were present. The relevant assumptions of this statistical analysis were tested and met.

This study conducted the analyses in relation to three quantitative research questions. A hierarchical linear regression was conducted with PTG as the dependent variable and to test three hypotheses for this current research study. The hierarchical regression was found to be significant for several models with Model 1:  $F(3, 165) = 9.279, p < .05, R^2 = .144$ ; adjusted  $R^2 = .129$ ; Model 2:  $F(7, 161) = 9.915, p < .001, R^2 = .301$ , adjusted  $R^2 = .271$ ; Model 3:  $F(8, 160) = 8.731, p > .05, R^2 = .304$ , adjusted  $R^2 = .269$ ; Model 4:  $F(9, 159) = 7.712, p > .05, R^2 = .304$ , adjusted  $R^2 = .264$ ; Model 5:  $F(10, 158) = 10.465, p < .001, R^2 = .398$ , adjusted  $R^2 = .360$ . Regression statistics are shown in Table 18 and multivariate statistics are shown in Table 19.

Table 18: Summary of Hierarchical Regression Statistics for Model

| <b>Model</b> | <b><i>R</i></b> | <b><i>R</i><sup>2</sup></b> | <b><math>\Delta R^2</math></b> |
|--------------|-----------------|-----------------------------|--------------------------------|
| 1            | .38             | .14                         | .13                            |
| 2            | .55             | .30                         | .27                            |
| 3            | .55             | .30                         | .27                            |
| 4            | .55             | .30                         | .26                            |
| 5            | .63             | .40                         | .36                            |

Significant coefficients were found between the predictor variables and the dependent variable. Several variables associated with the three hypotheses will be listed to identify those that are significantly associated with the dependent variable, PTG. Statistical significance was found for two control variables including age ( $t = -3.251, p < .05$ ) and strength of religious beliefs ( $t = 4.350, p < .001$ ). These statistics found that SMLs that are younger and have stronger religious beliefs have higher self-reported PTG, being consistent throughout all five models. The control variable income was not significant. The variable outness ( $t = 4.303, p < .001$ ) was statistically significant throughout all five models. This suggests that a higher mean of outness (degree of being “out” with sexual orientation) was significantly associated with PTG. In addition, higher sexual orientation specific discrimination/rejection from family (i.e. mother, father, siblings, and extended family) was significantly related to lower levels of PTG in both model two and three.

Model five included the variable intersection of heterosexism and racial/ethnic discrimination. In model five, heterosexist specific discrimination ( $t = 2.503, p < .05$ ) was positively associated with higher reports of PTG but not in the prior model. This suggests that despite these heterosexist stressors or traumatic events, participants reported higher PTG. However, when examining the variable that includes the intersection of both heterosexism and ethnic/racial discrimination, it was found to be inversely related to PTG ( $t = -4.984, p < .001$ ).

This finding suggests that higher scores of both heterosexism and ethnic/racial discrimination were significantly related to lower levels of PTG. The independent variables generation status, sexual orientation, and cumulative trauma were not found to be statistically significant when added to any of the five models. Together, all independent variables accounted for 40% of the variance in PTG.

### **Hypothesis One**

Hypothesis one stated that socio-demographic variables including outness, sexual orientation, generation status, and family acceptance are positively associated with PTG. To examine this hypothesis, the independent variables outness, sexual orientation, and family acceptance were included in the regression analysis with PTG as the dependent variable. Several control variables such as age, income, and strength of religious beliefs were also included.

Statistical significance was found for both variables; outness ( $t = 4.839, p < .001$ ) and family acceptance ( $t = -2.770, p < .05$ ). These findings suggest that a higher mean of outness (degree of being “out” with sexual orientation) was significantly associated with higher PTG. In addition, higher levels of familial heterosexism were significantly associated with lower levels of PTG. The average number of participants who identified having both experience familial rejection and appraising it as bothering them (i.e. a little, moderately, quite a bit, extremely) was 74.45. The average number of participants who identified as not having experienced familial rejection or heterosexism from family was 17.8. Therefore, this hypothesis is partially supported as sexual orientation and generation status were not statistically associated with higher PTG. However, higher outness levels are related to higher PTG in all models, while higher levels of family rejection are related to lower levels of PTG in both models two and three.

## **Hypothesis Two**

Hypothesis two stated that cumulative trauma will be positively related to PTG. To examine this hypothesis, cumulative trauma, a variable constructed from multiple trauma and stressor events, was included in model three of the regression analysis as an independent variable with PTG as a dependent variable. Control variables were also included in this model including age, income, and religious affiliation. Variables from previous models include generation status, sexual orientation, outness, and family of origin. Statistical significance was not found for cumulative trauma ( $t = .290, p > .05$ ). This finding suggests that higher levels of trauma that is cumulatively occurring were not significantly associated with higher PTG. Thus, this hypothesis was not supported statistically.

## **Hypothesis Three**

Hypothesis three stated that heterosexist discrimination/victimization and the intersection of both racial/ethnic and heterosexist discrimination will be inversely related to PTG. To examine this hypothesis, heterosexism and the intersection variable were included in model five of the regression analysis as an independent variable with PTG as a dependent variable. Control variables were also included in this model including age, income, and religious affiliation. Variables included from previous models include generation status, sexual orientation, outness, family of origin, and cumulative trauma. Statistical significance was found for both heterosexism ( $t = 2.503, p < .05$ ) and the intersection of heterosexism and racial/ethnic discrimination ( $t = -4.984, p < .001$ ). This hypothesis was partially supported as heterosexism was positively and significantly associated with higher PTG. It was hypothesized that heterosexism would be inversely related to PTG. Higher levels of the intersection of heterosexism and racial/ethnic discrimination were significantly and inversely related with PTG.

Table 19: Multivariate Statistics with Variables

| <b>Model 1</b>     | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>Sig.</b> |
|--------------------|----------|-------------------|-------------|----------|-------------|
| Intercept          | 70.068   | 4.957             |             | 14.134   | .000**      |
| Age                | -.798    | .246              | -.235       | -3.251   | .001*       |
| Religious Beliefs  | 3.125    | .718              | .321        | 4.350    | .000**      |
| Income             | -.1.126  | .803              | -.103       | -1.402   | .163        |
| <b>Model 2</b>     | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>Sig.</b> |
| Intercept          | 76.253   | 12.346            |             | 6.176    | .018*       |
| Age                | -.545    | .229              | -.160       | -2.381   | .018*       |
| Religion Beliefs   | 1.988    | .756              | .204        | 2.629    | .009*       |
| Income             | -1.270   | .741              | -.116       | -1.712   | .089        |
| Generation Status  | -1.154   | 1.039             | -.076       | -1.111   | .268        |
| Outness            | 4.299    | .884              | .332        | 4.862    | .000**      |
| Family of Origin   | -12.117  | 4.287             | -.222       | -2.827   | .005*       |
| Sexual Orientation | 1.277    | 1.475             | .057        | .866     | .388        |
| <b>Model 3</b>     | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>Sig.</b> |
| Intercept          | 75.347   | 12.415            |             | 6.069    | .000**      |
| Age                | -.554    | .229              | -.163       | -2.414   | .017*       |
| Religious Beliefs  | 1.976    | .757              | .203        | 2.609    | .010*       |
| Income             | -1.226   | .744              | -.112       | -1.647   | .102        |
| Generation Status  | -1.160   | 1.040             | -.077       | -1.116   | .266        |
| Outness            | 4.299    | .885              | .332        | 4.856    | .000**      |
| Family of Origin   | -11.910  | 4.300             | -.218       | -2.770   | .006*       |
| Sexual Orientation | 1.195    | 1.480             | .054        | .808     | .421        |
| Cumulative Trauma  | .063     | .081              | .052        | .782     | .435        |
| <b>Model 4</b>     | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>Sig.</b> |
| Intercept          | 75.178   | 14.446            |             | 5.204    | .000**      |
| Age                | -.554    | .230              | -.163       | -2.404   | .017*       |
| Religious Beliefs  | 1.974    | .761              | .203        | 2.593    | .010*       |
| Income             | -1.225   | .747              | -.112       | -1.639   | .103        |
| Generation Status  | -1.158   | 1.048             | -.077       | -1.105   | .271        |
| Outness            | 4.298    | .888              | .332        | 4.839    | .000**      |
| Family of Origin   | -11.803  | 6.323             | -.216       | -1.867   | .064        |
| Sexual Orientation | 1.205    | 1.538             | .054        | .783     | .435        |
| Cumulative Trauma  | .063     | .081              | .052        | .780     | .437        |
| Heterosexism       | -.107    | 4.624             | -.003       | -.023    | .982        |

Table 19: Continued

| <b>Model 5</b>   | <b>B</b> | <b>Std. Error</b> | <b>Beta</b> | <b>t</b> | <b>Sig.</b> |
|--|----------|-------------------|-------------|----------|-------------|
| Intercept  | 70.229   | 13.508            |             | 5.199    | .000**      |
| Age  | -.488    | .215              | -.144       | -2.269   | .025*       |
| Religious Beliefs  | 1.582    | .714              | .162        | 2.214    | .028*       |
| Income   | -1.172   | .697              | -.107       | -1.682   | .095        |
| Generation Status  | -.853    | .979              | -.056       | -.871    | .385        |
| Outness  | 4.303    | .828              | .332        | 5.194    | .000**      |
| Family of Origin   | -9.962   | 5.908             | -.183       | -1.686   | .094        |
| Sexual Orientation   | 1.909    | 1.441             | .086        | 1.324    | .187        |
| Cumulative Trauma  | .022     | .076              | .018        | .290     | .772        |
| Heterosexism   | 12.521   | 5.001             | .297        | 2.503    | .013*       |
| Intersection of<br>Heterosexism and<br>Racial/Ethnic<br>Discrimination | -26.365  | 5.290             | -.467       | -4.984   | .000**      |

Note.  $N = 171$ ; \* $p < .05$ , \*\* $p < .001$

### **Qualitative Questions on Post-traumatic Growth**

This research study inquired about the qualitative experience about participants' experience with growth from stressful and traumatic life events to gain a better understanding of their own definitions of PTG. Participants were able to provide their own descriptions of growth in an open text box. Not every participant answered the qualitative section. The researcher inquired about two open-ended questions: (1) Can you describe your growth process from traumatic life events? (2) How do your identities (i.e. sexual minority, racial and ethnic minority, and others) influence this growth? Fifty-five participants answered question one and 70 participants answered question two. In sum, three emerging themes were identified related to growth: (1) importance of counseling, therapy, and mental health; (2) significant changes occurred in major relationships; and (3) spirituality and religious changes due to PTG. Similarities to PTG's five factors are also discussed.

## **Importance of Counseling, Therapy, and Mental Health**

Attendance in counseling and therapy were described as pivotal to 15 participants' growth. Therapy attendance was described simultaneously as "extensive," "difficult," and "very slow." Regarding identity, a 24-year-old described how her identity intersects with mental health concerns, *"As a Latina, my household and culture instilled a sort of shame when it came to mental health. Because of my experience with suicidal ideations, I challenged that cultural status quo. I received help and became an advocate for those afraid of asking for help. I am much more open about my mental health struggles and I recognize when I need some support. I seek it without feeling ashamed or embarrassed."* Responses indicated that some participants are aware, open, honest, and accepting about mental health symptoms and diagnoses (i.e. post-traumatic stress disorder, depression, and anxiety) and how therapy can help with their growth process.

## **Significant Changes Occurred in Major Relationships**

A salient theme that emerged from 26 participants included changes in relationships, especially family relationships, and the growth that emerged from these changes. Nine participants specifically spoke about support. Positive changes include an increase in openness, trust, and acceptance. Communication about these changes appeared to be a catalyst to participants' growth. One 30-year-old participant shared, *"I feel my relationships have grown with my family and friends since being honest about who I am."* Other participants shared their experience with being more self-reliant and changes in their relationships, including with family. One 28-year-old participant noted that, *"I learned that I need to be on my own and to not have a typical support system, and I have learned with time that this is for the best."*

Strained relationships emerged more when participants were asked about how their identities influence their growth. These responses include difficulties surrounding lack of

support, harassment, and lack of acceptance, specifically around their sexual orientation and identity. A 27-year-old participant shared, *“My identities make it hard to find support from my family. It’s hard to feel supported by people who don’t think that your identity is valid.”*

Relationships described ranged from being strained or difficult to complete estrangement/cutoff.

A 28-year-old participant shared their experience of cut off, *“I have learned to shut out my family and therefore no longer need their help or approval of anything, including my sexual orientation.”*

### **Spirituality and Religious Changes due to PTG**

Spirituality and religion as related to growth and healing emerged as a common response for ten participants. Some participants identified becoming more spiritual/religious, trusting and relying more on God, and religion impacting their identity. Positive sentiments include how participants viewed religion and its impact both before and after a trauma/stressor. For example, a 40-year-old participant remarked, *“I became more spiritual definitely, it forces you to grow up and see the world differently. You also stop controlling things and learn to accept and trust the process.”* It was also implied that the religion that is predominant in one’s family of origin may have an impact on how they have grown. A 36-year-old participant shared, *“Coming from a religious family, me being a lesbian taught me about standing up for what I believe in.”*

Perceptions of people who attend church were also described. In regard to how identity influences growth, a 39-year-old remarked, *“I would consider myself much more accepting of those whom are LGBTQIA because of my background versus those that I know- family, those I know in church, etc.”* Similar to spiritual change found in PTG, this theme suggests that spirituality and religion can change in the event of a stressful or traumatic life event, can be a powerful tool for coping and growth for some, but may also be a barrier or challenge for others.



### Similarities to PTG's Five Factors

This section provides self-defined examples of participants' experiences of growth. It is important to note that several responses closely aligned with the PTG five factors when asked about their growth process from traumatic events. Factor one: relating to others, includes sample items such as "I have a greater sense of closeness with others" and "I put more effort into my relationships." One 20-year-old participant shared, *"I have been able to understand the needs for myself and others better."* Factor two: new possibilities, includes sample items such as "I developed new interests" and "I established a new path for my life." A 24-year-old stated, *"Basically acceptance. Once I accepted things, then that opened up many new doors."* Factor three: personal strength, includes items such as "I have a greater feeling of self-reliance" and "I discovered that I'm stronger than I thought I was." Over 20 participants included words that related to strength in their descriptions of growth. A 23-year-old participant shared, *"I became stronger, more honest, more resilient, and more grateful for what I have."*

Factor four includes spiritual changes. An example item includes "I have a better understanding of spiritual matters." A 39-year-old shared her experience with growth and spiritual change, *"Relying more on God and becoming stronger/understanding I can withstand a lot more."* Lastly, factor five: appreciation for life, was observed. Sample items include "I can better appreciate each day" and "I changed my priorities about what is important in life." A 23-year-old shared, *"I discovered my own resilience to adversity. I had an eye-opening experience which taught me that there are others who have it much harder than I do. This helped me appreciate my life."* These qualitative results and future qualitative studies help elevate the voices of underrepresented populations in research. For example, one 26-year-old shared, "thank you for surveying my population and giving us a voice. – A femmy genderqueer womxn."

## **CHAPTER 5: DISCUSSION**

### **Introduction**

The purpose of this study was to explore levels of post-traumatic growth both quantitatively and qualitatively in sexual minority Latinas. Post-traumatic growth and intersectionality were frameworks applied to examine cumulative and systemic trauma and stress exposure in this population. This study also explored sexual minority Latinas' own definitions and experiences of their growth and how their identities aid in this growth. A hierarchical linear regression was conducted to identify levels of post-traumatic growth with generation status, sexual orientation, outness, family acceptance, cumulative trauma, heterosexism, and the intersection of heterosexism and racial/ethnic discrimination. Several regression models were found to be statistically significant. Hypothesis one and three were partially supported; however, hypothesis two was not statistically supported. This discussion section explains the results of this study. Clinical implications, strengths, limitations, and future directions are discussed in this section.

### **Hypotheses**

This study yielded several statistically significant findings. However, several variables including sexual orientation, generation status, income, and cumulative trauma were not significant. Control variables including age, religion, and income were controlled in this study as they are well known correlates in prior PTG research, however, this study found that income was not significant. Results suggest that higher degree of outness, being younger in age, having stronger religious beliefs, and experiences of heterosexist discrimination were positively related to higher post-traumatic growth. Family heterosexist discrimination/rejection and the intersection

of racial/ethnic and heterosexist discrimination were related to lower post-traumatic growth. To my knowledge, this is the first study that examines all these variables with PTG in sexual minority Latinas.

This study found that sexual minority Latina participants reported experiencing PTG. Similar to research conducted by Berger and Weiss (2006) in which PTG was reported in Latina immigrants, this study found that sexual minority Latinas reported PTG at an *above moderate* level of growth ( $M = 73.00$ ,  $SD = 18.91$ ). Previous research indicates that Latinas report growth levels closer to the high end (Berger & Weiss, 2006; Tedeschi & Calhoun, 2004). This is consistent with previous findings of higher PTG in Hispanic participants (Milam, 2006), underrepresented racial/ethnic populations (Mitchell, Gallaway, Millikan, & Bell, 2013), and with female participants (Berger & Weiss, 2006). Current findings in this study provide rich insight into a population that is underrepresented in research. Specifically, that in spite of stressors and trauma exposures, SMLs may develop new understandings of themselves, have a new appreciation for life, gain personal strength, develop more spirituality and experience other forms of growth.

Stronger beliefs in religion were related to higher reported levels of PTG. This variable was added to the model as a control variable due to findings in previous research. Smith, Dalen, Bernard, and Baumgartner (2008) found that in terms of religiosity, Latina women had higher rates of PTG than White women. Furthermore, religiosity is an important predictor of PTG (Calhoun, Cann, & Tedeschi, 2010). When asked about SMLs own self-defined growth process from traumatic/stressful life events, participants included descriptions of growth and struggle including the context of culture, relationships, and religion/spirituality. These findings suggest

that religion and spirituality play a large role in the lives of SMLs, their families, and in their PTG and need to be considered in research and clinical settings.

Age, specifically participants who were younger, was associated with higher levels of PTG in this study. This finding is consistent with prior research that found that older adults tended to report lower PTG (McMillen, Zuravin, & Rideout, 1995). It is important to note that previous studies found age to be either nonsignificant or inversely related to these findings (Weiss, 2004). Thus, attuning to socio-demographic factors and previous correlates of PTG including religion and age are valuable in research. Additional socio-cultural variables including generation status and sexual orientation were found to be not statistically significant with PTG in this study.

Outness was found to be positively related to PTG in this sample. One other study looked at outness as a variable, by utilizing the outness inventory in bullied lesbian, gay, and bisexual individuals (Tombari, 2017). Specifically, Tombari (2017) found that outness predicted increased social support, which in turn, predicted PTG, but that outness was not directly related to PTG. The relationship between being out and increased levels of PTG is important as it was found to be directly related in this study and not found previously in other research. This finding has significance considering previous research findings on the coming out process. In the development of the DHEQ scale, Balsam and colleagues (2014) found that individuals who were more out reported higher stress associated with harassment/discrimination, but lower stress in other subscales (not utilized in this study). Furthermore, outness was not significantly correlated with victimization in their study which surveyed mostly White participants (Balsam et al., 2014). Individuals may experience external stressors due to heterosexism when they are out. Similarly,

internal stressors may be a consequence of concealing one's sexual identity (Ragins, Singh, & Cornwell, 2007).

More research is needed about the potential for growth after coming out. One study found that in lesbian Latinas, disclosure to nonfamily individuals was associated with less depression in a study examining sexual identity disclosure in racial/ethnic groups (Aranda et al., 2015). This finding was important in their study because Latinas were the least likely to disclose their sexual identity to family members and more likely to report depression (Aranda et al., 2015).

Considering that some researchers have found that disclosure can have potentially dangerous consequences, further research about inclusive or exclusionary environments for SMLs is needed.

Despite advances in society and community acceptance of LGBTQ individuals, heterosexism-related stigma, oppression, discrimination, and victimization may still occur. These stressors, as a result of cultural and social oppression, may include verbal harassment, discrimination, physical violence, threats, and intimidation (Balsam et al., 2014). This study found that experiences of heterosexism were associated with higher reported PTG. This finding, when examining just sexual identity, is similarly supported by another study by Michaels and colleagues (2019) in which heterosexist discrimination was directly related to greater stress-related growth. However, stress-related growth and post-traumatic growth may be similar but are not the same.

Heterosexism and homophobia can also impact family relationships, specifically in regard to family rejection in LGBTQ people of color. This study found that family specific heterosexism/rejection was related to lower post-traumatic growth. Stressors related to rejection and discrimination in family of origin have been examined in previous sexual minority research.

Two studies found that gay and bisexual Latinx men reported experiencing more rejection and higher levels of internalized homophobia due to strong familial ties and the inability to denounce family homophobia (Diaz, 1998; Ryan et al., 2009). The average number of participants who identified having both experience familial rejection and appraising it as bothering them (i.e. a little, moderately, quite a bit, extremely) was 74. This is a major finding that has both research and clinical importance. For example, if there is strained or unsupportive cultural and familial support, non-cohesive sense of family, or cultural rejection present, SMLs may experience this as a trauma. Very few participants rated their family as both perpetrating heterosexual discrimination *and* this discrimination/rejection not bothering them.

Currently, there is a lack of research on SMLs with regards to this challenge to compare with other studies at this time. This may be due to the overall lack of research that examines SMLs, as a select few examine this experience with gay and bisexual Latinx men. In a report from the Human Rights Campaign (n.d.), Latinx LGBT youth reported concerns about family acceptance as their most difficult problem they face as this may result in negative responses to their LGBT identity. Furthermore, “having their families accept and support them is a key change they wish for in their lives” (Human Rights Campaign, n.d., p. 2). Considering that this study found that more outness increased PTG and that family rejection was related to lower PTG, Latinas might opt to disclose their sexual identity to peers, friends, or other LGBTQ individuals rather than family in an effort to prevent negative family reactions and rejection (Ryan et al., 2009).

The intersection of heterosexism and racial/ethnic discrimination when it is experienced at high rates is associated with low post-traumatic growth. This is similar to previous findings, as collective identity traumas including racial/ethnic discrimination were inversely related to PTG

(Kira et al., 2012). Additionally, risk of discrimination from one marginalized status includes depression, anxiety, substance use disorders, and suicide ideation and attempts (Cochran, 2001). The American Psychological Association (APA, 2012) stresses that experiences of sexual minority individuals can vary widely based on ethnicity, socioeconomic status, age, and cultural norms, among other identities, and therefore they may have numerous interconnected reasons for not disclosing their sexual identity. It is harmful to examine only one marginalized status in individuals, groups, and families that hold complex and interwoven identities. Considering that SMLs occupy multiple marginalized identities, the compounding nature of both types of discrimination poses a significant challenge for this population. Furthermore, discrimination, when experienced chronically, can lead to detrimental physical and mental health outcomes.

The compounding nature of discrimination from two marginalized statuses and potentially from two or more communities may lead to additional challenges for SMLs. Several participants shared qualitative answers about the challenges they face as a minority in regard to prejudice, mental health concerns, harassment, and discrimination. One 32-year-old participant stated, *"It sucks being a minority."* However, several provided examples of strength, determination, and perseverance in the face of racial/ethnic/sexual discrimination. One 29-year-old stated her belief that *"My race may make me recover easier."* Examples of strength and growth despite potential repeated exposure to risk may be present in some participants.

Cumulative trauma was not found to be significant with PTG. It was hypothesized that cumulative trauma would be positively related to higher post-traumatic growth. Trauma disproportionately affects those that are most vulnerable such as those who experience compounding discrimination, bias, oppression, and victimization. Furthermore, Kira and colleagues (2017) found that different cumulative trauma types accounted for varying PTG

outcomes. Chronic traumas (e.g., intersected discrimination) and attachment trauma (e.g., abandonment by parents in childhood) were inversely related to PTG, single and secondary trauma increase PTG, and type II traumas including early childhood traumas, have mixed affects (Kira et al., 2018).

This study found that not every participant experienced a trauma and the number of participants who endorsed at least one trauma type was less than 100. This study may have had a population with less cumulative trauma load compared to other cumulative trauma population samples. It may also be possible that this population was more resilient, suggesting SMLs may be able to bounce back or adapt under specific risks or stressors (Zimmerman, Darnell, Rhew, Lee, & Kaysen, 2015). Therefore, if resiliency is already in place when a trauma or stressor occurs, PTG will not be experienced because there was not the simultaneous struggle and challenge to their belief system that could lead to positive changes and growth (Collier, 2016).

### **Clinical Implications**

Clinically, it is important to know variables that are statistically (both positively and inversely) associated with post-traumatic growth. The findings in this study provide direction for marriage and family therapists to foster post-traumatic growth in individuals and families. From a systemic perspective, post-traumatic growth is multidimensional and impacts SMLs relationships with their families, communities, and within their interpersonal relationships. This current research adds to a limited pool of literature pertaining to several key concepts relevant to the field of marriage and family therapy and other disciplines.

It is vital for clinicians to operate from a systemic, LGBTQ+ affirming, intersectional, strengths-based, culturally attuning, and trauma-informed perspective in order to work with SMLs and their families as this can address cumulative and systemic stress/trauma exposure,



account for their intersecting identities including cultural identity, and potentially foster post-traumatic growth.. With an emerging focus on intersectionality in family studies and family therapy literature, the centering of sexual minority Latinas' identities and experiences provide a framework for how to provide culturally responsive, sensitive, and humble practices (Boe et al., 2018). Incorporation of trauma-informed, anti-oppressive and decolonizing, racially conscious, and intersectional feminist theory also can attune to systems of oppression in therapeutic settings. For example, it is recommended that marriage and family therapists become aware of the social prejudices in America, Latin America, and the LGBTQ community (Sager, Schimmer, & Hellman, 2001). In other words, marriage and family therapists must acknowledge and incorporate SMLs' identities including sexuality, gender, and ethnic identities into the therapy room and provide the space to discuss these identities.

This population is experiencing heterosexism and racial/ethnic discrimination. This study found that heterosexism predicted higher post-traumatic growth but that the intersection of both racial/ethnic and heterosexist discrimination predicted lower post-traumatic growth. These findings suggest that it is not enough to just focus on one identity in the therapy room. Therapists may want to consider incorporating assessments that examine heterosexist, racial and ethnic discrimination, and other oppressive experiences (Dworkin et al., 2018). Another consideration includes self of the therapist work, specifically work that examines heteronormativity, racial bias, and gender binary assumptions (Singh & Moss, 2016). One-way therapists can invite these marginalized identities and discrimination events into the conversation is through the disclosure of their social location, privilege, and power (Watts-Jones, 2010). For all therapists, identification of similarities and differences in their key identities and how these potentially influence the therapy process is crucial (Watts-Jones, 2010). Location of self should start in the

first few sessions and be balanced with eliciting clients' thoughts and reactions, except in the case of immediate crisis intervention (Watts-Jones, 2010). Inherently, this provides space for intersecting and cultural identities to be centered in the therapeutic work.

One major finding in this study is the significance of being out on self-reported PTG. This study found that the higher average of outness a participant had, the higher post-traumatic growth they reported. This finding should be interpreted with caution and not generalized, especially within clinical settings. It is unknown if participants found the coming out process to be liberating or supportive. Although some find the coming out process freeing and important, it would not be necessary if larger systems of oppression did not impose heteronormativity, gender binaries, and rigid sexual identities (Boe et al., 2018). Furthermore, when individuals such as queer people of color and sexual minority Latinas are discriminated by those very systems, the coming out process may be challenging to navigate compared to those within the majority group. For example, this study found that higher family rejection as it relates to heterosexism significantly predicted lower post-traumatic growth. Safety must always be prioritized. In clinical settings, marriage and family therapists must respect clients' cultural values and cultural identity first, as they are often present in more than one context (i.e. family and community systems). For some LGBTQ Latinx, chosen families may be present to supplement traditional family formations (Arnold & Bailey, 2009).

Furthermore, positioning coming out as a goal of therapy for SMLs must be exercised with caution. Boe and colleagues (2018) provide a relevant framework that decolonizes the coming out process for therapists and families. Sample questions include "In what ways, do you benefit from not disclosing your sexual identity?" and "What does it mean to be a Latin@ queer?" Other ways a marriage and family therapist can address this in therapy is administering

the post-traumatic growth inventory, utilize interventions that increase post-traumatic growth, and inquire about clients' experiences of the coming-out process. More outness, as it relates to PTG, may include some challenges, struggles, and stressors during disclosure of their sexual identity *and* may elicit more positive responses in the five domains of PTG (appreciation for life, relationships with others, new possibilities, personal strength, and spiritual change).

It is important to note that this study explored trauma exposure, including cumulative trauma. Participants endorsed three higher occurring trauma types, including occurrences of natural disasters, life-threatening accidents, and experiencing a sudden death. All of these experiences were reported to occur once and cumulatively. Although not every participant identified experiencing trauma, if a client has a trauma history it is vital to gather information including characteristics, duration, and occurrence of the trauma as to obtain an accurate trauma assessment and utilize appropriate interventions. It is imperative that marriage and family therapists know that people with marginalized identities may be exposed to greater risks because of social hierarchies and position, but that their identity is *not* the cause. In other words, acts such as discrimination and trauma exposure are historically rooted and caused by oppressive systems. Therapists must take a de-pathologizing stance in working with marginalized groups who share that they have experienced systemic/institutionalized and historical trauma.

Treatment for those who have experienced systemic traumatization/stressors can include enhancing post-traumatic growth and providing clients with the ability to discuss these events in the therapy room. Furthermore, this study found that some SMLs experienced cumulative stressors/traumas but when asked if they experienced an emotional or psychological response to traumatic events, 23.4% stated yes, while 74.3% stated no. Therefore, it is important to identify if clients have experienced potential traumatic events through assessment. The integration of

clients' personal experiences and narratives starting with self-definition can be therapeutic for clients. If the labels "traumatized," "survivor," "victim," or others do not fit with them, clinicians should directly explore their preferred label and start the process of meaning-making through the use of postmodern approaches (e.g. narrative therapy, collaborative language systems). Meaning making can allow trauma narratives to be reconstructed and transformed (Zeligman, Varney, Grad, & Huffstead, 2018).

This study found that SMLs do report PTG, and at an above moderate level. In addition, knowing that participation in counseling is linked to greater PTG in prior literature is relevant in clinical settings. Therefore, it is important for marriage and family therapists to know that PTG can be impacted by one's cultural identity, can be influenced by larger systems of power, and be trauma type specific. Familiarity with the post-traumatic growth model, socio-cultural correlates and variables that increase PTG, as well as interventions that facilitate growth would be helpful in clinical settings. This study found that stronger religious beliefs increased self-reported PTG. Clinicians can attune to their clients' spiritual/religious practices and values and being curious about how they uniquely align with a client's post-traumatic growth and meaning making process. Qualitatively, over 25 participants described themselves as stronger and more confident in their growth process from traumatic life events. Marriage and family therapists can listen and point out strengths and positive responses as they relate to the five factors of PTG. Overall, it is vital that therapists meet clients where they are at and not push straight into the possibility for growth as this can be invalidating for the client, can overlook current symptoms, and may affect the therapeutic relationship.

### **Strengths and Limitations**

Some limitations are observed in this current study. One limitation of the study is that with all theories, intersectionality comes with some limitations. It was out of the scope of this study to analyze more identity markers such as class, ability status, immigration characteristics, and other intersections that sexual minority Latinas possess. Although this study utilized the LGBT People of Color Microaggressions Scale (Balsam et al., 2011), a scale that examines the unique experiences associated with the intersection of both racism and heterosexism, this scale only accounts for these specific types of discrimination and not others. However, this study, which utilizes intersectionality, adds to the few studies that examine Latinas and sexual minorities with this theory, making this a strength.

This research utilized Amazon's Mechanical Turk (MTurk) to obtain participants. MTurk is an online platform that provides participants with the opportunity to complete research studies and surveys for compensation. There are several benefits of using MTurk including fast and convenient sampling which this study benefitted from. However, there were several participants who were removed for providing nonsensical or incomplete answers for qualitative questions. This may be due to self-reporting and the possibility of under reporting. For example, one response stated "can't type, its lengthy" in response to a question regarding their growth from trauma. This may be due to time constraints or other factors such as embarrassment or shame. Different sampling methods could have provided variety within the data. Although there is a limitation in regard to open-ended qualitative questions, a strength of this sampling method includes a large sample recruited for this study ( $n = 171$ ). Considering that this study needed only 107 participants to conduct a power analysis (Cohen, 1992), having a large number of participants for a population that is underrepresented in research is a large accomplishment.

In addition, those who identify as Chicana/Latina were intentionally sampled in this study, leaving out the possibly for comparison to other ethnic/racial minority groups. Therefore, generalizations made from this study to other minority groups would be problematic due to their intersecting identities. There is a paucity of research that focuses primarily on sexual minority Latinas and PTG. This study explored sexual minority Latinas, cultural and contextual factors, and systemic and cumulative trauma exposure, making this a significant strength to add to the limited amount of literature. In terms of clinical research, bringing this type of research to the field of marriage and family therapy and the field of trauma is a major strength. Trauma exposure research may not entirely attune to cumulative and systemic trauma, which this study does. Therefore, this study provides new insights both qualitatively and quantitatively regarding both research and clinical information about growth. This intersectional study also contributes several new findings to add to a small body of literature for sexual minority Latinas.

Furthermore, examining correlates for post-traumatic growth for both sexual minorities and Latinas is a major strength because this is extremely limited in research. This research goes beyond a deficit-based framework to provide several variables that contribute to sexual minority Latinas' post-traumatic growth. This research honors a framework that aims to be de-pathologizing and is exploratory of lived experiences and underrepresented voices. There is qualitative and quantitative research on Latinas and with sexual minorities, there is also research that examines Latinx individuals who are gender and sexual minorities that examines risk factors, but no prior studies could be found that examine post-traumatic growth on sexual minority Latinas. This includes research using a systemic and intersectional framework and systemic trauma exposure including variables such as heterosexism and its intersection with

racial/ethnic stressors and trauma exposures. The statistically significant findings contribute to new research and possibilities for this underrepresented population.

### **Future Directions**

This study expanded the literature of several understudied variables and sexual minority Latinas. This includes post-traumatic growth, sexual minority Latinas, qualitative accounts of participants' own growth, degree of outness, occurrence of cumulative trauma, family discrimination, heterosexism in this population, racial/ethnic discrimination, the intersection of heterosexism and racial/ethnic discrimination, and other socio-demographic characteristics. In regard to intersectionality, the representation and insight of more participants who identify as a gender minority (genderqueer, non-binary, Trans women, etc.) could be useful when studying Latinx LGBTQ individuals. Future research could explore intersectionality further, including the current socio-political environment. A more in-depth understanding of the growth process through an intersectional lens is warranted. Although there were no qualitative mentions of socio-political threats that SMLs face in this study, silence does not mean they are not impacted or affected by them. One way to explore this is by focusing more on cultural and immigration characteristics through cultural variables such as adherence to Latinx values and *familismo*. Furthermore, an examination of how these values impact their post-traumatic growth, including if they support or conflict with PTG, could be very useful. It would also be advantageous to explore other identity characteristics while exploring for post-traumatic growth. These can include ability status, military status, political ideology, geographic location, and socio-economic status, just to name a few.

Researchers should continue to explore different psychosocial and systemic variables in future research. This includes expansion beyond the family system which may include chosen

families. Some examples include intimate relationships, relationships with alternative structures (i.e. polyamorous and kink relationships), and community centered relationships. A small qualitative sub-theme within changes in relationships identified the role of finding community, especially with regards to participants' sexual orientation. Community for them included finding additional support and others just like them. This aligns with previous findings that social support promotes growth and influences the development of PTG for Latinas in the U.S. (Calhoun, Cann, & Tedeschi, 2010; Tedeschi & Calhoun, 1996). Therefore, a closer examination of a community centered variable and social support could account for further post-traumatic growth opportunities and may explain the relationship between outness and PTG. Continued research on this population can increase culturally relevant and empirically supported services for individuals, families, and communities.

Another suggestion for future research includes a clinical and/or longitudinal component. This suggestion can provide clarity and address unanswered questions about post-traumatic growth as a phenomenon. In this population, participants could be examined over time through the use of several questionnaires to identify not only their level of post-traumatic growth but also their experiences with potential ongoing cumulative and systemic stress/trauma exposures. Considering that discrimination may occur cumulatively and concurrently, SMLs may have challenges and struggles that are persistent. Research that continues to identify strengths, growth, and other similar processes that are different from PTG could be useful, as the stressors, adversity, and potential trauma may be experienced repeatedly. The term "post-traumatic growth" may not accurately portray systemic and repeated forms of social discrimination and oppression. In other words, as long as there are systems of power that oppress through discrimination acts such as racism, sexism, and heterosexism, there is nothing "post" about the



growth from these, as they are ongoing. Future research may continue to examine newer changes to their own self-definitions of growth and their experiences (if any) with post-traumatic growth.

### **Conclusion**

Sexual minority Latinas' experiences with systemic and cumulative traumas and stressors are multilayered, as they may face persistent and multidirectional stressors due to discrimination. Beyond these experiences though, is the potential of growth. Because this growth is experienced at an above moderate level, marriage and family therapists need to know how to foster this growth in therapeutic settings while respecting their cultural identities. It is imperative that marriage and family therapists gain a better understanding of some of the correlates of post-traumatic growth in this study including, experiences with family, degree of outness, and religion and spirituality. Acknowledgement of heterosexism, racism, and ethnic discrimination, in addition to the intersection of these experiences is vital. To date, there has not been research that focuses on both this topic and population. Continued research on sexual minority Latinas and their unique experiences can be beneficial within academic, clinical, and community settings.

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## **APPENDIX A. CONSENT FORM**

### **RESEARCH PARTICIPANT CONSENT FORM**

Predicting Post-Traumatic Growth in Sexual Minority Latina Women: An Intersectional Exploration of Cumulative and Systemic Traumatic Life Events

Dr. Anne B. Edwards and Erica S. Garcia

Department of Behavior Sciences

Purdue University Northwest

**What is the purpose of this study?** You are being asked to participate in a study designed by Dr. Anne B. Edwards and Erica S. Garcia of Purdue University Northwest. We want to understand some of the experience(s) you have had with cumulative and systemic traumatic life events and your growth from these experiences.

**What will I do if I choose to be in this study?** If you choose to participate, you acknowledge that you identify as female, Latina/Hispanic, and a sexual minority (i.e. lesbian, bisexual, queer), are above the age of 18, and live in the United States. You will be asked to complete a survey asking about traumatic or stressful life experiences and your growth from these experiences. You are free not to answer any particular questions if they make you feel uncomfortable or withdraw your participation at any time without penalty.

**How long will I be in the study?** The survey should take approximately 30 mins to complete.

**What are the possible risks or discomforts?** Breach of confidentiality is a risk. To minimize this risk, only the researchers listed above will access the data from this study, and no personally identifying information will be collected during the study. The questions may also make you feel uncomfortable and may result in emotional distress. You can go to [aamft.org](http://aamft.org) or [therapists.psychologytoday.com](http://therapists.psychologytoday.com) to find someone to speak to about any distress that may come of participating in this survey.

Additional resources include: .

The Trevor Project: 1-866-488-7386

National Suicide Prevention Lifeline: 1-800-273-8255

The Gay, Lesbian, Bisexual and Transgender National Hotline: 1-888-843-4564

U.S National Domestic Violence Hotline: English 1-800-799-7233 & Spanish 1-800-243-7889 (TDD)

The Pride Institute (LGBTQ chemical dependency/mental health referral/information): 1-800-547-7433

Rape Abuse and Incest National Network (RAINN): 1-800-656-HOPE

**Are there potential benefits?** You will not directly benefit from this study. You will have a chance to take part in research, and your participation may, thus, contribute to the scientific understanding about Latina Women who identify as a sexual minority.

**Will I receive payment or other incentive?** You will receive payment of 40 cents for participating in this research project, so long as you meet the study inclusion criteria, you complete all relevant questions in the survey, and you complete the appropriate verification question to ensure your active participation.

**Will information about me and my participation be kept confidential?** There is no personally identifying information on this survey; all responses will remain anonymous and will be used only in combination with the responses of other participants in this and related studies. Additionally, you may choose not to answer particular questions or to withdraw your participation at any time, without penalty. All data gathered in this study will be accessed by the researchers. The data file will be used for preparation of research reports related to this study and kept for a period of three years after publication of any articles related to this study. The project's research records may be reviewed by departments at Purdue University responsible for regulatory and research oversight. In addition, IP addresses will not be linked to identifying information.

**What are my rights if I take part in this study?** Your participation in this study is voluntary. You may choose not to participate, and if you agree to participate, you can withdraw your participation before the data is gathered at any time without penalty or loss of benefits to which you are otherwise entitled.

**Who can I contact if I have questions about the study?** If you have questions, comments, or concerns about this research project, you can talk to one of the researchers. Please contact Dr. Anne Edwards at [abedward@pnw.edu](mailto:abedward@pnw.edu) or Erica S. Garcia at [garci419@pnw.edu](mailto:garci419@pnw.edu). If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email ([irb@purdue.edu](mailto:irb@purdue.edu)), or write to: Human Research Protection Program - Purdue University Ernest C. Young Hall, Room 1032 155 S. Grant St., West Lafayette, IN 47907-2114

**Documentation of Informed Consent** I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to participate in the research study described above.

**I certify that I am female, a Latina/Hispanic, a sexual minority (i.e. lesbian, bisexual, queer), above the age of 18, and a resident of the United States, and agree to participate in this study.**

- ☐ Yes
- ☐ No

## APPENDIX B. SURVEY

1. Please indicate which describes you best.

- ☐ Female
- ☐ Male
- ☐ Non-Binary or Third Gender
- ☐ Transgender
- ☐ Prefer to self-describe \_\_\_\_\_
- ☐ Prefer not to answer

2. What is your heritage? Please indicate and type your response(s) below.

- ☐ No, not of Hispanic, Latina/Latinx, or Spanish origin
- ☐ Yes, of Hispanic, Latina/Latinx, or Spanish origin \_\_\_\_\_
- ☐ Prefer not to answer

3. Please check which describes you best. (check all that apply)

- ☐ Caucasian/White
- ☐ African American/Black
- ☐ Asian American/ Asian
- ☐ Alaska Native/American Indian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other (please indicate) \_\_\_\_\_
- ☐ Prefer not to answer

4. Please indicate which describes you best.

- ☐ Straight/Heterosexual
- ☐ Lesbian
- ☐ Bisexual
- ☐ Pansexual
- ☐ Queer
- ☐ Questioning
- ☐ Other (please indicate) \_\_\_\_\_
- ☐ Prefer not to answer

5. What is your age?

▼ 18 ... Prefer not to answer

6. What is your education level?

- ☐ Some High School
- ☐ High School Graduate or GED
- ☐ Some College
- ☐ Associate degree
- ☐ Bachelor's Degree
- ☐ Master's Degree
- ☐ Professional/Doctoral Degree
- ☐ Other (please indicate) \_\_\_\_\_
- ☐ Prefer not to answer

7. What was your total household income before taxes during the past 12 months?

- ☐ Less than \$25,000
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999

- ☐ \$50,000 to \$74,999
- ☐ \$75,000 to \$99,999
- ☐ \$100,00 to \$149,999
- ☐ \$150,000 to \$199,999
- ☐ \$200,000 or more
- ☐ Prefer not to answer

8. What is your relationship status? (check all that apply)

- ☐ Dating
- ☐ Cohabiting
- ☐ Single
- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Prefer not to answer

9. What is your work status?

- ☐ Employed- Full Time
- ☐ Employed- Part Time
- ☐ Student
- ☐ Unemployed
- ☐ Retired
- ☐ Not able to work
- ☐ Other (please indicate) \_\_\_\_\_
- ☐ Prefer not to answer

10. What is your generation status?

- ☐ Born outside of the U.S.
- ☐ First Generation (U.S. born; parents born outside of the U.S.)
- ☐ Second Generation (parents first born in the U.S.)
- ☐ Third Generation (grandparents born in the U.S.)
- ☐ Fourth Generation (great-grandparents born in the U.S.)
- ☐ Other (please indicate) \_\_\_\_\_
- ☐ Prefer not to answer

11. What is your religious affiliation?

- ☐ Agnostic
- ☐ Atheist
- ☐ Buddhist
- ☐ Christian-Catholic
- ☐ Christian-Mormon
- ☐ Christian-Protestant
- ☐ Christian-Orthodox
- ☐ Christian-Other \_\_\_\_\_
- ☐ Hindu
- ☐ Muslim
- ☐ Jewish
- ☐ Spiritualist \_\_\_\_\_
- ☐ Other World Religion
- ☐ Prefer not to answer

12. Please indicate the strength of religious beliefs.

[illegible]

13. Please indicate the strength of spiritual beliefs.

[illegible]

14. How open are you about your sexual orientation to your mother?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to answer

15. How open are you about your sexual orientation to your father?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to answer



16. Generally, how open are you about your sexual orientation to your siblings (brother, sister)?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to answer

17. Generally, how open are you about your sexual orientation to your extended family/relatives?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to answer

18. Generally, how open are you about your sexual orientation to your new straight friends?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to answer

19. Generally, how open are you about your sexual orientation to your work peers?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to respond

20. Generally, how open are you about your sexual orientation to your work supervisor(s)?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to answer

21. Generally, how open are you about your sexual orientation to members of your religious community (e.g., church, temple)?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to respond

22. Generally, how open are you about your sexual orientation to leaders of your religious community (e.g., church, temple)?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to respond

23. Generally, how open are you about your sexual orientation to strangers, new acquaintances?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to respond

24. Generally, how open are you about your sexual orientation to your old heterosexual friends?

- ☐ person definitely does NOT know about your sexual orientation status
- ☐ person might know about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is NEVER talked about
- ☐ person probably knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, but it is RARELY talked about
- ☐ person definitely knows about your sexual orientation status, and it is SOMETIMES talked about
- ☐ person definitely knows about your sexual orientation status, and it is OPENLY talked about
- ☐ not applicable to your situation; there is no such person or group of people in your life
- ☐ prefer not to respond

Please indicate for each of the statements below the degree to which this change occurred in your life as a result of a negative, stressful, or traumatic event.

25. I changed my priorities about what is important in life.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

26. I have a greater appreciation for the value of my own life.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

27. I developed new interests.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

28. I have a greater feeling of self-reliance.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

29. I have a better understanding of spiritual matters.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

30. I more clearly see that I can count on people in times of trouble.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

31. I established a new path for my life.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

32. I have a greater sense of closeness with others.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

33. I am more willing to express my emotions.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

34. I know better that I can handle difficulties.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer



35. I am able to do better things with my life.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

36. I am better able to accept the way things work out.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

37. I can better appreciate each day.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

38. New opportunities are available which wouldn't have been otherwise.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

39. I have more compassion for others.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

40. I put more effort into my relationships.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

41. I am more likely to try to change things which need changing.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

42. I have a stronger religious faith.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

43. I discovered that I'm stronger than I thought I was.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

44. I learned a great deal about how wonderful people are.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ prefer not to answer

45. I better accept needing others.

- ☐ I did not experience this change as a result of my trauma/stressor.
- ☐ I experienced this change to a very small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a small degree as a result of my trauma/stressor.
- ☐ I experienced this change to a moderate degree as a result of my trauma/stressor.
- ☐ I experienced this change to a great degree as a result of my trauma/stressor.
- ☐ I experienced this change to a very great degree as a result of my trauma/stressor.
- ☐ Prefer not to answer

46. Can you describe your growth process from traumatic life events?

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47. How do your identities (i.e. sexual minority/LBQ, racial/ethnic, and others) influence this growth?

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[illegible]









you  
because  
you are  
LBQ.

70. Family members not accepting your partner as a part of the family.

71. Your family avoiding talking about your LBQ identity.

72. Being rejected by your mother for being LBQ.

73. Being rejected by your father for being LBQ.

74. Being rejected by a sibling or siblings because you are LBQ.

75. Being rejected by other relatives because you are LBQ.

76. In my life, I witnessed or experienced natural disasters, e.g. earthquake, hurricane, tornado or flood.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once ... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

77. I have experienced a life-threatening accident, e.g., motor vehicle accidents.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

78. I have been involved in or exposed to war or combat.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

79. I have experienced sudden death of one of my parents, or a close friend, or of loved ones.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

80. I have experienced a life-threatening or permanently disabling event for loved ones (e.g., parents, close friends)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

81. I have experienced life-threatening illness or permanently disabling event (e.g., cancer, stroke, serious chronic illness, or major injury).

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

82. I have experienced a robbery involving a weapon (robbed or mugged).

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

83. I have witnessed severe assault of acquaintance or stranger (e.g., got shot, stabbed, or severely beaten up).

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

84. I have been threatened to be killed or to be seriously harmed.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

85. I have been physically abused, pushed hard enough to cause injury, or beaten up by a caretaker, for example, by a parent.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

86. I have witnessed or heard one of my parents or caregivers hitting, hurting, and/or threatening to kill my other parent or caregiver.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times



How old were you when this first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

87. I was led to sexual contact by someone older than me.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

88. I was sexually abused, raped, or involved in unwanted sex with one or more persons.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

89. I have been jailed and/or tortured.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

90. My mother has abandoned or left me or separated from me when I was young.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

91. My father has abandoned or left me or separated from me when I was young.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

92. I was put down, threatened, or discriminated against by some others negative attitudes, stereotypes, or actions because of my ethnicity, race, culture, religion, or national origin.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

93. My parents went through divorce and/or separation.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

94. My race has history of being oppressed, discriminated against, or threatened by genocide.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

95. I have experienced a nervous breakdown or felt that I was about to have one (e.g., about to lose control) due to seemingly small but recurrent or unremitting hassles or chronic stressors.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ !9 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

96. At least one of my parents or siblings was involved in war, combat, or being tortured.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ !9 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

97. I have experienced frequency failures in school.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

98. I was uprooted and forced to move from my favorite environment in town, village, or country.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times



How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

99. I have been physically attacked, beaten up by another stronger person or group of persons, and caused injury.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

100. I have been led to sexual contact by one of my caregiver/parents.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

101. I was put down, denied my rights, or discriminated against in the society (not by family members), by some others' negative attitudes, stereotypes, or actions, or by institutions because of my gender.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

102. I have experienced serious rejection or failure in my relationships.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

103. I have experienced loss of a child or spouse.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

104. I have experienced employment termination, been laid off, or failed in business.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

105. I have remarried.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once ... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive... Extremely negative

106. I have experienced being part of a low-income family with many hardships.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

107. I was put down, threatened or discriminated against by some other family members (e.g., parents, siblings) negative attitudes, stereotypes or actions because of my gender.

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

Please indicate the number of times this occurred.

▼ Once ... Many times

How old were you when the first one happened?

- ☐ Before 18 years old
- ☐ 19 years old or older
- ☐ Both
- ☐ Prefer not to answer

How has this affected you?

▼ Extremely positive ... Extremely negative

108. Have you ever had a psychological or emotional response to an event or experience that is deeply distressing or disturbing?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

109. Is there anything else you would like to say?

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## VITA

**ERICA S. GARCIA**

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### EDUCATION

**Purdue University Northwest**, Hammond, Indiana (2016 - 2019)

**Degree:** Master of Science

**Major:** Child Development and Family Studies

**Concentration:** Marriage and Family Therapy, COAMFTE accredited program

**GPA:** 4.0

**Master's Thesis:** *Predicting Post-Traumatic Growth in Sexual Minority Latinas: An Intersectional Exploration of Cumulative and Systemic Stress and Trauma Exposures*

**Capital University**, Columbus, Ohio (2013 - 2015)

**Degree:** Bachelor of Arts., with Distinction

**Majors:** Psychology and Art Therapy

**Minors:** History and Studio Art

**Senior Capstone:** *Through a feminist's lens: Modern art representations of Roy Lichtenstein's Drowning Girl*

**Wayne County Community College District**, Detroit, Michigan (2009 - 2013)

**Degree:** Associate of Arts., with Distinction

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### CLINICAL EXPERIENCE

**Marriage and Family Therapy Intern**, Munster, Indiana (2017 - 2019)

Northwest Psychological Services, P.C.

Site Supervisor: Jill Miller, Psy.D., HSPP, LCAC

Duties: Provide therapy for a diverse range of individuals, couples, and families with a variety of concerns such as PTSD, EAP services, couple conflict and communication issues, parenting and co-parenting concerns, mood disorders, and trauma. Responsibilities include assessment and treatment planning for clients and psychoeducation and assistance for high conflict co-parenting and Guardian ad Litem cases.

**Marriage and Family Therapy Intern**, Hammond, Indiana (2016 - 2017)

Couple and Family Therapy Center: Purdue University Northwest

Site Supervisor/Clinical Director: Lorna Hecker, Ph.D., LMFT

Duties: Provided therapy, assessment, and treatment planning for individuals, couples, families, and groups from diverse backgrounds in the greater Chicago area. Offered therapeutic services for court-mandated clients and collaborated with probation officers.



**Art Therapy Intern**, Columbus, Ohio (2014 - 2015)

Twin Valley Behavioral Healthcare Hospital

Supervisor: Laura Clevenger, M.A., ATR-BC, LSW

Duties: Administered art therapy directives, co-led group art therapy sessions, assisted with psychological evaluations and assessments, and utilized psychoeducation practices for adults with a severe mental illness in a secure inpatient setting.

## PUBLICATIONS

### PEER-REVIEWED JOURNAL ARTICLES

**Garcia, E. S.**, & Johnson, C. M. (2018). Using feminist family therapy and a multidisciplinary collaboration to address issues regarding sexism in gaming. *Journal of Feminist Family Therapy*, 31(1), 19-39.

## PRESENTATIONS, WORKSHOPS, AND POSTERS

### REFERRED NATIONAL CONFERENCES

Belous, C. K., Stein, S., & **Garcia, E. S.** (2019). *Can we talk about that? The unsuspecting role of permission in effective sex therapy*. Workshop. American Association of Sex Educators, Counselors, and Therapists Annual Conference. Philadelphia, PA.

### REGIONAL AND LOCAL

**Garcia, E. S.**, Lease, E., & Soto, J. (2015). *An Assessment of the effectiveness of lecture capture in Echo 360*. Poster presentation at Capital University's Symposium on Undergraduate Scholarship, Columbus, Ohio

**Garcia, E. S.** (2015). *Through a feminist's lens: Modern art representations of Roy Lichtenstein's Drowning Girl*. Art Therapy Senior Capstone. Workshop presentation for Capital University's Symposium on Undergraduate Scholarship, Columbus, Ohio

## CERTIFICATIONS AND CLINICAL TRAININGS

### CERTIFICATIONS

- Certified Clinical Trauma Professional: Level Two Complex Trauma (2019)
- Certified Clinical Trauma Professional (2019)
- Gottman Methods Couples Therapy: Level 2 (2019)
- Gottman Methods Couples Therapy: Level 1 (2018)
- PREPARE/ENRICH Certified Facilitator (2018)
- CITI Program: Social Behavioral Research: Investigators and Key Personnel (2017)
- Certified Peer Specialist: Awarded through OhioMHAS (2014)

### CLINICAL TRAININGS

- AAMFT National Conference, Austin, TX; August 2019
- Complex PTSD Training Certification, Independence, OH; August 2019
- Internal Family Systems Therapy (IFS), Sterling Heights, MI; July 2019
- SAR (Sexual Attitude Reassessment) Training, Philadelphia, PA; June 2019
- Sexing the Fat Body: Advanced SAR Training, Philadelphia, PA; June 2019
- AASECT National Conference, Philadelphia, PA; June 2019
- Certified Clinical Trauma Professional, Louisville, KY; April 2019
- Gottman Method Couples Therapy Level 2 Training, Hammond, IN; April 2019
- IAMFT State Conference, Indianapolis, IN; February 2019
- AAMFT National Conference, Louisville, KY; November 2018
- Trauma-Informed Yoga Training, Valparaiso, IN; September 2018
- Gottman Method Couples Therapy Level 1 Training, Chicago, IL; June 2018
- Trauma & Immigration Day Conference: The Borderlands of Hurt & Healing, Chicago, IL; April 2018
- End Violence Against Women International: International Conference on Sexual Assault, Domestic Violence, and Gender Bias, Chicago, IL; April 2018
- The Science of Healthy Relationship: Enter a New Season with Your Marriage: Presentation by Dr. John Gottman, Seattle, WA; March 2018
- SafeZone Training, Hammond, IN; November 2017
- Latino/a Behavioral Health Conference, Chicago, IL; October 2017
- AAMFT National Conference, Atlanta, GA; October 2017
- Purdue University Northwest Marriage and Family Therapy Crisis Training: Suicidality, Risk Management, Child Abuse & Domestic Violence, Hammond, IN; July 2017
- SafeZone Training, Hammond, IN; December 2016

### CERTIFICATES

- Cultural Competence and Health Disparities, July 2019
  - Competency-Based Family Therapy for Military Members, May 2019
  - Co-occurring Mental and Substance Use Disorders, April 2019
  - Family Deportation: Racial Implications and Impact on Mental Health, May 2019
  - Cultural Formulation Interview: Conducting Cultural Assessments, April 2019
  - Imago Relationship Therapy to Help Couples Erotically Differentiate, April 2019
  - Harnessing the Power of Emotion in Couples Therapy, December 2018
  - Yoga for Attachment Repair and Trauma Resolution: Embodiment and Polyvagal Theory, December 2018
  - Recognizing Signs of Trafficking, November 2018
  - Childhood Traumatic Grief, October 2018
  - Cognitive Processing Therapy, June 2018
  - Gottman's Building a Great Marriage, June 2018
  - Suicide Bereavement: What Helps and What Hurts, June 2018
  - Treating the Traumatized Child: A Family Systems Approach, March 2018
  - Emotional-Deeping Techniques in Attachment-Based Family Therapy, March 2018
  - Trauma-Focused Cognitive-Behavioral Therapy, July 2017
  - PTSD 101 Certification - offered by VA/DoD, July 2017
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## FELLOWSHIPS, SCHOLARSHIPS, AND AWARDS

- 2019 AAMFT Student Ethics Competition Winner: Master's PDI category (3<sup>rd</sup> place)
- 2019 AAMFT Annual Conference, AAMFT Minority Fellowship Program and AAMFT Research and Education Foundation sponsored. Location: Austin, Texas  
Award: Conference registration and travel costs
- 2019 American Association of Sexuality Educators, Counselors and Therapists (AASECT) Bill T. Jones Scholarship. Location: Philadelphia, Pennsylvania  
Award: \$500.00 for annual conference registration
- 2019 AASECT Diversity, Equity, and Inclusion: Sexual Attitude Reassessment (SAR) Scholarship. Location: Philadelphia, Pennsylvania  
Award: Full cost for one SAR session held at annual conference
- 2018 AAMFT Annual Conference, AAMFT Minority Fellowship Program sponsored. Location: Louisville, Kentucky  
Award: Conference registration and travel costs
- 2018 - 2019 American Association for Marriage and Family Therapy (AAMFT) & Substance Abuse and Mental Health Services Administration (SAMHSA) Minority Fellowship Program: Master's Fellow.  
Award: \$6000.00
- 2018 AAMFT Training Institute, Minority Fellowship Program sponsored. Location: Philadelphia, Pennsylvania  
Award: Conference registration and travel costs
- 2018 AAMFT Leadership Symposium, AAMFT Minority Fellowship Program and AAMFT Research and Education Foundation sponsored. Location: Seattle, Washington  
Award: Conference registration and travel costs
- 2018 Recipient of Purdue University Northwest Scholarship.  
Award: \$1,000.00
- 2017 AAMFT Annual Conference, AAMFT Minority Fellowship Program sponsored. Location: Atlanta, Georgia  
Award: Conference registration and travel costs
- 2017 - 2018 AAMFT & SAMHSA Minority Fellowship Program: Master's Fellow.  
Award: \$4000.00
- 2015 Recipient of Award for Outstanding Adjunctive Therapy Volunteer at Twin Valley Behavioral Healthcare Hospital
- 2013 - 2015 Recipient of Capital University's Presidential Scholarship.  
Award: \$15,995.00/year
- 2013 - 2015 Recipient of Capital University's Multicultural Scholarship "Rev. Rufus Tarrant Grant".  
Award: \$2,000/year
- 2012 Recipient of Wayne County Community College Health Science Scholarship.  
Award: \$500.00
- 2012 Phi Theta Kappa International Honors Society Annual Convention, Location: Nashville, Tennessee  
Award: Conference registration & travel costs

## **RESEARCH & TEACHING INTERESTS**

Latinx studies, intersectionality, transgenerational transmission of trauma and abuse, intimate partner violence, developmental, historical and complex trauma and their intersections with culture, resilience, and posttraumatic growth in marginalized and vulnerable groups, art therapy, phototherapy, play therapy, narrative therapy, sex therapy, lesbian, gay, bisexual, transgender, and queer (LGBTQ+) issues, feminism, women's issues, social justice and multicultural issues in therapy, sexuality and identity development, cultural humility in couple and family therapy, intergenerational healing, and embodiment and mindfulness practices.

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## **RESEARCH EXPERIENCE**

### **Focus Group Consultant (2018)**

Purdue University Northwest, Hammond, Indiana

Self-Compassion & Attachment Focus Group

Duties: Assist with development of an inner attachment scale.

Supervisor: Dr. Z. Seda Gulvas, Ph.D., LMFT

### **Assessment Consultant (2014)**

Capital University, Columbus, Ohio

Study Title: An assessment of the effectiveness of lecture capture in Echo 360.

Duties: Reviewed literature about assessment and college student learning, developed survey and assessment of Echo 360, collected and analyzed assessment data, and disseminated assessment results to campus community.

Supervisor: Andrea Karkowski, Ph.D.

### **Student Research Assistant (2014)**

Capital University, Columbus, Ohio

Study Title: Assessment of a college wellness program for first year students.

Duties: Developed an assessment for the use of Capital's health and wellness center and reviewed literature pertaining to first-year success and wellness factors.

Supervisor: Andrea Karkowski, Ph.D.

### **Student Research Coder (2014)**

Capital University, Columbus, Ohio

Study Title: Developing students' intercultural knowledge in University Core (UC) 200 classes

Duties: Analyzed data and coded results to input in SPSS software and developed a report and presentation to present to the higher education committee.

Supervisor: Andrea Karkowski, Ph.D.

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## **GRADUATE WORK EXPERIENCE**

### **SPSS Assistant and Lab Tutor** (Spring 2017 – Spring 2019)

Department: Behavioral Sciences

Purdue University Northwest, Hammond, Indiana

Duties: Assisted undergraduate and graduate students with statistics and research methods courses with SPSS statistical software both online and face to face.

### **Statistics Tutor** (Fall 2018 – Spring 2019)

Department: Student Academic Support

Purdue University Northwest, Hammond, Indiana

Duties: Assisted graduate and undergraduate students with statistics and research methods both in person and online through Webex software

### **Data Analyst** (Fall 2017 - Fall 2018)

Department: Student Academic Support

Purdue University Northwest, Hammond, Indiana

Duties: Added data entry for student attendance, cleaned data, and ran appropriate data analyses through SPSS software.

### **Statistics Teaching Assistant** (Fall 2016 - Spring 2017)

Department: Behavioral Sciences

Purdue University Northwest, Hammond, Indiana

Undergraduate Statistics: *SOC 38200*

Duties: Attended lectures, managed student questions, assisted with grading, and tutored.

## **PROFESSIONAL MEMBERSHIPS**

- American Association for Marriage and Family Therapy (AAMFT)  
Student Member, September 2016 - Present
- American Association of Sexuality Educators, Counselors, and Therapists (AASECT)  
Student Member, February 2019 - Present
- Association for Play Therapy (APT)  
Student Member, April 2018 - Present
- International Expressive Arts Therapy Association (IEATA)  
Member, April 2018 - Present
- Indiana Association for Marriage and Family Therapy (IAMFT)  
Student Member, February 2019 - Present
- Michigan Association for Marriage and Family Therapy (MAMFT)  
Student Member, September 2016 – December 2018
- Kappa Pi: Honorary Art Honors Society  
Member, August 2014

- Psi Chi: Honorary Psychology Honors Society  
Member, April 2015
- Phi Alpha Theta: Honorary History Honors Society  
Member, March 2014
- Phi Theta Kappa: International Honors Society  
Member, December 2010

## **LEADERSHIP AND SERVICE EXPERIENCE**

### **Our Music My Body (2018 - Present)**

Chicago, Illinois

Role: Lead Volunteer

Duties: Help promote fun, consensual, and harassment free music experiences. Educate public on consent and sexual harassment and its intersection with music. Assist with crisis management.

### **American Association for Marriage and Family Therapy (AAMFT) Leadership**

**Symposium (2018)**

Seattle, Washington

AAMFT Minority Fellowship Program and AAMFT Research and Education Foundation sponsored

Role: Master's Fellow conference attendee on behalf of the Minority Fellowship Program

Duties: Attend keynote speakers, professional leadership development seminars, and networking receptions to enhance my personal and professional goals.

### **HeForShe Gala (2015)**

Columbus, Ohio

Role: Main presenter at two-person art exhibition

Title: Through a feminist's lens: Modern art representations of Roy Lichtenstein's *Drowning Girl*

Duties: Presented photography and community-based art completed for art therapy capstone.

### **Maybury Elementary School (2015)**

Detroit, Michigan

Role: Lead Teaching Volunteer

Duties: Assisted with classroom management, language barriers, and helping students in a Southwest Detroit Public School.

### **Capital University's Symposium on Undergraduate Scholarship (2015)**

Columbus, Ohio

Role: Main Graphic Designer

Duties: Designed graphics and logo for symposium program cover and university T-shirt.

### **Capital University Student Art Therapy Association (2013 – 2015)**

Columbus, Ohio

Role: Secretary for organization.

**Phi Theta Kappa International Honor Society: Alpha Upsilon Zeta chapter** (2011 - 2013)

Wayne County Community College District, Detroit, Michigan

Role: Vice President of Scholarship and Lead Recording Secretary

Duties: Extensive volunteer, leadership, and mentoring experience that included working with other chapters, coordinating events, and speaking at induction ceremonies for chapter members.

**Art Corps Detroit** (2013)

Art Corps Detroit is an organization that is run through Wayne State University's art and art therapy program enriching the City of Detroit by contributing through the arts.

Role: Artist and Volunteer

Duties: Assist when needed and helped formulate ideas.

**Living Arts Detroit** (2013)

Living Arts Detroit exists to strengthen urban neighborhoods of Southwest Detroit through arts and community development initiatives.

Role: Helping Artist/Volunteer in Detroit Public School system

Duties: I assisted with the creation of a large art insulation by working alongside students.

## RELEVANT WORK EXPERIENCE

**Caregiver & Tutor** (2015 - 2016)

Akron, Ohio

Duties: Assisted with behavioral issues while accommodating family priorities, made use of positive behavioral supports and a token economy system, and provided specialized instructions.

**Independent Provider** (2013 - 2015)

Ohio Department of Developmental Disabilities, Columbus, Ohio

Duties: Provided daily living assistance and skills for an adult male with Autism Spectrum Disorder, organized therapeutic activities and community outings that aligned with client's individual service plan and managed behaviors while implementing behavioral plans.

**Live-in Caregiver** (2014 - 2015)

Columbus, Ohio

Duties: Assisted adult client with Autism Spectrum Disorder with meal planning, personal care, and other daily living skills. Completed essential duties assigned by client and family and administered and assisted with medication management.

**Art Assistant and Teaching Intern** (2013 - 2015)

Creative Art Studio, Columbus, Ohio

Duties: Co-led art programs and classes for children, adolescents, groups, and adults.

**Summer Fun Program Assistant** (2013)

Judson Center: Autism Connections, Royal Oak, Michigan

Duties: Provided stimulating activities and curriculum blended with therapeutic and academic supports and implemented communication, sensory, and behavioral supports to help build skills.