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Measuring Multiple Minority Stress: The LGBT People of Color Microaggressions Scale

Kimberly F. Balsam, Yamile Molina, Blair Beadnell, Jane Simoni, and Karina Walters
University of Washington

Lesbian, gay, and bisexual individuals who are also racial/ethnic minorities (LGBT-POC) are a multiply marginalized population subject to microaggressions associated with both racism and heterosexism. To date, research on this population has been hampered by the lack of a measurement tool to assess the unique experiences associated with the intersection of these oppressions. To address this gap in the literature, we conducted a three-phase, mixed method empirical study to assess microaggressions among LGBT-POC. The LGBT People of Color Microaggressions Scale is an 18-item self-report scale assessing the unique types of microaggressions experienced by ethnic minority LGBT adults. The measure includes three subscales: (a) Racism in LGBT communities, (b) Heterosexism in Racial/Ethnic Minority Communities, and (c) Racism in Dating and Close Relationships, that are theoretically consistent with prior literature on racial/ethnic minority LGBTs and have strong psychometric properties including internal consistency and construct validity in terms of correlations with measures of psychological distress and LGBT-identity variables. Men scored higher on the LGBT-PCMS than women, lesbians and gay men scored higher than bisexual women and men, and Asian Americans scored higher than African Americans and Latina/os.

Keywords: lesbian, gay, race, ethnicity, minority stress

Social oppression in its many forms takes a toll on the health of individuals. Indeed, disparities in mental and physical health outcomes have been well-documented among oppressed populations, including racial/ethnic minorities (Williams & Williams-Morris, 2000; Williams & Mohammad, 2009) and sexual minorities (Herek & Garnets, 2007; Lewis, 2009; Meyer, 2003). For example, sexual minority individuals are at higher risk for mental health disorders, including depression, anxiety, substance use disorders, as well as suicidality (Cochran, 2001). Such disparities are often linked to stressful experiences of stigma and discrimination that accompany a minority social identity (Hatzenbuehler, 2009). Minority stress theory examines the ways in which the unique stressors experienced by minority individuals may relate to mental health disparities in health (Meyer, 2003). Minority stressors may act directly upon on health through chronic biological stress mechanisms (e.g., higher circulating levels of E-selectin in African American men, Friedman, Williams, Singer, & Ryff, 2009), lead to psychological distress (Krieger et al., 2008) and/or may influence health behaviors (e.g., smoking cigarettes, Krieger et al., 2008) and use of health services (Hausmann, Jeong, Bost, & Ibrahim, 2008).

Minority stress can appear in a number of different forms. While much of the literature has focused on major discriminatinatory events, more recent work has begun to examine microaggressions that occur in daily life. Microaggressions are generally characterized as brief, daily assaults on minority individuals, which can be social or environmental, verbal or nonverbal, as well as intentional or unintentional (Sue et al., 2007). Interpersonal exchanges involving microaggressions may not be perceived as discriminatory by perpetrators, who may believe their actions to be innocent or harmless and may not understand the potential impacts of these behaviors on recipients (e.g., Smith, Allen, & Danley, 2007; Sue et al., 2008). On the other hand, such exchanges have negative consequences for the mental health of the target. For example, Black males who experienced microaggressions reported psychological distress, including anxiety as well as feelings of helplessness, hopelessness, and fear (Smith et al., 2007). Torres (2009) found a positive relationship between depression and perceptions of racial/ethnic discrimination in a Latino/a sample. Racial microaggressions may also impact health-related behaviors and utilization of health services; Constantine (2007) found that African Americans' satisfaction with White counselors was negatively associated with the frequency of perceived racial microaggressions experienced during sessions. Other studies have indicated that microaggressions may lead to unsatisfactory work relationships (Constantine & Sue, 2007) and perceptions of hostility in school settings (Smith et al., 2007).

Three major classes of microaggressions have been identified—microassaults, microinsults and microinvalidation—and each has been implicated in poor mental and physical health. Overt or "old

Kimberly F. Balsam, School of Social Work, University of Washington; Yamile Molina, Department of Psychology, University of Washington; Blair Beadnell, School of Social Work, University of Washington; Jane Simoni, Department of Psychology, University of Washington; Karina Walters, School of Social Work, University of Washington.

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Correspondence concerning this article should be addressed to Kimberly F. Balsam, School of Social Work, University of Washington, Seattle, WA 98195. E-mail: kbalsam@u.washington.edu

fashioned" discrimination (microassaults) has been linked with poor mental health in LGB (Mays & Cochran, 2001) and racial/ethnic minority populations (Williams & Williams-Morris, 2000). A qualitative study found that microassaults (e.g., "When I tell people I am Mexican, they might make the Taco Bell joke, Chihuahua jokes.") led to discomfort and perceived hostility in the school environment (Yosso, Smith, Ceja, & Solóranzo, 2009). The other two forms of microaggressions (microinsults and microinvalidations) are generally presumed to be unintentional or unconscious on the part of the perpetrator, yet may lead to distress among targets (e.g., Noh, Kaspar & Wickrama, 2007). Perpetrators may discredit an individual because of societal beliefs about his or her minority group (microinsults), resulting in psychological distress for recipients. For example, Constantine and Sue (2007) found that Black doctoral students encountered situations in which White supervisors made stereotypic assumptions about Black supervisees (e.g., "Don't be late for supervision. I know that Black people sometimes have difficult time orientation and think it's okay to be late for stuff."). These statements may be perceived as innocuous by the perpetrators yet can have powerful psychological ramifications. For example, African American male students who have experienced hypersurveillance from the campus police because they seem "out of place" on school grounds exhibited high levels of emotional stress (Smith, Allen, & Danley, 2007). Situations in which minority individuals are excluded or their experiences are negated (microinvalidations; e.g., "We are all human beings.") can also lead to reduced use of health services for sexual and racial/ethnic minorities (Sue et al., 2007; Nadal, 2008).

Overall, research on microaggressions holds promise for directing mental health interventions, both in terms of improving health and also increasing use and effectiveness of health services. Research on specific themes can also provide specific areas to address in multicultural education and training (Sue, Torino, Capodilupo, Rivera, & Lin, 2009) and effective coping strategies to deal with microaggressions and their impacts (Sue et al., 2008; Yosso et al., 2009).

Multiple Stressors for LGBT-POC

Considering that theory emphasizes the cumulative nature of minority stress (Meyer, 2003), individuals experiencing microaggressions because of both their racial/ethnic and sexual minority identities may be especially vulnerable to poor mental and physical health. Though there has been much recent research on LGBT minority stress, fewer studies have examined within-group variation, and very few have had large enough samples of LGBT participants who are also people of color (LGBT-POC) to examine the unique issues facing this group, which are approximately 22% of all individuals involved in same-sex relationships in the United States (Harper, Jernewall & Zea, 2004; Nabors et al., 2001; U.S. Census Bureau, 2000). For instance, Boehmer (2002) found that LGBT issues were addressed in 3,777 articles dedicated to public health; of these, 85% omitted information on race/ethnicity of participants.

The existing theory and research on LGBT-POC suggests that these individuals may experience unique stressors associated with their dual minority status, including simultaneously being subjected to multiple forms of microaggressions. Within LGBT communities, LGBT-POC may experience racism in dating relationships and social networks. Racial/ethnic minority individuals have reported exclusion from LGBT community events and spaces (Kudler, 2007); for example, certain gay bars have been noted for refusing entry of African Americans and providing poorer service to Black patrons (Han, 2007). Ward (2008) found that even racially diverse LGBT organizations can be perceived to be predominantly serving the White LGBT population among local LGBT-POC. Research has also indicated that racism in dating and intimate relationships may be particularly problematic for gay and bisexual men; for instance, Phua and Kaufmann (2003) reported a greater likelihood of race being mentioned in Internet ads for men who have sex with men (MSM) ads than heterosexual ones. Beliefs concerning racial/ethnic differences in sexual behavior can lead to both rejection and sexual objectification of LGBT-POC by other LGBT people (Wilson et al., 2009). Perceived discrimination by White lesbian partners can influence Black lesbians to seek non-White partners in subsequent relationships (Mays, Cochran, & Rhue, 1993).

In addition to racism within LGBT communities, LGBT-POC may also experience heterosexism within racial/ethnic minority communities and specifically within their own cultural communities. For example, in African American communities, heterosexist attitudes may be prevalent and may lead to concealment of sexual orientation (Mays et al., 1993; Malebranche, Fields, Bryant, & Harper, 2009), especially in certain environments such as the workplace (Ragins, Cornwell, & Miller, 2003). African American and Latino men have reported higher rates of gay-related prejudice than European Americans (Ceballos-Capitaine et al., 1990; Siegel & Epstein, 1996). Likewise, concealment of sexual orientation may be useful for LGBT Asian Americans, especially in Japanese and Chinese cultures, wherein there are sexual limitations and restrictions on gender roles (Bridges, Selvidge, & Matthews, 2003). Bridges et al. (2003), reviewing several research studies, indicate that some Asian Americans view concepts such as lesbianism to be Western and therefore not associated with individuals from their ethnic cultures, and that openly LGBT children are considered shameful for Asian American mothers.

Stigmatization may influence identity development for multiple minority individuals, especially if they experience discrimination within their own social networks. For example, heterosexism within racial/ethnic minority communities may account for some of the differences in timing and process of coming out between White LGBT people and LGBT-POC (Grov, Bimbi, Parsons, & Nanín, 2006; Parks, Hughes, & Matthews, 2004; Rosario, Schrimshaw, & Hunter, 2004). However, Moradi et al. (2010) found that White LGBT and LGBT-POC reported similar experiences with heterosexism. Additionally, Moradi et al. (2010) as well as Dubé and Savin-Williams (1999) did not find that racial/ethnic minority LGBT youth exhibited higher levels of internalized homophobia.

Multiple Minority Stress and Health for LGBT-POC

Diaz, Ayala, Bein, Henne, and Marin (2001) and other researchers have begun to investigate the interactive effects of discrimination due to both race/ethnicity and sexual orientation on health outcomes. For example, recent research has found that psychiatric symptoms were associated with both racist and heterosexist stressors for African American (Zamboni & Crawford, 2007) and Latino bisexual and gay men (Diaz et al., 2001). These stressors

may relate directly to poor mental and physical health outcomes, and may also be associated with adverse health behaviors. For example, Hughes, Johnson and Matthews (2008) found that African American lesbians were significantly more likely to smoke than African American heterosexual women and White lesbians.

Despite these associations, some between-groups research has shown few differences between White LGBT and LGBT-POC, suggesting that LGBT-POC may not be at particular risk for negative health outcomes. Consolacion, Russell, and Sue (2004) found that both African American and White same-sex-attracted youths similarly exhibited higher levels of depression than heterosexual participants. On the other hand, two recent studies yielded findings suggesting elevated risk for suicidality and depression relative to heterosexual people of color (Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007) and elevated risk for suicidality compared to White LGB people (Meyer, Dietrich, & Schwartz, 2008).

The Need for a LGBT-POC Microaggressions Scale

Most qualitative studies (e.g., Mays et al., 1993; Malebranche et al., 2007) suggest the importance of examining the impact of multiple minority stressors, but we found that only one quantitative study addressed the intersection of race/ethnicity and sexual identity directly and did so with a single question (e.g., Dubé & Savin-Williams, 1999). Another study (Szymanski & Gupta, 2009) examined multiple oppressions experienced by African American LGB people, but only examined only internalized self-rejection (i.e., internalized heterosexism and internalized racism). Scholarship on oppressed populations increasingly includes discussion of the importance of understanding the intersections of oppressing identities (e.g., Bowleg, 2008; Fish, 2008; Meyer, 2010; Stirrat, Meyer, Oulette, & Gara, 2008). However, while existing measures assess either racism or heterosexism separately for LGBT-POC, there is no existing measure that captures the unique ways that these types of oppressions may intersect for this population. For example, although heterosexual and LGBT people of color may both experience racism, LGBT people of color may be faced with the unique challenge of racist experiences within LGBT communities.

In sum, the existing literature to date points to the need for a questionnaire measure focused on the unique minority stress experiences of LGBT-POC populations. Such a measure would be useful in (a) providing more information about the unique challenges faced by this population, (b) identifying the ways in which racism and heterosexism may intersect for this population, (c) identifying the unique components of minority stress that may be associated with health and other psychosocial outcomes for this population, and (d) developing tailored intervention strategies to promote health and well-being among this population.

The primary goal of this current paper was to design a brief, self-administered questionnaire measure to assess the occurrence and distress associated with unique microaggressions experienced by LGBT-POC. The questionnaire measure was developed as part of a larger three-study project to develop measures of stress and coping for diverse LGBT populations: (a) we conducted qualitative focus groups and interviews to generate questionnaire items ($N = 117$); (b) we pilot tested our items in a web-based national survey ($N = 900$), dropped items with poor performance and generated new items; and (c) we tested the reliability and validity of our measures by administering them, along with measures of psychological distress and general LGBT identity and discrimination, in a second national web-based survey ($N = 1{,}217$). With regard to construct validity, we expected our measures to be associated with previously tested and validated LGBT identity variables (Mohr & Fassinger, 2000) and to predict psychological distress. Data for the current paper are drawn from the ethnic minority participants in phases 1 ($N = 53$), 2 ($N = 266$), and 3 ($N = 297$).

Study 1: Item Generation and Construction of LGBT-POC Scale

During Study 1, we conducted focus groups and in-depth interviews to determine microaggressions commonly encountered by LGBT-POC. Both processes were semistructured and also included open-ended questions about stressors related to being LGBT-POC. Subsequent to data collection, we compared major themes found in focus groups and in-depth interviews to findings from previous qualitative and quantitative studies on LGBT-POC described above. Results from this study led to an initial set of survey questions we evaluated in Studies 2 and 3.

Method

Participants. Between August 2004 and May 2005, we conducted 12 focus groups (M sample size = 8.4) and 17 in-depth interviews with 112 LGBT adults in Washington State, 46% of whom were LGBT-POC and were the participants for this study. Participants for focus groups were recruited from the community at large; participants for interviews were specifically recruited based on (a) being a leader or activist within a specific subgroup of the LGBT community and/or (b) having current or past substance abuse. Two focus groups, one for men ($n = 10$) and one for women ($n = 8$) were exclusively for LGBT-POC; seven of the individual interviews were with LGBT-POC. Additionally, 28 LGBT-POC participants participated in general focus groups that were not specifically devoted to LGBT-POC. Statements from participants who were LGBT-POC in all focus groups and interviews were used to create questionnaire items if they explicitly revealed microaggressions related to being both a sexual and racial/ethnic minority. Statements related to only one of these identities were not used when creating questionnaire items. The mean age of LGBT-POC participants ($n = 53$) was 36 years old ($SD = 10.30$). Ten participants identified as African American, 14 as Latino/a, 12 as Asian/Pacific Islander, and 17 as biracial/multiracial. Thirty-four participants identified as lesbian/gay, seven as bisexual, seven as queer, one as two-spirit[1] and three as other.

Procedure

Recruitment. The Rainbow Project advertised widely in two regions of Washington state: Seattle and Yakima. Participants

[1] Many LGBTQ Native Americans/American Indians prefer to identify as "two-spirit" to supersede colonizing terms previously given to them (e.g., "berdache") as well as to identify with pan-Indian traditions related to sexuality and gender identity. This term is meant to transcend dichotomies such as heterosexual and homosexual as well as male and female (Jacobs, Thomas, & Lang, 1997).

were recruited via advertisements sent to email listservs, LGBT organizations, print media (e.g., local newspapers), and flyers posted around Seattle and in Eastern Washington. We used targeted sampling strategies to oversample racial/ethnic minorities. Advertisements focused on this population (e.g., "seeking LGBT people of color for research") were sent to individuals and organizations with ties to racial/ethnic minority communities and specifically to racially diverse LGBT communities. Additionally, the PI made personal contact with numerous community leaders serving this population to gain further assistance in reaching this difficult-to-recruit group.

Individuals who were interested in focus group participation called into the Rainbow Project Office. Project staff conducted a phone screening, which consisted of explaining the study and asking questions about basic demographics to assess eligibility. After gathering demographic information, the screener determined which focus group(s) the caller was eligible for (e.g., LGBT-POC, bisexual, people in recovery from substance use, etc.) and described these groups to the caller. Callers indicated their preference for type of focus group and these preferences were taken into account when scheduling participants. Participants in individual interviews were nominated by their peers as leaders and/or activists in various segments of LGBT communities and/or as individuals with a substance abuse history. These individuals were approached by research staff via e-mail or phone and then screened for the study in a similar manner to focus group participants. All participants were included only once in the qualitative study, either one focus group or in one interview.

Data collection. All focus groups and interviews lasted for two hours and were semistructured, with questions focusing on the nature and experience of outness, identity, minority stress, the impact of stressors, substance use, community, coping, and mental health outcomes. Interview guides were largely similar for focus groups and interviews, although questions for the interviews prompted participants to reflect on each topic based on their experience and then based on their observations of others in the specific subgroup of the LGBT population that they most identified with (e.g., bisexual, Latino/a). All focus groups and interviews included an open ended question regarding the specific stressors associated with being LGBT.

In addition to more general groups, two specific groups for LGBT-POC were held; eligibility for these groups included self-identification with one or more ethnic/racial minority groups. These focus groups were both facilitated by LGBT-POC interviewers. For individual interviews, interviewer matching was offered such that participants had the choice of being interviewed by another LGBT-POC or a White LGBT person. These groups and interviews included additional open-ended questions about stressors specifically associated with being LGBT-POC (e.g., "What kinds of challenges have you encountered as a racial/ethnic minority LGBT woman?").

Analysis plan. Interviews were transcribed and coded in Atlas-ti 5.0 software. Two or three coders translated each transcript; coding discrepancies were resolved through consensus. Coders included three White LGBT and two LGBT-POC research team members. All transcripts were then carefully reviewed by the PI and questionnaire items were generated based on statements by LGBT-POC participants regarding stressful experiences associated with being both LGBT and POC. For example, several participants talked about distress at being "tokenized" as an LGBT-POC in both LGBT and POC groups and organizations; thus we generated a questionnaire item that read "Being the token LGBT person of color in groups or organizations."

Results and Discussion

Themes mentioned by participants included racism in the LGBT community, heterosexism in racial/ethnic minority communities, problems with relationships and dating, concerns about immigration status, and rejection by other LGBT-POC. Many of these themes have been explored in other research, such as problems with relationships and dating (Mays et al., 1993; Phua & Kaufmann, 2003; Wilson et al., 2009), some of which have been linked to White partners as well as to rejection by other LGBT-POC (Wilson et al., 2009). Problems in dating relationships included exclusion/rejection as well as sexual objectification. Participants commented on feelings of alienation from family and friends within their racial/ethnic communities; heterosexism in racial/ethnic minority communities (e.g., Ragins et al., 2003; Malebranche et al., 2009) and racism in LGBT communities (e.g., Han, 2007; Kudler, 2007). Participants varied in feelings of fragmentation versus feelings of integration with regard to their multiple identities. Careful review of transcripts resulted in 34 questionnaire items created based on the stressors and microaggressions self-reported by participants.

Study 2:Web-Based Survey Validation and Refinement of Items

During Study 2, we conducted a national web-based anonymous survey to pilot-test the 34 items generated from results of Study 1. From our study, we were able to examine the generalizability of themes found in our qualitative research through a national sample and further refine, retain and/or remove the LGBT-POC microaggression survey questions.

Method

Participants. For Study 2 (11/05 to 12/05), we conducted a national web-based anonymous survey of 900 LGBT adults. Of this sample, 30% were LGBT-POC; only these participants completed the LGBT-POC microaggression survey items. Among these 266 LGBT-POC participants, 24% identified as African American, 17% identified as Latino/a, 5% identified as Native American/American Indian, and 14% as Asian/Pacific Islander. Additionally, 40% of our sample identified with more than one racial/ethnic group or classified themselves as an "Other" one or more racial/ethnic minority group and were accordingly categorized as multiracial. Regarding participants' gender identity, 55% identified as female, 36% male, 2% transgender F to M, 3% transgender M to F, and 4% other gender identity. Regarding participants' sexual identity, 54% identified as lesbian or gay, 23% as bisexual, 13% as queer, and 3% as two-spirit. LGBT-POC participants ranged from 18–65 years old ($M = 32.4$, $SD = 10.2$).

Procedure

Recruitment. We recruited participants for the study using a combination of snowball and targeted sampling methods. An-

nouncements about the study were sent electronically to LGBT listservs, websites, groups, organizations, and clubs in all 50 states. We conducted extensive web-based research to identify venues specifically focused on racial/ethnic minority LGBT individuals and sent targeted advertising stating that we were seeking racial/ethnic minority LGBT individuals to these venues. Examples of such venues include yahoo groups, LGBT community centers, email lists specifically for racial/ethnic minority LGBT individuals, LGBT social clubs specifically for racial/ethnic minorities, and Craigslist. Additionally, participants were asked to forward information about the study to others that might be eligible and interested in participating. Potential participants who followed our link were taken to our web-based information statement, which explained that the study was being conducted in order to "understand how the unique experiences of LGBT people affect their health and well-being" as well as to "refine our survey questions about experiences of lesbian, gay, bisexual, and transgender (LGBT) adults." The information statement also explained the criteria for participation (age 18 or older, identify as lesbian, gay, bisexual, transgender, queer, or two-spirit), purpose of the study, its risks and benefits, and our confidentiality agreement. Participants who agreed to participate then completed the questionnaire online using Catalyst survey collection software (catalyst.washington.edu). The questionnaire was followed by a listing of LGBT and mental health resources.

Measures. Of the 34 questions generated, fifteen pertained to racism in the LGBT community, seven to heterosexism in racial/ethnic minority communities, six to problems with relationships and dating, four to concerns about immigration status, and two to rejection by other LGBT-POC.

The response format for all items was a 5-point Likert scale with the following response categories: 0 (*Did not happen/not applicable to me*), 1 (*It happened, and it bothered me NOT AT ALL),* 2 (*It happened, and it bothered me A LITTLE BIT*), 3 (*It happened, and it bothered me MODERATELY*), 4 (*It happened, and it bothered me QUITE A BIT*), 4 (*It happened, and it bothered me EXTREMELY*). This format was designed to allow us to assess both occurrence (whether or not an event happened) and perceived stress (the extent to which events bother participants).

Analysis plan. We used exploratory factor analysis to determine performance of items using a principal component analysis with a promax rotation (*Mplus*). In this approach, items were treated as ordered categorical (ordinal). Those with poor performance were dropped and new items were generated based on results of an EFA and qualitative input from survey participants.

Results and Discussion

Based on EFA results, we dropped items with loadings on the overall scale of less than .4. Initial eigenvalues (12.2, 2.6, 2.1, 1.8) and the parallel analysis suggested that a 4-factor solution best fit the data; factors involved experiencing racism in LGBT communities, heterosexism in racial/ethnic minority communities, microaggressions in dating relationships, and problems related to immigration.

We dropped eight items. Items with poor performance may have been linked to specific subgroups of LGBT-POC; for instance, concerns about immigration status (e.g., items such as "Worrying that your partner might be kicked out of the country if people find out that you are LGBT," "Worrying that you might be kicked out of the country if people find out that you are LGBT," "Feeling unable to go back to your home country because you are LGBT") are more likely to be concerns for LGBT-POC who are foreign-born. Other items may have been associated with specific life domains, such as health care (i.e., "Difficulty finding health care providers who are sensitive to both LGBT and race/ethnicity issues") or internalized rejection of one's identity (i.e., "Feeling like you are reflecting negatively on your ethnic group because you are LGBT") that were less general than other items in the measure, resulting in low factor loadings. Some items which did reflect more general experiences of LGBT-POC (e.g., POC Heterosexism: "Feeling unable to go back to the community you grew up in because you are LGBT;" LGBT Racism: "Being looked down upon by White LGBT people;" LGBT Relationship Racism: "Difficulty finding a partner because of your race/ethnicity"), may not have been worded as precisely as other items which were kept (e.g., POC Heterosexism: "Feeling unwelcome at groups or events in your racial/ethnic community;" LGBT Racism: "Feeling misunderstood by White LGBT people;" LGBT Relationship Racism: "Being rejected by potential or sexual partners because of your race/ethnicity").

All items retained were theoretically consistent with hypothesized components of LGBT-POC microaggressions listed in the Introduction and in Study 1 and theoretically applicable to many, if not all, LGBT-POC.

Study 3: Web-Based Final Survey Development

The purpose of the third study was to test the final items in our survey. We conducted a second national web-based survey, in which we administered our survey items as well as measures of psychological distress and general LGBT identity and discrimination. A second goal of our third study was to examine how our newly developed measure was associated with demographic variables, other established measures of LGBT identity, perceived discrimination, and psychosocial adjustment.

Method

Participants. Between May, 2006 and March 2007, a total of 1,217 individuals were recruited to participate in a web-based survey. Of these, 297 individuals self-identified as LGBT-POC and completed at least one item of the newly developed measure, the LGBT-POC Microaggressions Scale (LGBT-PCMS); these individuals were the participants included in the current study and are described here. One hundred and twenty-two (41.1%) participants reported that they were born male, while 173 (58.2%) were born female and two participants did not indicate their sex at birth. Regarding current gender identity, 112 participants identified as a man (37.7%), 149 as a woman (50.2%), 6 (2.0%) as transgender M to F, 7 (2.4%) as transgender F to M, 9 (3.0%) as genderqueer, 11 (3.7%) as other gender identity, and 3 participants did not indicate their current gender. Participants reported their sexual identity as 26.0% gay, 31.0% lesbian, 22.0% bisexual, 10.4% queer, 1.9% two-spirit, and 8.7% "other" sexual identity. In terms of race/ethnicity, there were 53 African American (17.8%), 56 Latina/Latino American (18.9%), 53 Asian American (17.8%), four Native Hawaiian/Pacific Islander (1.3%), and 10 American Indian/

Alaska Native (3.4%). We also had 81 multiracial participants (27.5%) who identified with more than one racial/ethnic group and were accordingly categorized as multiracial. The remaining participants either did not report their race or classified themselves as "other" while still indicating that they belonged to one or more racial/ethnic minority groups. Participants ranged from 18 to 74 years old ($M = 33.0$, $SD = 10.4$). Annual household annual incomes ranged from under $10,000 to over $150,000, with the mean income in the $60–79,000 range. Participants were highly educated; 210 (70.7%) had at least a college degree and 93 (31.3%) had a graduate or professional degree.

Procedure

Recruitment. Recruitment, screening, and consent procedures for Study 3 were identical to those described above for Study 2. Participants who agreed to participate then completed the questionnaire online using Survey Monkey data collection software (http://www.surveymonkey.com/). The questionnaire was followed by a listing of LGBT and mental health resources. Questionnaire completers could then voluntarily choose to enter a lottery to win one of three $100 prizes.

Measures

LGBT-PCMS. The revised 26-item questionnaire was developed from pilot and qualitative studies noted above. Similar to Study 2, the response format was a 5-point Likert scale with response categories as 0 (*Did not happen/not applicable to me*), 1 (*It happened, and it bothered me NOT AT ALL*), 2 (*It happened, and it bothered me A LITTLE BIT*), 3 (*It happened, and it bothered me MODERATELY*), 4 (*It happened, and it bothered me QUITE A BIT*), to 5 (*It happened, and it bothered me EXTREMELY*). For the purposes of the current study, 0 (*Did not happen/not applicable to me*) responses were combined with 1 (*It happened, and it bothered me NOT AT ALL*) responses in order to create a consistent Likert scale with more interpretable results by creating a scale that focuses only on perceived distress associated with each item, rather than occurrence of each item. In analyses not reported in this paper, we rescored all items dichotomously, comparing 0 responses to 1 through 5 responses (i.e., whether the event happened at all) and found similar results to those reported below. Frequency and appraisal measures were also highly correlated for the total scale ($r = .78$, $p < .0001$) as well as for the subscales described below: POC Heterosexism ($r = .78$, $p < .0001$), LGBT Racism ($r = .80$, $p < .0001$), and LGBT Relationship Racism ($r = .83$, $p < .0001$). In the end, we chose to report results for the distress measure because it more fully captured the variability in individuals' reactions to microaggressions than the dichotomous occurrence measure.

Measures of psychosocial adjustment. Participants also completed other measures of recent or current psychosocial adjustment in order to determine the validity of this measure. The short version of the Center for Epidemiologic Studies Depression Scale (CES-D 10; Andresen, Malmgren, Carter, & Patrick, 1994) was used to assess the presence of depressive symptoms. This measure has exhibited adequate psychometric properties across racial/ethnic and age groups (Chapela & de Snyder, 2009; Irwin, Artin, Oxman, 1999; Nishiyama, Ozaki, & Iwata, 2009) and exhibited adequate internal consistency in our sample ($\alpha = .91$). For the 10 items in this scale, participants could choose one of the following response categories: 1 (*rarely or none of the time, less than 1 day),* 2 (*some or little of the time, 1–2 days),* 3 (*occasionally/moderate amount, 3–4 days),* or 4 (*most/all of the time, 5–7 days).* We used the Perceived Stress Scale-Short Form (PSS; Cohen, Kamarck, & Mermelstein, 1983) to examine the degree to which participants viewed their lives as stressful. The PSS-SF includes four items and appears to exhibit consistent psychometric properties in our sample ($\alpha = .84$) as it has in others (Cohen et al., 1983; Sharp, Kimmel, Kee, Saltoun, & Chang, 2007). The response format was based on a 5-item Likert scale with the following response categories: 0 (*never*),1 (*almost never*), 2 (*sometimes*), 3 (*fairly often*), and 4 (*very often*). We obtained summary variables by reverse coding two of the four items and then summing across all four items. We administered the MOS Social Support Survey (Sherbourne & Stewart, 1991) to examine perceived social support in several domains, including emotional, affective and tangible support. Sherbourne and Stewart (1991) found this scale to be reliable and fairly stable across time; we also found it exhibited adequate internal reliability in our sample ($\alpha = .89$). This scale included 19 items; participants could choose one of the following response items: 1 (*none of the time*), 2 (*a little of the time*), 3 (*some of the time*), 4 (*most of the time*), or 5 (*all of the time*).

Measures of LGB identity. Participants also completed two LGB identity measures (Mohr & Fassinger, 2000), to determine validity of our measure. The Outness Inventory ($\alpha = .81$ for our sample) is a measure that examines the degree to which LBG individuals are public about their sexual identity, as indicated by the degree to which the respondent's sexual orientation is known and discussed by a variety of individuals (e.g., mother, work, peers). We also administered three subscales of the Lesbian, Gay, and Bisexual Identity Scale (LGBIS): (a) Stigma Sensitivity, (b) Internalized Homonegativity, and (c) Superiority. Respectively, these scales provide indices of the need for acceptance regarding LGB identity ($\alpha = .75$; e.g., "I think a lot about how my sexual orientation affects the way people see me."), self-rejection of one's minority identity ($\alpha = .74$; e.g., "I would rather be straight if I could."), and rejection of heterosexuals and their lifestyles ($\alpha = .61$; e.g., "Straight people have boring lives compared with LGB people."). General perceptions of LGBT Discrimination were also assessed using a 5-point Likert scale, with two items ("How much has homophobia interfered with your ability to live a fulfilling and productive life?" "How different do you think your life would be if you had not had to deal with the challenges of being LGBT?").

Analysis plan. We conducted an exploratory factor analysis using a principal component analysis with a promax rotation (*Mplus),* treating items as ordered categorical (ordinal). We examined several possible factor solutions as well as scree plots, parallel analysis (Thompson & Daniel, 1996) and factor loadings to determine the best factor solution and final items for inclusion in each measure.

Second, we executed Pearson and biserial-point correlations with our scale and other measures of psychosocial adjustment, LGBT identity and discrimination. We also compared the correlation coefficients of subscales with measures of psychosocial adjustment and LGBT identity, using a modified version of the Fisher's *Z* transformation (Meng, Rosenthal, & Rubin, 1992). In order to further establish validity of the new measure, we exam-

ined demographic differences (race, gender, sexual identity, income, and education) on the new scales using a series of *ANOVAs*, *t* test, and Pearson correlations.

Results

Exploratory factor analyses. We first conducted EFA with principal components analysis and promax rotation. Because of occasional item skipping, the analysis included only the 269 subjects who answered all items. Examination of initial eigenvalues (12.2, 2.6, 2.1) and the parallel analysis suggested that a 3-factor solution with six items per factor best fit the data (see Table 1). After performing a 3-factor EFA, we removed eight items due to loading less than .60. These included items were related to racial/ethnic discrimination ("Not being accepted by other LGBT people because you are person of color"; "Feeling invisible because of your race"; "Being the token LGBT person of color among your friends"; "Feeling unwelcome at LGBT groups or events"; "Being unable to discuss race issues with other LGBT people"; "White LGBT people denying that racism is a problem in the community"; "Being discriminated against by White LGBT people because of your race") and items related to both social identities ("Feeling like you have two (or more) strikes against you because you are an LGBT and a person of color"). We conducted another EFA with the remaining 18 items. Parallel analyses supported the 3-factor solution, which accounted for 59% of the variance. The three factors or subscales were Racism in LGBT communities (LGBT Racism), Heterosexism in Racial/Ethnic Minority Communities (POC Heterosexism), and Racism in Dating and Close Relationships (LGBT Relationship Racism); factor loading for final items on these factors are displayed on Table 1.

Internal consistency of items. We used the items in Table 1 to create three subscales, each describing a unique set of stressors for racial/ethnic minority LGBTs, as well as an overall score. Scale scores were calculated as the mean of the items. The overall alpha for all 18 items in the final measure was .92. LGBT Racism (α = .89), POC Heterosexism (α = .81) as well as LGBT Relationship Racism (α = .83) exhibited adequate internal consistency. Table 2 depicts Pearson correlations of subscales with one another as well as with the total score.

Validity of measure and subscales. Correlations with measures of psychological distress (depression, perceived stress) suggest construct validity (see Table 3). Construct validity was also supported by significant correlations with the two general LGBT Discrimination items (life would be different and interference) and with the correlations with the three subscales of LGBIS (Stigma Sensitivity, Internalized Homonegativity, Superiority). Outness was not associated with the overall score or with subscales.

Results suggested discriminant validity between subscales. First, there were differences in the significance of associations between the three subscales and measures of psychosocial adjustment and LGBT identity. POC Heterosexism and LGBT Relationship Racism, but not LGBT Racism, were associated with depression and perceived stress (see Table 3). LGBT Relationship Racism was the only subscale associated with Internalized

Table 1
Pattern Matrix Factor Loadings From Exploratory Factor Analysis, n = 269

	Loadings on Factors				
Items	*LGBT Racism*	*POC Heterosexism*	*LGBT Relationship Racism*	*M*	*SD*
3. Not being able to trust White LGBT people	.79	−.01	.05	2.99	1.36
4. Feeling misunderstood by White LGBT people	.76	.08	.03	3.36	1.45
6. Having to educate White LGBT people about race issues	.89	.06	−.07	3.56	1.57
7. Being the token LGBT person of color in groups or organizations	.72	.20	−.12	3.20	1.52
20. Being told that "race isn't important" by White LGBT people	.81	−.02	.07	3.48	1.68
24. White LGBT people saying things that are racist	.74	−.07	.11	3.75	1.67
1. Not being accepted by other people of your race/ethnicity because you are LGBT	.02	.73	−.03	3.29	1.41
5. Feeling misunderstood by people in your ethnic/racial community	.01	.77	−.04	3.36	1.45
10. Feeling invisible because you are LGBT	.06	.73	−.11	3.31	1.46
18. Difficulty finding friends who are LGBT and from your racial/ethnic background	.18	.61	−.08	3.41	1.53
25. Feeling unwelcome at groups or events in your racial/ethnic community	−.09	.63	.32	3.10	1.47
26. Not having any LGBT people of color as positive role models	−.02	.66	.02	3.69	1.58
11. Being rejected by other LGBT people of your same race/ethnicity	−.14	.31	.61	2.60	1.12
12. Being rejected by potential dating or sexual partners because of your race/ethnicity	.02	−.05	.79	2.75	1.27
13. Being seen as a sex object by other LGBT people because of your race/ethnicity	.26	−.15	.71	3.00	1.50
14. Reading personal ads that say "White people only"	.22	−.14	.61	2.98	1.50
15. Feeling like White LGBT people are only interested in you for your appearance	.12	−.11	.74	3.04	1.45
23. Being discriminated against by other LGBT people of color because of your race	−.21	.20	.77	2.74	1.23

Note. Principal components extraction with promax rotation.

Table 2
Means, Standard Deviations, and Intercorrelations Among Subscales and to the Overall Scale

Factor	LGBT Racism	POC Heterosexism	LGBT Relationship Racism	POC-Total
LGBT Racism	—			
POC Heterosexism	.59***	—		
LGBT Relationships	.64***	.52***	—	
POC-Total	.89***	.82***	.83***	—
Mean (*SD*)[1]	3.39 (1.26)	3.40 (1.05)	2.85 (0.99)	

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

Homonegativity. Second, there were differences in the strength of relationships with measures of psychosocial adjustment and LGBT identity. POC Heterosexism was more strongly associated with one general item of LGBT Discrimination item (interference) and LGBIS-Stigma Sensitivity than were LGBT Racism (Interference: $Z = -4.83$, $p < .0001$; Stigma Sensitivity: $Z = -3.48$, $p < .0001$) and LGBT Relationship Racism (Interference: $Z = -3.62$, $p < .0001$; Stigma Sensitivity: $Z = -3.23$, $p = .001$). Meanwhile, LGBT Racism was more strongly related to LGBIS-Superiority than was POC Heterosexism ($Z = 2.02$, $p = .04$). LGBT Relationship Racism was also slightly more associated with the other general LGBT Discrimination item (different life) than was POC Heterosexism ($Z = 1.91$, $p = .06$).

Validity of Measure and Demographics

Race. An ANOVA revealed significant differences among African American, Latina/o, and Asian American participants on the overall scale, $F(2, 159) = 3.05$, $p = .05$. Post hoc analyses indicated that Asian American participants ($M = 3.42$) scored higher than African American ($M = 3.02$) or Latina/o ($M = 3.10$) participants. Subsequent ANOVA analyses on each of the subscales revealed no significant differences on the LGBT Racism or POC Heterosexism subscales; however, significant differences were found on the LGBT Relationship Racism subscale, $F(2, 159) = 3.19$, $p = .04$. Post hoc analyses indicated that Asian American participants ($M = 3.10$) scored higher on this subscale than African American ($M = 2.68$) or Latina/o ($M = 2.69$) participants.

Gender. For gender comparisons, only participants who indicated that they were male or female were included due to sample size considerations. Men scored higher on the overall scale than women, $t(259) = 2.19$, $p = .03$. An examination of the subscales revealed no differences on LGBT Racism or POC Heterosexism subscales. Men scored significantly higher on the LGBT Relationship Racism subscale than women, $t(258) = 5.24$, $p < .001$.

Sexual identity. For sexual identity comparison analyses, lesbians and gay men were compared to their bisexual counterparts; individuals who indicated their sexual orientation as queer, two-spirit or other were not included in these analyses due to sample size considerations. Lesbians and gay men scored higher on the overall scale than bisexual women and men, $t(225) = 2.17$, $p = .03$. An examination of the subscales revealed significant differences (gay/lesbian higher than bisexual) on the LGBT Racism, $t(225) = 2.43$, $p = .02$ and LGBT Relationship Racism, $t(224) = 2.07$, $p = .04$ subscales, but not the POC Heterosexism subscale, $t(225) = .95$, $p = .34$.

Education and income. Neither income ($r = -.02$, $p = .61$) nor education level ($r = .08$, $p = .19$) were significantly associated with the overall scale; nor were they associated with any of the subscales.

Age. Age was not associated with the overall scale ($r = -.004$, $p = .94$) nor was it associated with LGBT racism ($r = .05$, $p = .40$), POC Heterosexism ($r = -.06$, $p = .27$), or LGBT Relationship Racism ($r = -.006$, $p = .92$).

General Discussion

Using mixed methods in a series of three planned studies, we developed a new questionnaire measure to assess the frequency as well as distress caused by unique microaggressions experienced by LGBT-POC. Our intention was to develop the first assessment tool that captured the multidimensional nature of such microaggressions, assessing both their frequency and perceived stressfulness. In doing so, we were able to examine the extent to which these different dimensions of LGBT-POC microaggressions were associated with mental health and psychological well-being as well as with LGBT identity variables (e.g., internalized heterosexism) and document the construct validity of our scale. We also examined

Table 3
Correlations Between Overall POC-Scale and Subscales and Measures of Psychosocial Adjustment and LGBT Identity and Discrimination

Factor	LGBT Racism	POC Heterosexism	LGBT Relationship Racism	POC-Total	*M*	*SD*
Depression	.08	.24**	.16*	.18**	18.65	6.89
Perceived Stress	.06	.22**	.15*	.16**	6.38	3.44
Social Support	−.09	−.02	−.13	−.09	3.92	1.03
Outness	.12	.03	.05	.08	3.53	1.50
LGBIS-Stigma Sensitivity	.24**	.42**	.24**	.34**	2.88	1.20
LGBIS-Internalized homonegativity	.11	.10	.14*	.14*	1.97	1.03
LGBIS-Superiority	.23**	.12*	.20**	.22**	2.48	1.43
LGBT Discrimination—interfering	.20**	.45**	.25**	.35**	1.99	0.87
LGBT Discrimination—different life	.28**	.20**	.31**	.21**	2.78	0.99

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

demographic differences within LGBT-POC participants, as previous research has documented variation in LGBT experiences and mental health across gender (Herek, 1988), sexual identity (Heath & Mulligan, 2008), and racial/ethnic identities (e.g., Wilson et al., 2009).

Consistent with prior literature on microaggressions, our final measure included items that reflect microinvalidation (e.g., "Being told that 'race isn't important' by White LGBT people"), microinsults (e.g., "Being seen as a sex object by other LGBT people because of your race/ethnicity"), and microassaults (e.g., "Reading personal ads that say 'White people only'"; "Not being accepted by other people of your race/ethnicity because you are LGBT") experienced by LGBT-POC. Although there is little prior quantitative literature specifically examining microaggressions among LGBT-POC, our items show strong overlap with many constructs that have emerged with prior qualitative work on microaggressions (e.g., invisibility, exoticization; Sue, Bucceri, Lin, Nadal, & Torino, 2002). Drawing upon participants' responses to open-ended questions in the qualitative phase of our own work, the three domains of microaggressions that emerged in factor analyses—racism within LGBT communities, heterosexism within racial/ethnic communities, and racial/ethnic discrimination in dating and close relationships—also fit well with prior clinical and empirical work on LGBT-POC. For example, the LGBT Racism subscale mirrors prior work on discrimination against LGBT-POC in LGBT bars and organizations (e.g., Han, 2007; Kudler, 2007; Ward, 2008). Problems with racism in LGBT dating and close relationships have also been discussed in prior research (e.g., Mays et al., 1993; Phua & Kaufmann, 2003; Wilson et al., 2009). Similarly, previous work on attitudes toward LGBT people has found elevated levels of heterosexism in some racial/ethnic minority communities (e.g., Bridges et al., 2003; Malebranche et al., 2009; Vincent, Peterson, & Parrot, 2009).

We expected psychological distress to be associated with our measure, as microaggression research in the past has documented relationships between psychosocial adjustment and discrimination (Smith et al., 2007; Torres, 2009). Our results suggest that LGBT-POC microaggressions may be linked to depression and perceived stress, suggesting adequate construct validity. Furthermore, different types of microaggressions appear to have differential associations with these adjustment variables. Though previous research has examined both racism and heterosexism experienced by LGBT-POC, our scale was the first to differentiate the unique types of stressors associated with the intersections of these oppressions and examine each type in relation to other variables. Overall, our findings indicate that heterosexism in racial/ethnic minority communities may be particularly harmful to the mental health of LGBT-POC. Scholars have suggested that LGBT-POC rely more heavily on racial/ethnic communities than on LGBT communities (e.g., McQueeney, 2009) and may be fearful of abandonment by these networks that have provided support in the face of racism dating back to childhood (e.g., Lord, 1988). Thus, because racial/ethnic communities are extremely vital for LGBT-POC, discrimination within these communities may have greater negative impacts on mental health than racism within LGBT communities.

Greene (1994) and others (e.g., Bridges et al., 2003; Ward, 2005; but see Moradi et al., 2010) have suggested higher levels of heterosexism in racial/ethnic minority communities than in society at large. If individuals rely more heavily on their racial/ethnic communities, they may strongly endorse their racial/ethnic identities over gender and sexual identities (McQueeney, 2009). This suggests that such heterosexism may be internalized (Syzmanski & Gupta, 2009); however, we did not find internalized homophobia to be associated with the POC Heterosexism subscale. This is line with recent research, which has suggested that relationships between internalized homophobia and perceived external heterosexism are weaker for LGBT-POC than for White LGBT (Moradi et al., 2010). Instead, the POC Heterosexism subscale was associated with other dimensions of LGB identity linked to perceptions and vigilance of discrimination (e.g., stigma sensitivity, superiority, Balsam & Mohr, 2007) and participants' perceptions of homophobia's interference in their lives. The POC Heterosexism subscale was more strongly associated with several of these measures (e.g., stigma sensitivity) than were other subscales. These findings suggest that heterosexism may function as a stressor to LGBT-POC through increased awareness of external oppression, rather than internalized self-rejection.

Our findings additionally suggest that racism, particularly when exhibited by romantic partners and close friends, may negatively impact mental health. Notably, the LGBT Relationship Racism subscale was associated with depression and perceived stress. Further, we found that beliefs about life being different if not for the effects of heterosexism were slightly more associated with the LGBT Relationship Racism subscale than the other subscales. LGBT Relationship Racism was also the only subscale that was associated with internalized heterosexism. In contrast, the LGBT Racism subscale was not associated with these two variables or with mental health variables. Internalized heterosexism may be more likely a result of experiencing microaggressions from close friends or romantic partners, whose actions are perceived as personally relevant, than a result of racial/ethnic discrimination from LGBT communities or networks more generally.

With respect to demographic differences, our results are in line with previous literature on LGBT populations. For example, lesbians and gay men, for whom LGBT identity and same-sex relationships may be more central (e.g., Brooks & Quina, 2009; Rust, 1992), reported greater levels of distress regarding LGBT-POC microaggressions relative to bisexual women and men. Men reported more distress regarding microaggressions than women; however, this difference was significant only for LGBT Relationship Racism scale, which is consistent with prior research on sexual racism in LGBT communities which has focused on men (e.g., Malebranche et al., 2009; Teunis, 2007; Wilson et al., 2009). Greater reports of LGBT Relationship Racism among Asian American compared to African American and Latina/o LGBTs is also consistent with prior literature; Wilson et al. (2009), for instance, found that Asian American men were considered among the least sexually desirable by gay men from other races/ethnicities and were also perceived to be less desirable by other Asian American gay men. Finally, the fact that income and education level were not predictive of LGBT-POC microaggressions is notable; such experiences appear to be prominent for LGBT-POC regardless of social class or other types of privilege.

Strengths and Limitations

A notable strength of the current study is that our measure was developed empirically through a three-phase, mixed

method process and therefore reflects the experiences and views of its target population. Other important strengths include the use of both national and local study samples, the successful use of targeted sampling to recruit three relatively large samples of LGBT-POC for research, and the inclusion of other standardized measures of mental health and LGB identity. However, some limitations need to be taken into account when interpreting our findings. Despite our relatively large numbers of participants compared to other studies of LGBT-POC, our sample size was not sufficient to examine differences between some racial/ethnic groups. As with other nonrandom samples of LGBT populations, we cannot determine the extent to which our sample is representative of LGBT-POC in general. It is possible that those who volunteered to participate may differ in systematic ways from those who did not; for example, volunteers may be more "out", more aware of the stigma that they face, or more connected to LGBT communities in general. Finally, it should be noted that the findings of current study, similar to other studies of discrimination and mental health, may be hampered by a problem of overlap of measures. Those who are more psychologically distressed may also be more likely to report that they notice and are bothered by experiences of microaggressions than those who are not psychologically distressed. Future researchers using the LGBT-POC microaggressions scale may be able to overcome this limitation by experimenting with alternative response categories focusing on frequency of occurrence of microaggressions, rather than extent to which participants are bothered by them.

Implications for Future Research

The LGBT-POC Microaggressions Scale will be useful to future researchers in understanding the unique stressors facing this population and in documenting the psychosocial and health effects of such experiences. Future research with larger samples may provide further evidence of the validity and utility of this measure. For example, Confirmatory Factor Analysis is needed to confirm the stability of our measure. Such modeling should include evaluations of measurement invariance across racial/ethnic groups. Additionally, as this is the first questionnaire measure focusing on unique microaggressions encountered by LGBT-POC, future researchers to use this measure to better understand within-group differences of LGBT populations and identify factors that may serve to buffer the impact of microaggressions on health outcomes. This measure may also be useful in examining the impacts of specific types of microaggressions on identity development and related measures, such as outness and ascertaining within-group differences among LGBT-POC (e.g., gender, race/ethnicity). Such information could have important implications for clinical practice with racial/ethnic minority LGBT individuals, who may be seeking to address specific concerns with LGBT-POC clients. Future studies may add additional response categories for each item to assess frequency of occurrence; doing so might provide further information about the extent and impact of LGBT-POC microaggressions. Finally, our methods of measurement development may be useful as a model for other researchers interested in developing self-administered measures to assess constructs of interest for other multiply marginalized populations.

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