Running head:	<b>OUEER</b>	<b>PEOPLE</b>	OF	COLO	ЭR

Queer People of Color: Exploring the Intersections of Social Support in Sexual Orientation,

Racial and Ethnic Communities

Nicole Weiler

University of Minnesota

### Abstract

Prejudice and discrimination based on categories of sexual orientation, racial or ethnic classifications continue to influence the every day lives of those who identify in minority groups (non-White Heterosexuals). Those who identify as both Queer (Gay, Lesbian, Bisexual) and as a Person of Color (non-White identifying) face a compound effect of such societal discrimination. By testing the intersectional effect of this multiple minority status on the dependent variable of Social Support, this study used the Wave 2 data and Interpersonal Support and Evaluation List-12 from NESARC. Results found limited quantitative support for the intersectional interaction effects of being a Queer Person of Color and experiencing diminished Social Support, though several significant main effects were discovered and discussed. Potential moderating factors are considered, and recommendations for further research are advanced. Future studies should consider the construction or use of more representative tools and data sets that are built for the communities being studied.

Queer People of Color: Exploring the Intersections of Social Support in Sexual Orientation,

Racial and Ethnic Communities

For people living in the United States, prejudice and discrimination based on sexual orientation are part of an enduring struggle that can affect psychosocial well being (Meyer, 2003; Syzmanski, 2005; 2008; Balsam, et al., 2011). For a particular subsample of Lesbian, Gay, and Bisexual people (throughout referred to as Queer) prejudice and discrimination may be compounded by membership in another minority group. Specifically, Queer People of Color (QPOC) may be targets of discrimination based on their sexual orientation as well as their ethnic group. This intersectionality may lead to multiple minority status, where an individual is being dually discriminated against producing a compound effect on psychological well being (Remedios & Snyder, 2015; Sarno, Mohr, Jackson, & Fassinger, 2015; Smith & Shin, 2015; Szymanski & Gupta, 2009). Overall, QPOC have largely been ignored, receiving little research attention. To address this gap in the literature, I will use data from the National Epidemiological Survey on Alcohol and Related Conditions (NESARC), a nationally representative sample, to examine whether the status of being both Queer and a Person of Color leads to unusually poor social outcomes.

### **Discrimination based on Sexual Orientation**

Research over the past three decades has documented the widespread occurrence of anti-Queer harassment and violence in the lives of sexual minorities, as well as Queer persons response to stress from such social stigma regarding their sexual orientation (Burns, Kamen, Lehman, & Beach, 2012; Carvalheira & Costa, 2015; Dermer, Smith, & Barto, 2010; Hatzenbuehler, 2014; Kosciw, Palmer, & Kull, 2015; D. Meyer, 2012; I. H. Meyer, 2003; Ilan H. Meyer, Dietrich, & Schwartz, 2008; Mohr & Sarno, 2016; Dawn M. Szymanski, 2009). Burns, et al. (2012) surveyed gay men's perceived attributions regarding hypothetical discrimination in relation to satisfaction with social support, a proposed mediator of the relationship between discrimination and mental health. They found that internalized homonegativity, a byproduct of a heteronormative society, was a significant factor in perceived social support and internal or external attributions to perceived discrimination. Within this study, age and education became significant factors predicting increased satisfaction with social support, thus illustrating how intersectionality, or overlapping membership of differing communities and experience, may affect these outcomes (Burns, 2012). Hatzenbuehler (2014) studied the neighborhood and broader societal level attitude toward Lesbian, Gay and Bisexually (LGB) oriented people in regards to mental health outcomes of LGB samples. This study found that neighborhood levels of Queer related hate crimes had a significant impact on suicidal ideation in LGB residents, while no associations between Queer assault-based hate crimes and suicidality among heterosexual samples were found. This indicates that the results were specific to LGB respondents, and thus a product of their specific membership.

## **Discrimination based on Ethnicity**

It is also well researched that the effect of minority racial and ethnic identities (throughout referred to as People of Color or POC) on the experience of emotional and physical stress from perceived social stigma of racism is substantial (Anderson, 2013; Balsam, Molina, Beadnell, Simoni, & Walters, 2011; McNeil, Fincham, & Beach, 2014). Anderson (2013) used the 2004 Behavioral Risk Factor Surveillance System (BRFSS) to assess a reaction to race item, which deals with the mental or emotional stress of racist experiences and comparing this to a model created to assess the number of days of poor physical health from perceived racism. The results were noteworthy in that the variables for physical and emotional reactions to racism were

both significant and positively associated with having a higher number of poor physical health days. This illustrates that perceived discrimination operates on both the mental and physical health of a target.

# **Multiple Minorities**

When it comes to understanding the influence of multiple minority status, there is a disconnect between the amount of theoretical work and the amount of quantitative work on the topic. Specifically, much of the current research segregates these multiple memberships, examining their effects separately, but the potential importance of studying such variables together is evident in qualitative studies (Parent, DeBlaere, & Moradi, 2013) and resulting models (Morales, 1989) indicate that the experience of multiple minority status is far more complex than can be understood through parallel consideration of a person's separate minority memberships.

However, there is a large gap in the empirical research that explores the overlap of these populations to study Queer People of Color (QPOC). There is no shortage of theoretical analyses of sexuality (Richman, 2014), how sexuality and ethnicity intersect (Cohen, 1997; Ferguson, 2007), and how heteronormativity is reified through institutional practices like how we conduct our research on the Queer community (Williams & Fredrick, 2015). To a certain extent, our emphasis on quantitative research forces us to consider populations as heterogeneous in a way that philosophy and the speculation of theory do not (see Cauce, 2012 for more information). Through a heteronormative dominant lens, we categorize people, behaviors, and conditions into convenient packages to view and analyze. By having built our professional body of research on the Queer community through this process, we have homogenized a very diverse group. When Queer people are included in studies, they are most often represented through White middle-class

gay males. This promotes the silencing of the voices of queer people of color in favor of generalization, which may continue the very marginalization we wish to study (Aleman, 2005).

From a quantitative standpoint, research has only recently started to take on the issue of intersectionality by exploring at least two facets of intersecting identities together, much like this study. For example, Balsam et al. (2011) have created a tool, The LGBT People of Color Microaggressions Scale, which is an 18-item self-report scale that assesses the unique types of microaggressions experienced by Queer People of Color (Balsam et al., 2011). These items grant scores to items such as having to educate white LGBT people on race issues, or being rejected by potential dating or sexual partners based on your race or ethnicity. The Psychology community has termed any population that experiences such a double discrimination as a "multiple minority" (Remedios & Snyder, 2015; Sarno, Mohr, Jackson, & Fassinger, 2015; Smith & Shin, 2015; D. M. Szymanski & Gupta, 2009), an operational term to describe intersectionality.

## **Social Support**

The last decade has seen many victories in societal social progress. As explained, at the heart of intersectionality is a dual membership in two or more differing but overlapping social groups. Given this dual membership, it is possible that QPOC may draw on two different groups for social support. However, we may expect QPOC to report less social support than others because each of their social groups experiences a high degree of discrimination and thus social stress. With the legalization of same-sex marriage and participation in military combat, as well as growing support and advocacy on behalf of Black and other persons of color, communities continue to grow stronger and more cohesive, and yet also more and further diverse. How do these social shifts affect one's sense of cultural belonging in terms of social arrangement, identification, and support?

Specifically for Queer people of color who suffer from the structural stigma of their sexual orientation as well as deep institutional racism, how do the intersections of deviance from the white dominant, heteronormative (Aleman, 2005) culture affect QPOC perception of social support from these respective communities (Balsam et al., 2011; Pinel, 1999; Pinel & Bosson, 2013; Sutter & Perrin, 2016)?

Social support manifests in the form of everyday emotional support and guidance that people often need to cope with stress, as well as a facet of companionship. Instrumental support is often also sought out when people are faced with major life events or crises that may necessitate relatively large sums of money or providing care when seriously ill or injured (Langford, Bowsher, Maloney, & Lillis, 1997). People who have supportive social networks, comprised of family members and friends who provide essential emotional and material assistance, tend to be healthier than people who lack supportive social networks (Berkman, Glass, Brissette, & Seeman, 2000; Cohen & Wills, 1985; Tsai & Papachristos, 2015; Uchino, 2009). Social support has been operationalized in various ways over these last several decades of research. Most common is the amount of perceived social support, or the degree to which a person anticipates this support might be available to them should the need arise. Expanding the general construct of such anticipated social support has manifested in the exploration of people's social support networks (Frost, Meyer, & Schwartz, 2016; House, Landis, & Umberson, 1988; Thoits, 1995; Tsai, Pierce, & Papachristos, 2015).

In contrast to amount of social support, researchers have also assessed a person's satisfaction with whatever level of support they have. Satisfaction with social support is not a group-specific construct, as we know social support is linked to a variety of health outcomes in general populations (Brummett et al., 2005). However, this construct is a useful tool for attending to the

group-specific factors of discrimination and stigma, which may increase or decrease perceptions of social support in multiple minorities.

For instance, the nature and the implications of social support appear to differ between Queer and heterosexual individuals. Queer adults show a greater proportion of friends versus family members in their social support networks relative to heterosexuals (Dewaele, Cox, Van den Berghe, & Vincke, 2011). As social support systems appear to differ in form and function between sexual minority and majority individuals, this cultural difference is likely operating on the racial/ethnic scale as well. Thus, group-specific factors should be involved in appraisals of such systems (Burns et al., 2012).

## **Current Study**

To better understand the effect of intersectionality on social support, data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were used to test for relationships between this multiple minority status and social support. Based on prior research, I hypothesized that QPOC will report significantly lower perceived levels of social support due to their multiple minority status. Specifically, the interaction between sexual orientation and minority status was tested in the prediction of social support. Such an analysis yields three pieces of information: whether there is main effect for ethnicity, whether there is a main effect for sexual orientation, and whether the two interact in the prediction of perceived social support. It is this last interactive effect that provides a quantitative test of whether the intersectionality of these memberships confers a particular advantage or disadvantage.

NESARC is the largest comorbidity study ever conducted with an unprecedented sample size (N = 43,093). The study contains an extensive battery of questions to address an array of potential disorders. For the purpose of this study, NESARC contained questions operationalizing

criteria from the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM–IV) for many psychiatric disorders. These operational definitions proved useful in measuring discrimination and social support. Because NESARC included an oversample of the Black and Hispanic populations, its sampling frame provided sufficient minority response to use NESARC for addressing the critical issue of racial and/or ethnic disparities.

Minority and Social Stress theory both suggest that individuals who are members of multiple minority groups may have less access to social support because of compounded social disadvantage due to multiple sources of stigma (Ilan H. Meyer, Schwartz, & Frost, 2008). Within this study we will explore the interaction of racial and ethnic identification with sexual orientation by performing analysis on NESARC data in an attempt to estimate the magnitude of the multiple minority effect on Queer Persons of Color.

### Method

### **Data Source and Sample**

Data from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC) were used in the current analysis. The NESARC data are from a large nationally-representative survey that targeted the adult civilian population of the United States (Ruan et al., 2008).

NESARC surveyed 43,093 participants on topics such as alcohol use, drug use, and the risk factors and consequences of psychiatric disorders. Wave 1 of the NESARC was administered in 2001-2002. Wave 2 of the NESARC (in 2004-2005) involved face-to-face interviewing of a subset of participants (N=34,653) from the original NESARC Wave 1

(N=43,093) (Hasin & Grant, 2015). Because the factor of social support was not assessed at Wave 1, only Wave 2 data were used for the current study.

NESARC oversampled young adults (18–24), Hispanics, and African-Americans at the design phase of the survey. This increased the representation of African-American households from "12.3 percent to 19.1 percent" as well as increasing representation of Hispanic households from "12.5 percent to 19.3 percent" (Grant & Dawson, 2006). These data were then weighted for three reasons: to adjust for the oversampling noted, to adjust for nonresponse, and to provide representative estimates population of the United States in 2000 (Grant & Dawson, 2006).

### Measures

**Independent Variables.** Socio-demographic measures were compiled from face to face interviews in Wave 2 of the NESARC survey.

Ethnicity. The instrument item 1e asked participants to identify their racial category from a flashcard listing the following potential options: American Indian or Alaska Native (2%), Asian (3%), Black or African American (19%), Hispanic (18%), or White (58%). For the purposes of this study, this variable was recoded to create a new variable that classified participants as White (58%) or People of Color (42%) (ETHBINARY).

Sexual Orientation. Item 7 in Section 14 - MEDICAL CONDITIONS AND PRACTICES, was used to categorize participants by sexual orientation. A flashcard was used to provide the following categories: Heterosexual/Straight, Gay or Lesbian, Bisexual, and Not sure. Participants selecting Not Sure were eliminated from the sample. The sexual orientation variable was recorded into a new variable that classified participants as either Straight (96%) or queer (1.7%). Given the large, nationally representative sample, this frequency of Queer participants is somewhat consistent with national average demographics of around 3 percent for this time

period (Hacker, 2014) (SOBINARY).

**Dependent variable**—perceived social support. NESARC included twelve items that assessed perceived interpersonal social support (Lyons, 2016; Okuda et al., 2015; Sacco, Bucholz, & Harrington, 2014). The Interpersonal Support and Evaluation List-12 (ISEL- 12; see Appendix A) items were drawn from a larger pool of questions that comprise the ISEL for General Populations. The resulting 12-item scale measured perceived availability of social resources. Example items include: "If I were stranded 10 miles from home, someone I know would come and get me", and "There is someone I can turn to for advice about handling problems with my family" (See Appendix A for full item list). Response options are arranged on a 4-point Likert scale from 1 = definitely false to 4 = definitely true, yielding a scale that ranged from 12 to 48 (Cohen et al., 1985). In prior studies, this instrument displays good reliability (α = 0.82) (Ruan et al., 2008).

### **Data Analysis**

A two-way univariate ANOVA was conducted to test the joint effects of ethnicity and sexual orientation on perceived social support. Analyses were conducted on the scale total scores, as well as the individual social support items (see Table 1 for group means). Analyses were conducted using SPSS Statistics, an IBM statistical package, using a p-value of .05.

### Results

## **Interaction Effects**

The statistical test for intersectionality is the interaction effect from the ANOVA. Of the 13 analyses run, only one ANOVA yielded a significant interaction effect. The significant interaction emerged for the social support item B: "I feel that there is no one I can share my most private worries and fears with." (See Figure 2). There was a significant difference in group

means between groups, showing that the effect of one factor (ethnicity) depends on the level of the other factor (sexual orientation). Here we see that Heterosexual White participants have the lowest group means ( $\bar{x} = 1.33$ ), and thus the highest amount of perceived social support, whereas Queer participants in both ethnicities (White:  $\bar{x} = 1.45$ ; POC:  $\bar{x} = 1.42$ ) exhibit higher concern, or lack of perceived social support. On the whole, the general lack of interaction effects shows little support for intersectionality when predicting measures of social support.

## **Ethnicity Effects**

Of the 13 analyses that were run, 4 yielded a significant main effect for ethnicity. An examination of Table 1 indicates, that social support is lower in People of Color. Of note, the difference in items J and K (see Table 1). Social support as evaluated by "If I were stranded 10 miles from home, someone I know would come and get me" exhibits a higher average group mean ( $\bar{x} = 3.73$ ) for White participants versus People of color ( $\bar{x} = 3.67$ ), implying more perceived social support for White participants.

Item K, "If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it" results in more perceived social support for White participant group mean ( $\bar{x} = 1.53$ ) than the POC group ( $\bar{x} = 1.65$ ).

### **Sexual Orientation Effects**

Of the 13 analyses that were run, 5 yielded a significant main effect for sexual orientation including items C, E, I, J, and L. All of these analyses implied higher social support for Straight participants. Item L asked, "If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me." The average mean for Straight participants ( $\bar{x} = 1.51$ ) indicated they disagreed more with this negatively framed question, whereas the averaged mean for Queer participants ( $\bar{x} = 1.63$ ) implied higher agreement that they would have

a difficult time finding assistance (see Figure 3). Item J, which exhibited a main effect for ethnicity, also shows an effect for sexual orientation. Queer participants asked "If I were stranded 10 miles from home, someone I know would come and get me," responded less favorably ( $\bar{x} = 3.63$ ) than Straight participants ( $\bar{x} = 3.77$ ).

### **Discussion**

On the overall dependent variable of Social Support, there was no support for interaction effects. However, the overall scale total signifies that on the whole, Straight participants reported higher levels of social support than Queer participants. While the quantitative data provided from this study does not support the intersectionality of multiple minority individuals, it does provide a jumping off point for discussing why this design may have failed to turn up such results.

Science, as a historically informed institution, seeks to generalize and universalize information. Many surveys that include queer or people of color in their samples often do no more than state this occurrence within demographic information. Our psychological tools and instruments of measurement are historically informed with heterosexual, Western, white participants in mind (Cauce, 2011). Often, minimal effort is made at the design stage to address the specific concerns and experiences of Queer People of Color, but rather QPOC are simply mapped onto normative identities as additive features. However, these experiences, individuals, and communities are potentially unique, and are definitely intersectional, overlapping, and holistic.

Objectivity has not been operationalized in such a way that the scientific method can detect sexist, racist, and androcentric assumptions that are inherent in society and science. In societies like the United States, stratified by race, ethnicity, class, gender, sexuality, or some other such politics shaping societal structure, the *activities* of those in powerful positions or institutions both organize and set limits on what persons who perform such activities can

understand about themselves and the world around them (Harding, 1992). This means that scientific pursuit of the Queer, POC, and QPOC communities are not only descriptive, but also normative. This is why tools and instruments of Psychology that seek not only to study, but also to generalize about multicultural populations, must be adapted for and to such pursuits (Cauce, 2011). In the case of this paper, examining individual items included in the ISEL-12 helps to identify probabilistic trends, where an outcome is more likely for one group but does not hold true in all cases. This strategy could assist in discovering information that interaction effects may have missed (Stanovich, 2013). Exploring these trends may inform the development of future instruments as they relate to differing populations of people.

For example, included within the category of people of color are Black and African Americans. Black communities tend to hold unity central to their kinship structures, which begin in the family but extend out to the community as well as organizational affiliations. In a sense, some African Americans are taught to unite around their common identity, building extensive social networks that may strengthen their resources for social support (Brown-Saracino, 2015; James, 1997; Roberts, 1993). Queer communities also build extensive social networks based on such identification, in addition to their family structures (Brown-Saracino, 2015; Dewaele et al., 2011; Tabaac, Perrin, & Trujillo, 2015).

Alternately, these results may affirm racialized relationships, where POC are situated to associate in their families of origins and with other racially alike persons in the same ways that we understand White persons do. Families of origin, usually being somewhat homogenous in racial presentation and cultural practice, may best share a particular viewpoint and thus offer more social support. For sexual orientation in families of origin, there is more variance and thus perhaps more effort to seek out those who are "like" you for social support. Additionally, the

potentially isolating chance that your family of origin may reject your sexual orientation, creating a rift that would affect perceived social support.

### Limitations

One independent variable necessitated the creation of a racial categorization that was binary in nature, comparing White participants to a separate variable that combined all other racial categories. It should be noted that lumping together all People of Color erases an exorbitant amount of nuanced culture. The scope of this study required this reductionist variable, but it is important to note that all minority racial categories are not homogenous. Because NESARC demographics require participants to select only one racial category, this information also may not be representative of how persons self-identify.

Though NESARC added sexual orientation in demographic information, there was not information asking whether participants identifying as Gay, Lesbian, or Bisexual were "out" to their families or communities. This information could potentially skew their levels of social support due to the associate stigma.

Additionally, because this study focuses on intersectionality, socioeconomic status should have been considered as an additional factor, given that intersectionality acknowledges that those situated factors of identity within society (gender, race, class, sexual orientation, socioeconomic status, et al) are holistic to identity, and thus must be taken together to frame one's status. Additionally, low-wealth or low socioeconomic status is correlated with higher emotional distress and conflict (Neppl, Senia, & Donnellan, 2016); testing this measure would likely highlight of privilege for one group over another within the context of this study.

NESARC, while nationally representative and weighted to include a better picture of both African Americans and Hispanic people, did not place the same weighting priority for minority sexual orientations such as those included in our Queer category. The sample of Queer participants comprised 1.7% of the sample, which is nearly half the national estimate of the same time period as being slightly more than 4%, which may not be representative.

One should note the relative datedness of the NESARC study, completed in 2004-2005. Many social progressive changes have occurred since this time, including discussions of and legal championing the legality of same-sex marriages, the banning of the "don't ask don't tell" military laws which forced Queer folks back into the closet, and the many other national conversations. These paradigm shifts may have produced a more hospitable climate for Queer folks to be more vocal or forthright about their sexually oriented identities.

## **Conclusions and Further Study**

Despite limited quantitative support for this test of intersectionality, this study has moved the concept from the realm of theory into a construct for statistical tests. Future studies using new and different outcome measures may uproot important empirical support by following this example.

In order to gain a comprehensive understanding of the experiences of Queer People of Color, future studies should focus on recruitment of such individuals, perhaps weighting data in a similar manner as they do racial categories.

Additionally, current instruments of measure should be reviewed in context to the communities being studied. Rather than making small adjustments for cultural competency, consideration should be given to the construction of culturally relevant and relative tools that best represent communities being studied. It would be disadvantageous to minimize the lived-experiences and lives of multiple minorities, including Queer People of Color, as a trade off for objectivity-maximizing questions as they pertain to white college students.

### References

- Aleman, G. (2005). Voices from the margins: Experiences of racial and sexual identity construction for urban latino youth. *Dissertation Abstracts International Section A:*Humanities and Social Sciences, 66(5-A), 1702.
- Anderson, K. F. (2013). Diagnosing discrimination: Stress from perceived racism and the mental and physical health effects\*. *Sociological Inquiry*, 83(1), 55-81. doi:10.1111/j.1475-682X.2012.00433.x
- Balsam, K. F., Molina, Y., Beadnell, B., Simoni, J., & Walters, K. (2011). Measuring multiple minority stress: The lgbt people of color microaggressions scale. *Cultural Diversity and Ethnic Minority Psychology*, *17*(2), 163. doi:10.1037/a0023244
- Brown-Saracino, J. (2015). How places shape identity: The origins of distinctive lbq identities in four small us cities. *American Journal of Sociology*, 121(1), 1. doi:10.1086/682066
- Brummett, B. H., Mark, D. B., Siegler, I. C., Williams, R. B., Babyak, M. A., Clapp-Channing, N. E., & Barefoot, J. C. (2005). Perceived social support as a predictor of mortality in coronary patients: Effects of smoking, sedentary behavior, and depressive symptoms.

  \*Psychosomatic Medicine, 67(1), 40-45. doi:10.1097/01.psy.0000149257.74854.b7
- Burns, M. N., Kamen, C., Lehman, K. A., & Beach, S. R. H. (2012). Attributions for discriminatory events and satisfaction with social support in gay men. *Archives of Sexual Behavior*, *41*(3), 659-671. doi:10.1007/s10508-011-9822-5
- Carvalheira, A. A., & Costa, P. A. (2015). The impact of relational factors on sexual satisfaction among heterosexual and homosexual men. *Sexual and Relationship Therapy*, *30*(3), 314-324. doi:10.1080/14681994.2015.1041372

- Cauce, A. M. (2011). Is multicultural psychology a-scientific?: Diverse methods for diversity research. *Cultural Diversity and Ethnic Minority Psychology*, *17*(3), 228-233. doi:10.1037/a0023880
- Cohen, C. J. (1997). Punks, bulldaggers, and welfare queens. *GLQ: A Journal of Lesbian & Gay Studies*, *3*(4), 437.
- Dermer, S. B., Smith, S. D., & Barto, K. K. (2010). Identifying and correctly labeling sexual prejudice, discrimination, and oppression. *Journal of Counseling and Development*, 88(3), 325-331.
- Dewaele, A., Cox, N., Van den Berghe, W., & Vincke, J. (2011). Families of choice? Exploring the supportive networks of lesbians, gay men, and bisexuals. *Journal of Applied Social Psychology*, 41(2), 312-331. doi:10.1111/j.1559-1816.2010.00715.x
- Ferguson, R. A. (2007). Chapter: The relevance of race for the study of sexuality. *A companion to lesbian, gay, bisexual, transgender, and queer studies*, 109.
- Frost, D. M., Meyer, I. H., & Schwartz, S. (2016). Social support networks among diverse sexual minority populations. *American Journal of Orthopsychiatry*, 86(1), 91-102. doi:10.1037/ort0000117
- Grant, B. F., & Dawson, D. A. (2006). Introduction to the national epidemiologic survey on alcohol and related conditions. *Alcohol Research & Health*, *29*(2), 74-78.
- Hacker, A. (2014). Sexual behavior, sexual attraction, and sexual identity in the united states:

  Data from the 2006-2008 national survey of family growth. *New York Review of Books*,
  61(16), 56-58.
- Harding, S. (1992). Rethinking standpoint epistemology, what is strong objectivity. *Centennial Review*, *36*(3), 437-470.

- Hasin, D. S., & Grant, B. F. (2015). The national epidemiologic survey on alcohol and related conditions (nesarc) waves 1 and 2: Review and summary of findings. *Social Psychiatry and Psychiatric Epidemiology*, *50*(11), 1609-1640. doi:10.1007/s00127-015-1088-0
- Hatzenbuehler, M. L. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations. *Current Directions in Psychological Science*, *23*(2), 127. doi:10.1177/0963721414523775
- House, J. S., Landis, K. R., & Umberson, D. (1988). Social relationships and health. *Science*, 241(4865), 540-545. doi:10.1126/science.3399889
- James, A. D. (1997). Black families mcadoo,hp. *Journal of Marriage and the Family, 59*(4), 1033-1034. doi:10.2307/353805
- Kosciw, J. G., Palmer, N. A., & Kull, R. M. (2015). Reflecting resiliency: Openness about sexual orientation and/or gender identity and its relationship to well-being and educational outcomes for lgbt students. *American Journal of Community Psychology*, *55*(1-2), 167. doi:10.1007/s10464-014-9642-6
- Langford, C. P. H., Bowsher, J., Maloney, J. P., & Lillis, P. P. (1997). Social support: A conceptual analysis. *Journal of Advanced Nursing*, 25(1), 95-100. doi:10.1046/j.1365-2648.1997.1997025095.x
- Lyons, A. (2016). Social support and the mental health of older gay men: Findings from a national community-based survey. *Research on Aging*, *38*(2), 234-253. doi:10.1177/0164027515588996
- McNeil, S. N., Fincham, F. D., & Beach, S. R. H. (2014). Does spousal support moderate the association between perceived racial discrimination and depressive symptoms among african american couples? *Family Process*, *53*(1), 109-119. doi:10.1111/famp.12054

- Meyer, D. (2012). An intersectional analysis of lesbian, gay, bisexual, and transgender (lgbt) people's evaluations of anti-queer violence. *Gender & Society*, 26(6), 849.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological bulletin*, *129*(5), 674. doi:10.1037/0033-2909.129.5.674
- Meyer, I. H., Dietrich, J., & Schwartz, S. (2008). Lifetime prevalence of mental disorders and suicide attempts in diverse lesbian, gay, and bisexual populations. *American Journal of Public Health*, 98(6), 1004.
- Meyer, I. H., Schwartz, S., & Frost, D. M. (2008). Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources? *Social Science & Medicine*, *67*(3), 368-379.

  doi:http://dx.doi.org/10.1016/j.socscimed.2008.03.012
- Mohr, J. J., & Sarno, E. L. (2016). The ups and downs of being lesbian, gay, and bisexual: A daily experience perspective on minority stress and support processes. *Journal of Counseling Psychology*, 63(1), 106-118. doi:10.1037/cou0000125
- Morales, E. S. (1989). Ethnic minority families and minority gays and lesbians. *Marriage & Family Review, 14*(3-4), 217-239. doi:10.1300/J002v14n03 11
- Neppl, T. K., Senia, J. M., & Donnellan, M. B. (2016). Effects of economic hardship: Testing the family stress model over time. *Journal of Family Psychology*, 30(1), 12-21. doi:10.1037/fam0000168
- Okuda, M., Olfson, M., Wang, S., Rubio, J. M., Xu, Y., & Blanco, C. (2015). Correlates of intimate partner violence perpetration: Results from a national epidemiologic survey. *Journal of Traumatic Stress*, 28(1), 49-56. doi:10.1002/jts.21986

- Parent, M. C., DeBlaere, C., & Moradi, B. (2013). Approaches to research on intersectionality:

  Perspectives on gender, lgbt, and racial/ethnic identities. *Sex Roles*, 68(11), 639-645.

  doi:10.1007/s11199-013-0283-2
- Pinel, E. C. (1999). Stigma consciousness: The psychological legacy of social stereotypes. *Journal of personality and social psychology*, 76(1), 114. doi:10.1037//0022-3514.76.1.114
- Pinel, E. C., & Bosson, J. K. (2013). Turning our attention to stigma: An objective self-awareness analysis of stigma and its consequences. *Basic and Applied Social Psychology*, 35(1), 55-63. doi:10.1080/01973533.2012.746593
- Remedios, J. D., & Snyder, S. H. (2015). Where do we go from here? Toward an inclusive and intersectional literature of multiple stigmatization. *Sex Roles*, 73(9-10), 408-413. doi:10.1007/s11199-015-0543-4
- Richman, A. (2014). (in)visible bodies: Lesbian women navigating gender, sexuality, and race.

  \*Dissertation Abstracts International Section A: Humanities and Social Sciences, 74(10-A(E), Sefe.
- Roberts, A. R. (1993). Physical violence in american families straus,ma, gelles,rj. *Social Work,* 38(1), 114-115.
- Ruan, W. J., Goldstein, R. B., Chou, S. P., Smith, S. M., Saha, T. D., Pickering, R. P., . . . Grant, B. F. (2008). The alcohol use disorder and associated disabilities interview schedule-iv (audadis-iv): Reliability of new psychiatric diagnostic modules and risk factors in a general population sample. *Drug and Alcohol Dependence*, *92*(1-3), 27-36. doi:10.1016/j.drugalcdep.2007.06.001

- Sacco, P., Bucholz, K. K., & Harrington, D. (2014). Gender differences in stressful life events, social support, perceived stress, and alcohol use among older adults: Results from a national survey. *Substance Use & Misuse*, *49*(4), 456-465.

  doi:10.3109/10826084.2013.846379
- Sarno, E. L., Mohr, J. J., Jackson, S. D., & Fassinger, R. E. (2015). When identities collide:

  Conflicts in allegiances among lgb people of color. *Cultural Diversity & Ethnic Minority Psychology*, 21(4), 550-559. doi:10.1037/cdp0000026
- Smith, L. C., & Shin, R. Q. (2015). Negotiating the intersection of racial oppression and heteronormativity. *Journal of homosexuality*, 62(11), 1459-1484. doi:10.1080/00918369.2015.1073029
- Stanovich, K. E. (2013). *How to think straight about psychology* (10th ed.). Boston: Pearson.
- Sutter, M., & Perrin, P. B. (2016). Discrimination, mental health, and suicidal ideation among lgbtq people of color. *Journal of Counseling Psychology*, 63(1), 98.
- Szymanski, D. M. (2009). Examining potential moderators of the link between heterosexist events and gay and bisexual men's psychological distress. *Journal of Counseling Psychology*, *56*(1), 142-151. doi:10.1037/0022-0167.56.1.142
- Szymanski, D. M., & Gupta, A. (2009). Examining the relationship between multiple internalized oppressions and african american lesbian, gay, bisexual, and questioning persons' self-esteem and psychological distress. *Journal of Counseling Psychology*, 56(1), 110-118. doi:10.1037/a0012981
- Tabaac, A. R., Perrin, P. B., & Trujillo, M. A. (2015). Multiple mediational model of outness, social support, mental health, and wellness behavior in ethnically diverse lesbian, bisexual, and queer women. *Lgbt Health*, *2*(3), 243-249. doi:10.1089/lgbt.2014.0110

- Thoits, P. A. (1995). Stress, coping, and social support processes where are we what next. *Journal of Health and Social Behavior*, *35*, 53-79. doi:10.2307/2626957
- Tsai, A. C., Pierce, C. M., & Papachristos, A. V. (2015). From social networks to health:

  Durkheim after the turn of the millennium introduction. *Social Science & Medicine*, *125*, 1-7. doi:10.1016/j.socscimed.2014.10.045
- Williams, S. L., & Fredrick, E. G. (2015). One size may not fit all: The need for a more inclusive and intersectional psychological science on stigma. *Sex Roles*, 73(9-10), 384-390. doi:10.1007/s11199-015-0491-z

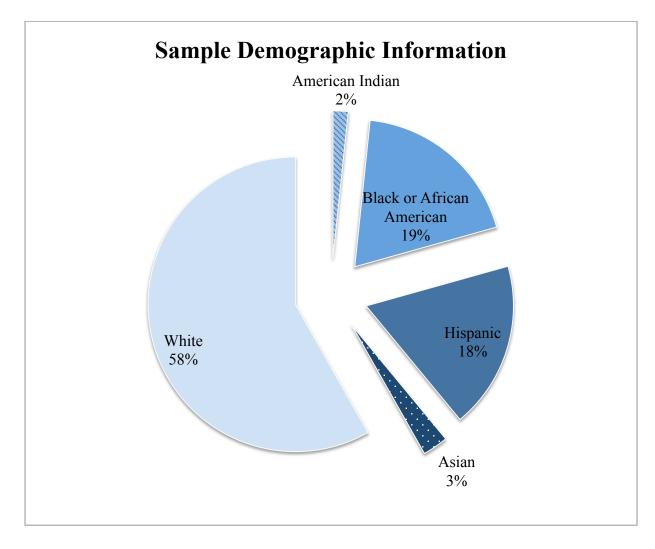


Figure 1. Demographic information from NESARC Wave 2 (2004-2005)

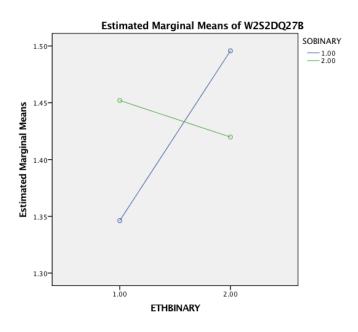


Figure 2. Interaction effect for item B

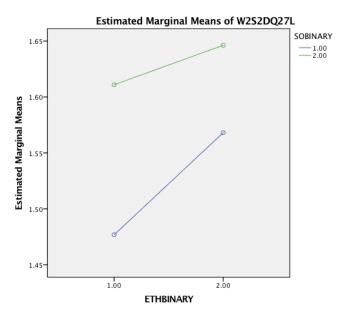


Figure 3: Main effects of Sexual Orientation and Ethnicity for item L

Table 1.

Means on the Measure of Social Support in Heterosexual and Queer identified Communities of Color vs. White Ethnicities in NESARC Wave 2

p=.013		11.56	11.86	11.63	12.68	Total
p=.001		1.65	1.55	1.61	1.46	L
	p=.003	1.59	1.71	1.54	1.52	K
p=.001	p=.01	3.59	3.75	3.67	3.78	J
p=.003		3.50	3.56	3.42	3.54	Ι
	p=.002	1.67	1.67	1.58	1.51	Н
		1.57	1.66	1.62	1.62	G
		3.63	3.67	3.67	3.70	Ŧ
p=.002	p=.004	3.31	3.42	3.20	3.32	H
		3.62	3.59	3.60	3.62	D
p=.029		3.48	3.56	3.58	3.61	С
		1.42	1.48	1.45	1.33	В
		1.69	1.65	1.69	1.59	Α
SOBINARY	ETHBINARY	Queer	Straight	Queer	Straight	Social Support Measure
Significance		С	POC	ite	White	

## QUEER PEOPLE OF COLOR

# Appendix A

Flashcard 37: Now I'm going to read you a few statements and I would like to know how they describe you.

Look at the categories on the card and tell me how true or how false these statements are a you.

- (A) If I wanted to go on a trip for a day, like to the country, city, mountains or beach, I wo have a hard time finding someone to go with me.
- (B) I feel that there is no one I can share my most private worries and fears with.
- (C) If I were sick, I know I would find someone to help me with my daily chores.
- (D) There is someone I can turn to for advice about handling problems with my family.
- (E) If I decide one afternoon that I would like to go to a movie that evening, I could easily someone to go with me.
- (F) When I need suggestions on how to deal with a personal problem, I know someone I c to.
- (G) I don't often get invited to do things with others.
- (H) If I had to go out of town for a few weeks, it would be difficult to find someone who v look after my house or apartment, like taking care of my plants, garden or pets, getting the or watching the house in general.
- (I) If I wanted to have lunch with someone, I could easily find someone to join me.
- (J) If I were stranded 10 miles from home, someone I know would come and get me.
- (K) If a family crisis arose, it would be difficult to find someone who could give me good about how to handle it.
- (L) If I needed some help in moving to a new house or apartment, I would have a hard find someone to help me.

## Appendix B

### **Revision Statement**

The feedback provided to me on various drafts of this paper have been invaluable. From sentence construction and flow, to organization, I have implemented as much of my peer and advisor feedback as possible into this final draft. Having access to this feedback has been beneficial in several ways, though I have derived the most help through those who are least familiar with the material in assisting me to clarify statements that may have been unclear. I believe the end result to be comprehensive enough for academic publication, yet very available to the lay reader.

In addition to minor grammatical changes, I have removed studies deemed irrelevant to the topic throughout the introduction, as well as incorporating new studies that better matched the organization of the paper as it organically grew. I am grateful for my advisor's advice to explore the independent instrument items, bringing life to the significant main effects excavated from the results. Despite the absence of overall support for intersectionality, by illuminating the various main effects I was able to construct an interesting and compelling paper. Investigating the individual items also informed the critique of psychological tools in the discussion section. This critique is an important, as it is relevant far beyond the scope of this study.

The major strength of this paper is the highly researched literary review, which attempts to condense a varied body of research into a digestible and relevant introduction to the importance of studying the Queer and People of Color communities. The discussion section alternately critiques the importance of studying these communities with the reality that studies should be conscious of ethnocentricism and bias. Additionally, potential cultural consumption and/or reconstruction of these communities in an attempt to study them for academic pursuits

utilizing potentially biased tool. The paper's weaknesses lie in the limitations of the project, necessitating a time frame of one undergraduate semester. This constraint required the creation of ethnic/racial binaries, as well as binaries for sexual orientations. I consider this to be erasure of important cultural nuance, and it would not have been my choice to use such reductionist measures for what I feel is a very important project. I also fear that using these binaries may have skewed results, in addition to being offensive. Future research should compare racial categories independently, helping to reveal between group differences.

Lastly, my personal circumstances of being a working, nontraditional student and parent necessitated my participation in the classroom version of PSY 5993 Research Laboratory in Psychology. This course dictates that my research utilize secondary data analysis, so I selected a massive dataset to assure the best results. However, the NESARC data is somewhat dated material. Given that the social climate of the United States continues to ebb and flow, this data from 2004-2005 may not be representative of results we would find in a more recent nationally representative survey.

I am proud of my work and grateful for the support I have received in various ways to accomplish the completion of this project and this final paper as a result.

## Appendix C

I chose to study Queer communities because I feel the literature and research lacks the ability to fully integrate the cultural experiences of and differences between Queer communities and heterosexual (normative) communities. I chose to study People of Color for similar reasons. I decided to combine the two because the research so often ignores the intersectionality of these identities, focusing on one aspect of the group or the other. In addition to bifurcating inextricable and multi-faceted identities, most research tools are designed for the White, Western, Heterosexual, and yet these same tools are used to measure communities for whom they were not designed.

I also feel that the University of Minnesota, save for the Program in Human Sexuality, is ignoring Queer communities in a very real way. The Social Psychology department is mainly focused on continuing a dominant narrative of relationships and social performance. I am interested in alternative, more representative work that stretches outside of the assumptive boundaries that Psychology has created.

It was my hope to shed light on this idea by creating a quantitative way to bring qualitative theory work into Psychology. There is a wide body of writing on intersectionality, particularly among Black Feminists, who are eschewed in favor of empirical work. It is my hope that by creating an example for empirical operational terms (however problematic in this initial stage and with the limitations of a single undergraduate semester) that this work will inspire future research that may be co-opted by theorists, lending credit toward those who are already highly knowledgeable regarding this topic.