SEXUAL ORIENTATION MICROAGGRESSIONS AND POSTTRAUMATIC STRESS SYMPTOMS

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DEDICATION

For my family,
thank you for your support and love.

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ABSTRACT

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SEXUAL ORIENTATION MICROAGGRESSIONS AND POSTTRAUMATIC STRESS DISORDER

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In this correlational study, the connection between sexual orientation microaggressions and posttraumatic stress disorder (PTSD) has been evaluated. This researcher measured the perception and impact of homonegative microaggressions, utilizing the Homonegative Microaggression Scale (Wright & Wegner, 2012), as well as the severity of posttraumatic symptoms, utilizing the Posttraumatic Stress Disorder Checklist – Civilian Version (Weathers, Litz, Huska, & Keane, 1994). The sample size of 90 lesbian, gay, and bisexual (LGB) participants was based on a population size of eight million, with a confidence level of 95% and a confidence interval of +/- 5%. These participants were recruited through public and semi-private LGB organizations. Completion of the measures occurred through an online survey system at the convenience of the participants. The results of the study revealed a positive correlation between reported posttraumatic symptoms and microaggressive experiences and between posttraumatic symptoms and their perceived impact on participants. Additionally, a statistically significant difference between LGB and heterosexual participants' experiences of microaggressions was seen, as well as a statistically significant difference

in reported posttraumatic symptoms related to homonegative experiences. The findings suggested that there may be a link between homonegative microaggressions and traumatic stress symptoms, which may demonstrate the potential for insidious trauma to be a factor in LGB minority stress.

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CHAPTER I

INTRODUCTION

The concept of microaggressions toward ethnic minority groups was originally introduced by Pierce in 1978. More recently, this idea has been refined, and empirical research has shown that there are identifiable taxonomic categories of microaggressive behavior (Sue & Constantine, 2003). Additionally, more current research has shown that microaggressions are experienced by all marginalized groups in unique ways (Sue & Capodilupo, 2008).

Sexual orientation microaggressions are beginning to be researched; however, there are only a few studies that focus on microaggressions toward sexual minorities (Hylton, 2005; Nadal et al., 2011; Shelton & Delgado-Romero, 2011; Smith, Officer, & Shin, 2012; Wright & Wegner, 2012). The taxanomic categories of sexual orientation microaggressions have been identified as: oversexualization, homophobia, heterosexist language or terminology, sinfulness, assumption of abnormality, denial of heterosexism, and endorsement of heteronormative culture (Sue & Capodilupo, 2008). These experiences of discrimination are reported to create personal stress (Dion & Earn, 1975; King, 2005; Klonoff & Landrine, 1995), which may then cumulate in severe stress or anxiety (Steele, Spencer, & Aronson, 2002).

New research has begun to examine the concept of insidious trauma in the lived experiences of lesbian, gay, and bisexual people (Szymanski & Balsam, 2011). The term insidious trauma refers to the ongoing experiences of discrimination and fear that may lead to posttraumatic stress disorder (PTSD; Muzak, 2009; Root, 1992), without the presence of a specific identifiable traumatic event to instigate the disorder (Alessi, Myer, & Martin, 2011; Balsam, 2003; Balsam, Rothblum & Beauchaine, 2005; Bryant-Davis, & Ocamo, 2005; Carter, 2007; Sue, Capodilupo, & Holder, 2008).

This researcher investigated the association between the perception and impact of microaggressive discrimination based on sexual orientation and the features of PTSD that may be related to those experiences.

CHAPTER II

REVIEW OF LITERATURE

Sexual Orientation: Definition and Prevalence

According to the American Psychological Association's (APA, 2012) definition, sex is described as internal and external biological indicators. These indicators include chromosomes, internal reproductive organs, external gonads, and genitalia. Currently, a person's sex is placed into one of three categories: male, female, and intersex. The intersex category includes all ambiguous combinations of the previously mentioned physical sex identifiers.

Gender is considered separate from biological sex. Gender is a socially defined construct of culturally imposed behaviors that are specifically identified as masculine or feminine. Gender conformity involves performing behaviors that are consistent with the culturally prescribed expectations, based on biological sex (APA, 2012). Gender identity can be defined as a self-perceived sense of belonging to the category of men, women, transgender, or other non-traditional categories, such as queer, multi-gendered, two-spirited, androgynous, or third gender (APA, 2011). Gender expression is a chosen manner of self-presentation that publically demonstrates identified gender (APA, 2012; Byne, 2006). For example, wearing gender specific clothes, such as dresses, could demonstrate a feminine gender, while having facial hair may present a masculine gender

expression. Gender expression may or may not align with expected gender roles based on biological sex.

Sexual orientation identifies those to whom individuals are romantically and erotically responsive. Sexual orientation can be difficult to categorize due to the continuous nature of attraction (APA, 2012). Those categories may take into consideration the sex of both individuals: heterosexuals prefer partners of the opposite sex, gay or lesbian individuals prefer partners of the same sex, and bisexuals prefer partners of either sex (APA, 2012). It is also possible to categorize sexual orientation simply based on the sex of the desired partner. The term androphilic may be used to identify any person's erotic response to men and the term gynephilic may refer to any person's erotic response to women. Using these categories, the term bisexual still refers to a sexual response to both men and women (Byne, 2006). Additionally, the term asexuality refers to individuals with normal physiological arousal response, but who prefer neither the same nor the opposite sex as partners (Brotto & Yule, 2011).

Generally, when identifying those people with a non-heterosexual preference, the terms lesbian, gay, and bisexual (LGB) are applied. Those individuals whose gender presentation does not match their biological sex may identify as one of the gender options listed above, or as transgender. The term transgender refers only to gender presentation, without identifying sexual or erotic preference. Transgender persons may identify as heterosexual, lesbian, gay, bisexual, or as asexual, with their chosen label referring to their current gender presentation (APA, 2011). For example, a transgendered person born

as a woman with preference for women may identify as a lesbian prior to transitioning to a man. Following transition, the same person, now male, may identify as heterosexual.

Sexual orientation exists on a continuum, rather than categorically. In evaluating the orientation scales used by Kinsey, Masters and Johnson, and Klein, Sell (1997) found that the presumed binary of heterosexual or non-heterosexual orientation is insufficient to describe patterns of attraction. Recent researchers considered the continuous nature of sexual attraction. Vrangalova and Savin-Williams (2012) performed a study of sexual orientation identities that included the terms mostly gay and lesbian or mostly heterosexual, as potential sexual orientation labels. This study found that a significant number of participants chose those alternative labels, which highlighted the insufficiency of binary orientation labeling. Female sexual orientation has also been found to be more fluid than male orientation (Diamond, 2008), which may have some relation to the process of orientation identity development of lesbians and female bisexuals. Recent identity development models have highlighted the non-linear nature of women's sexual orientation development as one reason for this fluidity in women (Shapiro, Rios, & Stewart, 2010). According to a recent report utilizing population based surveys, approximately 3.5% of adults in the United States identify as LGB, resulting in more than eight million adults adopting an LGB orientation label, with an additional 700,000 adults identifying as transgender (Gates, 2011).

Due to the complex and continuous nature of sexual orientation, categories have been adopted to organize orientation preference among non-heterosexual people. While

these four categories of lesbian, gay, bisexual, and asexual are not ideal in identifying the nature of attraction of eight million adults (Gates, 2011; Sell, 1997), they are the most commonly understood and used categories in research.

Microaggression: Definitions and Prevalence

Within this section of the paper, the authors cited have utilized different terms to identify African American participants. In line with the recommendations of APA, I will standardize these references, and use the term African American when citing these studies, regardless of the original printed identifier.

The concept of microaggressions was first coined by Pierce in 1978 (Sue, 2010). Pierce believed that all people felt entitled to certain niceties, such as having a door held open for them, or for a line of people to break so that they may pass through it perpendicularly. The concept of microaggressions was conceived as Pierce developed an awareness that Caucasian persons would expect an African American person to wait and hold the door or to break the line more than they would expect another Caucasian person to do so. Pierce (1978) described this expectation as entitlement dysfunction. Pierce's original work focused solely on the impact of microaggressions against African Americans, but more recent works by Sue and others (Sue, Bucceri et al., 2007; Sue, Capodilupo et al., 2007; Sue & Constantine, 2003; Sue, Lin, Torino, Capodilupo, & Rivera, 2009) have explored the applicability of microaggressions toward many forms of ethnic minority group membership.

Microaggressions have not been characterized as overt bigoted racism (Sue, 2003), but are instead understood to be a demonstration of implicit bias, or the unintended manifestation of socialized pro-majority feelings. Microaggressions have been described as brief exchanges that include subtle overtones of bias and denigration toward ethnic minority group membership (Sue, 2010). Unlike direct and overt bigotry, microaggressions are common, and are most often perpetrated by individuals who believe that they are acting in a manner that is not harmful to others. Because these experiences are so common, and so nebulous, they can be more harmful than other overt forms of racism, sexism, and heterosexism (Sue, Capodilupo et al., 2007).

Microaggressions may take the form of environmental, verbal, or non-verbal interactions. Environmental microaggressions may occur when the general climate of a business or institution is unwelcoming or harmful. These systemic microaggressions may appear in the form of a policy invoking so-called color blindness in the workplace or in an institution with a lack of representation of ethnic minority individuals in positions of rank and power (Sue, 2010). The adoption of ethnic minority caricatures as representative symbols of sports teams or businesses may also be considered an environmental microaggression (Sue). For example the team logo for the Major League Baseball team, the Cleveland Indians is the head of a Native American man, colored brightly red, with an oversized smile, a large hooked nose, and a feathered headband. This image perpetuates racial stereotypes by exaggerating the skin color and facial features of Native Americans, by implying intellectual simplicity through the exaggerated mouth, as well as

misappropriating the cultural symbols of the headdress and feather. Yet fans of this baseball team would most likely not regard themselves as racist or acting in a way that harms Native Americans.

Verbal and non-verbal microaggressions are defined as interpersonal exchanges and behaviors that send negative messages to ethnic minority individuals. These exchanges, as well as environmental microaggressions, may be expressed in three formats: microassaults, microinvalidations, and microinsults (Sue, Capodilupo et al., 2007).

Microassaults are generally understood to be conscious demonstrations of bigotry, sexism, or heterosexism (Sue, 2010). Microassault interactions are directly intended to threaten and intimidate members of ethnic minority groups. Environmentally, this type of microaggression might include displaying a swastika; verbally it could be represented by the use of racial epithets or slurs. Non-verbal microassault behavior could be demonstrated with unfair hiring practices that pass over qualified ethnic minority candidates, or by ignoring an ethnic minority who requests service in a place of business. Because of the general social condemnation of microassaults, these behaviors are likely to be performed only in situations where individuals enacting them feel a sense of anonymity, if these individuals believe that they are in a safe environment where their opinions will be shared by others, or if they are in a position where they have lost control. Examples of the loss of control could be the influence of alcohol, drugs, or intense emotional distress, such as rage or terror (Sue & Capodilupo, 2008).

Microinvalidations involve the denial of the lived experience of a minority group. Direct or subtle actions may be used, often unconsciously, to negate the feelings or experiences of ethnic minority groups. An example of a microinvalidation would be a situation where minority individuals report that they feel they have experienced discrimination, and in response are told by a member of the majority that they are being too sensitive, or that the discrimination was probably unintended and that they should ignore it. This response denies the impact and the importance of the minority persons' personal experience of discrimination.

Microinsults are the interpersonal communication of stereotypes or rudeness. Microinsults are differentiated from microassaults in that microinsults are often outside personal awareness, and are more subtle than the overt actions and statements of microassaults (Sue, 2010). Both microinsults and microinvalidations have taxonomic themes that may be used to describe the nature of microaggression. The original taxonomy (Sue, Capodilupo et al., 2007) included categories that were specific only to racial microaggressions; however, more recent works by Sue and Capodilupo (2008) have added taxonomies that include both gender and sexual orientation themes. The original taxonomic themes within racial microaggressions are: "alien in own land," ascription of lower or higher intelligence, assumption of color blindness, assumption of criminality, denial of racism, the myth of meritocracy, pathologizing cultural values, second class citizen status, and the environmental microaggressions previously mentioned (Sue, Bucceri et al., 2007). These themes are intended to cover the most

frequently experienced microaggressions, but Sue and Capodilupo's (2008) research has shown that different categories of ethnic minority people experience thematic microaggressions at different levels of intensity. For example, Latino/a and Asian Americans may experience the "alien in own land" microaggressions more often than African Americans do, yet African Americans experience microaggressions of the assumption of criminality more frequently than do Asian Americans.

Microaggressions are generally direct and often unintentional messages to members of ethnic minority groups that convey insults and invalidations of their experiences (Sue, 2010). These messages can be categorized into specific themes and are experienced by different ethnic minority groups at different intensities (Sue & Capodilupo, 2008). These experiences may prove more harmful than more overt forms of racism, sexism, and heterosexism, because of the frequency and nebulous nature of the insults, as well as the difficulty in directly confronting the message, which may not be intentional (Sue, Capodilupo et al., 2007).

Sexual Orientation Microaggressions

Microaggressions based on sexual orientation may be more overt, considering the current climate of anti-LGB legislation in the public sector (Sue, 2010). This discrimination still follows the taxonomy previously outlined above in regard to racial microaggressions. Environmental microaggressions are evident with systemic policy changes preventing marriage equality among those who would choose a same sex partner; the denial of healthcare benefits to unmarried partners; and "don't ask don't tell"

federal policies. Heterosexism, a systemic and expected bias for those sexual and erotic relationships with cross-sex partnerships, often serves as a support system for the existence of orientation microaggressions (Hylton, 2005)

Within the categories of microaggressions, there are differences in the expression of heterosexism when compared to racism (Sue & Capodilupo, 2008). Sexual orientation microaggressions are still categorized as microassaults, microinsults, and microinvalidations, and like racial microaggressions, may be overt or unintentional (Sue, 2010). However, the themes of sexual orientation microaggressions differ from those associated with racial microaggressions and have been identified as: oversexualization, homophobia, heterosexist language or terminology, sinfulness, assumption of abnormality, denial of heterosexism, and endorsement of heteronormative culture (Nadal et al., 2011; Shelton & Delgado-Romero, 2011; Sue & Capodilupo, 2008; Wright & Wegner, 2012).

Oversexualization is the mistaken simplification of persons with a non-heterosexual orientation into a strictly sexual being. This focus on individuals' sexuality ignores and invalidates all other non-sexual relationships in their lives, and creates a false dynamic in which these individuals' sexuality is the only applicable point of reference to define their lives. Oversexualization may also cause some interactions between LGB and heterosexual people to become invalidating, as heterosexual persons may feel entitled to discuss and critique private sexual practices with LGB persons (Sue, 2010).

Homophobia, has been used as a synonym for heterosexism; however, the more narrowly defined definition references –*phobia*, or a fear of LGB sexuality. The microaggressions utilized in this category may be non-verbal. Examples include a fear of becoming homosexual, if close friendships are maintained with LGB persons; and preventing children from associating with LGB persons, with the belief that children may be sexually abused or recruited into the LGB lifestyle. The idea that human immunodeficiency virus (HIV) is purposefully spread by LGB persons would also be an example of homophobia (Nakamura & Zea, 2010).

Heterosexist language or terminology may fall into the category of an overt microassault, in the event that LGB terms are used in a derogatory manner, intended to cause shame or insult because of their meaning. More subtle forms of heterosexist language involve the use of the titles husband and wife, rather than spouse or partner, using the term sexual preference, rather than the term sexual orientation (Sue, 2010), or using opposite sex pronouns when asking about a partner, automatically assuming the partner is of the opposite sex (Shelton & Delgado-Romero, 2011).

The theme of sinfulness occurs when persons with strong religious convictions openly condemn the LGB orientation as sinful or when LGB persons attend church services that publically condemn their sexual orientation through the church's doctrine (Sue, 2010). As with the microassaults mentioned previously, practitioners of a faith that find the LGB orientation to be intrinsically sinful may feel more comfortable in expressing their beliefs toward LGB persons because of the protective nature of church

membership (Super & Jacobson, 2011). These microaggressions may serve to create environmental microaggressions as well.

Although the diagnostic criterion for Homosexuality has been removed from the *Diagnostic and Statistical Manual of Mental Disorders-IV-TR* (*DSM-IV-TR*; American Psychiatric Association, 2000), the microaggressive assumption of abnormality continues to occur. Therapists who insist that their LGB clients need continuing emotional support because of their sexual orientation commit this microaggression (Shelton & Delgado-Romero, 2011), as do parents who respond to their children's assertion of LGB orientation with assurances that they are simply going through a phase (D'Augelli, 2002).

The denial of heterosexism occurs when individuals, who believe that they hold egalitarian views, are confronted by others on their biased attitudes toward LGB persons. The denial of heterosexism may include defensiveness, which calls into question individuals' ability to evaluate their own prejudice or bias critically. Statements, such as "I know lots of gay people," or "I don't care who you sleep with," may demonstrate discomfort with directly addressing the offending belief (Sue, 2010).

The final category of sexual orientation microaggressions is the endorsement of heteronormative culture, which is the acceptance of a normal/abnormal cultural binary where heterosexuality is believed to be the norm, and any form of sexuality that is not heterosexual becomes, by default, abnormal. The invisibility of LGB individuals in culture and research assists in establishing that sense of abnormality. With few representations of LGB people in media outlets and elsewhere, the LGB existence

becomes oversimplified and dehumanized. A lack of visibility into aging, disability, class, and race issues among LGB individuals causes further separation from the normal human condition (Greene, Croom, & Society for the Psychological Study of Lesbian and Gay Issues, 2000).

Sexual orientation microaggressions are interpersonal acts that denigrate and dehumanize LGB individuals, stemming from systemic heterosexism (Hylton, 2005). Sexual orientation microaggressions widely occur and have been identified by thematic categories that differ from racial microaggressions (Sue, 2010). The extent and severity of microaggressive experience in individuals with a non-heteronormative sexual orientation may be harmful, and have the potential to cause traumatic effects in LGB individuals.

Posttraumatic Stress Disorder: Definition and Prevalence

Posttraumatic stress disorder (PTSD) is a diagnostic categorization based on a set of symptoms that occur following a traumatic event. This study was conducted prior to the release of the *DSM-5* (2013), so the *DSM-IV-TR* (2000) diagnostic criteria for posttraumatic stress disorder are used for the operational measurements in the study, and this literature review is based on the *DSM-IV-TR* (2000). According to the *DSM–IV–TR* (2000), PTSD symptoms are characteristic following an experience that involves actual or threatened death, serious injury, or threat to personal integrity. Additionally, these symptoms may be experienced by witnessing a traumatic event or by learning unexpectedly that such an event has happened to a family member or close friend (*DSM–*

IV–TR; American Psychiatric Association, 2000). When these traumatic events occur in adults, in order to meet the diagnostic criteria of PTSD, the exposure to the traumatic event must include feelings of intense fear, horror, or helplessness. The persistent symptoms associated with the traumatic event will include re-experiencing of the event, numbing behaviors and avoidance of stimuli associated with the experience, and increased arousal. These symptoms must cause clinically significant distress or impairment in functioning (*DSM–IV–TR*; American Psychiatric Association, 2000). In the case of interpersonal stressors, such as an ongoing abusive situation, a specific set of symptoms is often present, including:

> Impaired affect modulation; self-destructive and impulsive behavior; dissociative symptoms; somatic complaints; feelings of ineffectiveness, shame, despair, or hopelessness; feeling permanently damaged; a loss of previously sustained beliefs; hostility; social withdrawal; feeling constantly threatened; impaired relationships with others; or a change from the individual's previous personality characteristics. (*DSM–IV–TR*; American Psychiatric Association, 2000, p. 465)

Overall, prevalence rates for PTSD have been found to be 8% for the adult population of the United States. The highest rates of PTSD are found among survivors of rape, military combat, captivity or internment, and genocide. A study by Ullman and Brecklin (2003) placed rates of PTSD at 41% for women with a history of rape as an adult or in childhood. In a meta-analysis of psychological well-being following male rape, Rogers (1997) found PTSD rates of 41% in men as well. Rates of PTSD resulting

from military combat fluctuate according to the theater of combat experienced by the affected soldier. Hoge et al.(2004) found rates of soldiers diagnosed with PTSD after deployment to Iraq varied from 15.6% to 17.1%, where rates of PTSD among soldiers deployed to Afghanistan were at 11.2%.

In a study of kidnapped individuals and their families, during the captivity, 39.1% of the family members of the captive individual had PTSD. Following the release of the captive individual, 19.6% of the family members had PTSD and 29.1% of the freed captives had the disorder (Navia & Ossa, 2003). Rates of PTSD were studied following the 1994 genocide in Rwanda, and were found to be at 24.8% (Pham, Weinstein, & Longman, 2004).

The onset of PTSD may happen at any age, and the severity of symptoms may change over time, with 50% of those experiencing PTSD achieving recovery within three months. It is possible, however, for symptoms to persist longer than 12 months, and for environmental reminders of the original event, new traumatic events, or life stressors to reactivate symptoms. In the example of female rape, 94% of survivors were found to have diagnostic evidence of PTSD shortly after their rape. This study reported that the severity of PTSD symptoms reported decreased over the next 12 weeks, culminating in 47% of respondents continuing to report diagnosable symptoms (Rothbaum, Foa, Riggs, & Murdock, 1992).The severity and duration of the initial trauma represents the most important aspects of developing PTSD; however, a preexisting history of mental

disorders, a family history of major depression, and personality variables may influence the development of the disorder (*DSM–IV–TR*; American Psychiatric Association, 2000).

In their research, Cramer, McNiel, Holley, Shumway, and Boccellari (2012) found that following an assault, victims of LGB orientation were more likely to experience acute stress than their heterosexual counterparts. A proposed explanation for this difference was offered by Herek, Cogan, and Gills (2009), suggesting that LGB individuals operate from a state of self-stigmatization, or internalized homophobia. This negative internal state was thought to create a high potential for traumatic stress, when combined with the experience of an assault, particularly a sexual assault.

Microaggressions and Traumatic Effects

Sexual orientation microaggressions are a form of subtle discrimination. The experience of discrimination has been found to have an association with decreases in psychological well-being (King, 2005), including the creation of stress. Dion and Earn (1975) enacted a study in which Jewish participants were deceived to believe that they were being treated unfavorably by Christian subjects following the revelation of their Jewish identity. The researchers found a main effect for stress and prejudice, and those subjects in the prejudice condition demonstrated a higher stress level than those in a control condition.

In another study, Klonoff and Landrine (1995) developed the Schedule of Sexist Events (SSE) scale, which measured sexist events across the domains of sexist degradation, sexism in the workplace, and sexism in close and distant relationships.

These researchers had women from across different age, ethnic, educational, and socioeconomic groups complete the SSE and found that women who had experienced incidents of sexism reported levels of stress related to the sexist experience that were closely correlated with other stress inducing life events.

Folkman, Lazarus, Gruen, and DeLongis, (1986) found that the appraisal of a presented interaction determined the level of stress it created. Appraisal is the process through which persons determine if an event is relevant to their well-being. Appraisal occurs in two stages. In the first or primary appraisal, individuals evaluate if there is a potential of harm or benefit to them or a loved one. Values, goals, commitments, and beliefs help guide this initial appraisal. Secondary appraisal occurs when the primary appraisal determines that there is potential for harm or benefit, and individuals then evaluate ways to minimize harm or maximize benefit. The researchers evaluated areas of stressful interactions in the participants, such as an impact to self-esteem, emotional or physical harm to a loved one, difficulties at work, physical or emotional harm to the self, financial security, and loss of respect. Interactions that impacted the areas most central to the appraiser, such as group membership, were related to higher levels of stress. Areas over which the appraiser had no control, as when race or sex were involved in a stressful encounter, such as interpersonal discrimination, were also highly impactive on stress appraisal. The researchers demonstrated a trend in which interactions that were rated highly impacting and required the use of more coping skills also resulted in greater numbers of somatic illnesses in those participants. Sexual orientation microaggressions

are negative interactions that occur in relation to personal areas in which the appraiser has no control, and may be expected to have the same negative cognitive effects.

Stereotype threat is a social and psychological threat that occurs when members of a group undertake an activity that has a negative stereotype associated with their group membership (Steele, 1997). For example, a woman taking a math test may be stereotyped as having less mathematical ability than a man taking the same test. Steele, Spencer, and Aronson (2002) have researched the impact of stereotype threat and found that even a non-threatening reminder of a person's group membership is enough to create a measurable decrease in cognitive functioning and physiological response. Stereotype threat is triggered by minor interactions that activate the consciousness of membership in the stereotyped group. During the time the stereotype threat is activated, a rise in blood pressure was found, as well as some reports of increased anxiety by subjects. (Steele, Spencer & Aronson, 2002). Stereotype threat and microaggressions may both occur as subtle reminders of group membership, with their effects not being contingent on actual or perceived physical threat toward a person. Sexual orientation microaggressions impact an important area of group membership that is out of the control of the appraiser, as well as activating consciousness of a negative stereotyped identity by reminding the impacted persons of their LGB status.

The existence of a critical event caused by microaggressions or heterosexism does not meet the requirements for a PTSD diagnosis, as there may not be a single identified incident that can be categorized as threatening to life or personal integrity. However,

environmental microaggressions, such as anti-gay legislation, may foster a strong sense of helplessness among LGB persons, who face this blatant systemic discrimination (Russell, Bohan, McCarroll & Smith, 2011). This type of traumatic response, without the presence of a threshold traumatic event, when experienced in the presence of ongoing oppression as minority group individuals, has been referred to as insidious trauma (Root, 1992). Insidious trauma has recently been studied in order to assess the presence of PTSD symptoms for individuals in minority groups who experience microaggressions (Szymanski & Balsam, 2011). Multiple studies have demonstrated that traumatic symptoms can be present based on minority group membership without the experience of a traumatic event that involves actual or threatened death or injury (Criterion A; *DSM-IV-TR*, 2000) (Alessi, Myer, & Martin, 2011; Balsam, 2003; Balsam, Rothblum, & Beauchaine, 2005; Bryant-Davis & Ocamo, 2005; Carter, 2007; Sue, Capodilupo, & Holder, 2008).

Because heterosexism is still considered a normative state, microaggressions are frequently experienced in daily living, through the form of legislation, public policy, religious intolerance, overt threats to health and safety, as well as unintentional acceptance of the heterosexual norm (Sue, 2010). Yet, the research base is still very small, and research on LGB populations is dwarfed by research focused on racial minorities. Previous research on microaggressions experienced by racial minorities reflected a generalized perception of discrimination. Only if the discrimination was connected directly with sexual orientation, was the occurrence of heterosexism and

homophobia compared to existing mental health issues (Mays & Cochran, 2001). The existing research does not focus on the relationship between sexual orientation microaggressive experiences and a traumatic response. Additionally, researchers who have studied PTSD in LGB populations have examined criterion A (the traumatic event), and studies of insidious trauma call for more research into traumatic responses without criterion A1 events (Szymanski & Balsam, 2011).

Purpose of the Study

Because it has been found that microaggressions are a source of stress for marginalized populations (Hylton, 2005), and minority stress has been shown to have a traumatic impact on those who have this lived experience (Root, 1992), this researcher examined the relationship between the frequency and impact of microaggressive experiences, and how these experiences related to features of PTSD. This research compared a group of LGB participants and a heterosexual control group in regard to their microaggressive experiences. Previous research in the area of LGB traumatic experience highlights the lack of a heterosexual control group as a limitation, and so a heterosexual control group was utilized for comparison of results.

For this research, the following hypotheses were proposed.

Hypothesis 1: There will be a statistically significant difference between LGB and heterosexual participants' experience of sexual orientation microaggressions, with the with LGB participants reporting more experiences of sexual orientation microaggressions than heterosexual participants.

Hypothesis 2: There will be a statistically significant difference between the traumatic symptoms related to sexual orientation microaggressions for the LGB and heterosexual participants, with LGB participants scoring higher than heterosexual participants on the PTSD Checklist – Civilian Version.

Hypothesis 3: There will be a statistically significant positive correlation between the PTSD Checklist-Civilian Version severity scores and Homonegative Microaggression experience subscale scores.

Hypothesis 4: There will be a statistically significant positive correlation between the PTSD Checklist-Civilian Version severity scores and Homonegative Microaggression impact subscale scores.

CHAPTER III

METHODS

Participants

Participants in this study included 80 heterosexual participants, and 90 participants who self-identified as lesbian, gay, bisexual, asexual, or another sexual orientation that was not heteronormative in nature. Participants were recruited through Facebook and Reddit, two electronic social networking websites, and electronic mailing lists maintained by lesbian, gay, bisexual, and transgender (LGBT) organizations in and around Denton, TX and San Francisco, CA. Some of these organizations were selected due to the author's previous contact and work within the organizations (San Francisco Pride Celebration and Parade, The Billy DeFrank Community Center, Rainbow Recreation, and Casa Lila). Additional organizations that were contacted for distribution on their mailing lists include Denton OutReach, Resource Center Dallas, LULAC 4781 – Dallas Rainbow Council, and The Imperial Court de Fort Worth. Additionally, participants were recruited utilizing MechanicalTurk, a human intelligence task recruiting site. Participants recruited through MechanicalTurk were offered $0.10 for their completion of the survey.

A total of 264 records were created as individuals began the survey; however, a total of 90 participants chose not to complete the survey, and those records were removed

from the final data analysis. The remaining participants (n = 170) had a mean age of 34.08 (SD = 12.15).

Table 1

Demographic Characteristics

Variable	Frequency	%
Gender		
Man	82	48.2
Woman	85	50
Other	3	1.8
Sex		
Male	79	46.5
Female	91	53.5
Ethnicity		
African American	5	2.9
Asian American	39	22.9
Native Hawaiian/Pacific Islander	1	>1
Caucasian	91	53.5
Hispanic/ Latino(a)	7	4.1
Native American/Alaskan Native	2	1.2
Other	30	17.6
Sexual Orientation		
Heterosexual	80	47.1
Bisexual	45	26.5
Lesbian	16	9.4
Gay	15	8.8
Asexual	3	1.8
Other	11	6.5

Note: *(n = 170)*

Measures

Demographic Questionnaire

Participants were provided an author-created demographic questionnaire (Appendix A) to determine their personal characteristics. This questionnaire included items for age, geographic location, sex, gender, sexual orientation, and ethnicity. Sexual practice was not included, as previous studies have shown that measuring mental health by sexual activity, instead of sexual orientation, can incorporate impulsive heterosexuals who may have elevated levels of mental health concerns (Cochran, Sullivan, & Mays, 2003).

Homonegative Microaggressions Scale

The Homonegative Microaggressions (HM) scale, developed by Wright and Wegner (2012), was designed to address the taxonomic microaggression categories identified by Sue and Constantine (2003), and to create a measure that assessed the perception and impact of each of those categories. This 45 item questionnaire addressed possible microaggressive experiences and asked that those experiences be rated for frequency at two points in time: during the past six months and while the participant was growing up. The impact of the experience was also assessed. Questions included items, such as “How often have people conveyed that it is your choice to be gay?” and “How often have people made statements that you were ‘more normal’ than they expected?” Answers to all items were provided on a six option Likert type scale, with the following answers and associated numerical scores: hardly ever/not at all (0); occasionally, but

rarely/a little (1); occasionally/from time to time/somewhat (2); constantly/often/a great deal (3); constantly/a great deal (4); not applicable (0). Each of the responses was based on the subjective experience of the participant, and the answers were intended to reflect an increase in the subjective experience of each microaggression. A low score on one of the scales was expected to reflect less severity of experience or impact than a high score.

Wright and Wegner (2012) examined the validity of this measure by comparing their survey with known prejudice and discrimination perception scales. This measure demonstrated internal consistency reliability with other measures of perceived microaggressions in these conditions: in the last six months, growing up, and degree of impact, with Chronbach's alpha coefficients of .94, .95 and .96, respectively, demonstrating excellent reliability. The results of the HM impact scale were significantly correlated with existing scales of experienced discrimination, the Gay and Lesbian Oppressive Situations Inventory (GALOSI; Highlen, Bean, & Sampson, 2000), the Perceived Prejudice Scale (PPS; Brown, 1997), and the Perceived Discrimination Scale (PDS; Zakalik & Wei, 2006). HM subscales were significantly positively correlated with the GALOSI (Highlen, Bean, & Sampson, 2000) frequency (GALOSI-F) and experience (GALOSI-E) scales. Discriminant validity was supported in all three subscales, showing that the HM scale is not expected to measure socially desirable responding through comparisons with the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). Correlations with the Social Desirability Scale were not statistically significant.

This scale has not been published, and was used with permission of the author, and is not included with this document.

Posttraumatic Stress Disorder Checklist

The PTSD Checklist – Civilian Version (PCL-C; Weathers, Litz, Huska & Keane, 1994, Appendix C) was a 17 item checklist based on the posttraumatic stress disorder (PTSD) diagnostic criteria of the *Diagnostic and Statistical Manual* (*DSM-IV, 4th ed.*, 1994). Items included questions, such as "Avoid thinking or talking about a stressful experience from the past?" and "Trouble remembering important parts of a stressful experience from the past?" Each item was scored on a five point Likert type scale. Possible answers included: not at all, a little bit, moderately, quite a bit, and extremely. The scale was intended to describe the severity and number of PTSD symptoms. A higher score was indicative of a large number of traumatic symptoms and greater distress, while low scores indicated fewer symptoms and less distress. In a reliability study (Ruggiero, Del Ben, Scotti, & Rabalais, 2003), the internal consistency of this scale was shown to be high, with Chronbach's alpha coefficients of .94, .85, .85, and .87 for the PCL total, re-experiencing, avoidance, and hyperarousal subscales, respectively. High convergent validity was found between the PCL and other tested PTSD scales, including the Mississippi Scale for PTSD – Civilian Version (Vreven, Gudanowski, King, & King, 1995) and the Impact of Events Scale (Horowitz, Wilner, & Alvarez, 1979). Discriminant validity was found in comparison to other scales measuring other forms of distress, as

correlations with scales measuring PTSD were significantly higher than correlations with scales measuring depression and anxiety.

Procedure

Social networking sites, Facebook and Live Journal, were used to contact potential participants. Additionally, for those LGBT organizations identified as having community outreach potential, an email was sent to each organization asking them to forward a recruitment letter to their clientele email lists. Participants who are members of LGBT group listservs received an email containing a copy of the participation letter (Appendix D), with a link to the informed consent letter (Appendix E) and the study. Additional participants who were contacted through social networking sites viewed a post with the text from the consent letter, including the link to the informed consent letter. Participants accessing the survey from the MechanicalTurk website saw a posting containing the contents of the participation letter. Participants were able to activate this link on any personal computer, and took the survey in the setting of their choice. Both the heterosexual control and LGB groups followed the same procedure, although it was less likely that heterosexual participants received the invitation through an LGBT organizational listserv.

The recruitment letter informed the participants that they should expect to spend no more than 30 minutes completing the survey, participation was voluntary, and participation could be ended at any time by exiting their browser window. At the end of

the recruitment letter, a link was provided that would take the participants to the informed consent page.

Once participants clicked through to the informed consent letter, they were provided with information, including the contact information for this investigator and her research advisor, the purpose and procedures of this research, the benefits and risks involved with research, including loss of confidentiality, and methods to receive the results of the study. At the bottom of the informed consent page the participants received instructions to print the form, if they wished to have a hard copy of the informed consent document to keep for future reference. The participants were then instructed to click a button designating their acceptance or denial of their participation in the research project.

The text on the first button stated, “By clicking this button, I agree to participate in this study,” and a second button stated, “I do not agree, exit the study.” Clicking this second button took the participants to a page that stated, “Thank you for your time. To exit the study, please close this browser tab.” After agreeing to participate by clicking the agree button, a second page opened, offering a text entry box and the statement, “If you would like to receive a summary of the results of this study, please enter your email. Otherwise, please click the link below to continue.” Once this link was selected, a new web browser tab will opened to the first page of the study hosted on Psychdata, which was the demographic information questionnaire. The demographic questionnaire was followed by the HM scale, and finally the PCL-C scale. Upon reaching the end of the

study, participants were shown a message that stated, “Thank you for your participation in this study. To exit, please close your browser tab.”

Statistical Analysis

A Pearson product correlation was used to compare the severity scores in each of the subscales to test the following hypotheses. All correlations were tested with $\alpha = .05$.

Hypothesis One

There will be a statistically significant difference between LGB and heterosexual participants’ experience of sexual orientation microaggressions, with the with LGB participants reporting more experiences of sexual orientation microaggressions than heterosexual participants.

Hypothesis Two

There will be a statistically significant difference between the traumatic symptoms related to sexual orientation microaggressions for the LGB and heterosexual participants, with LGB participants scoring higher than heterosexual participants on the PTSD Checklist – Civilian Version.

Hypothesis Three

There will be a statistically significant positive correlation between the PTSD Checklist-Civilian Version severity scores and Homonegative Microaggression experience subscale scores.

Hypothesis Four

There will be a statistically significant positive correlation between the PTSD Checklist-Civilian Version severity scores and Homonegative Microaggression impact subscale scores.

CHAPTER IV

RESULTS

Heterosexual and Lesbian, Gay, and Bisexual Experiences of Homonegative Microaggressions

The first hypothesis stated that there would be a statistically significant difference in the experience of homonegative microaggressions. Specifically, this researcher proposed that the lesbian, gay and bisexual (LGB) participants would report more experiences of homonegative microaggressions than heterosexual participants. An independent samples t-test revealed that there was a statistically significant difference between the experiences of heterosexual and LGB participants on the subscale measuring experienced microaggressions in the past six months ($t(154) = -3.657$; $p < .01$) with heterosexual participants ($M = 77.80$, $SD = 37.62$) reporting fewer experiences of homonegative microaggressions than LGB participants ($M = 98.70$, $SD = 33.49$). Similarly, the scale measuring experienced microaggressions while growing up revealed a statistically significant difference ($t(154) = -4.467$; $p < .01$) between heterosexual ($M = 81.50$, $SD = 40.08$) and LGB participants ($M = 109.55$, $SD = 38.25$), where LGB participants reported experiencing more microaggressions.

Posttraumatic Stress Disorder Symptoms Related to Homonegative Microaggressions

The second hypothesis stated that there would be a statistically significant difference in the reported posttraumatic stress disorder symptoms related to sexual orientation microaggressions. Specifically, this researcher proposed that there would be a statistically significant difference between the posttraumatic stress disorder symptoms reported, with LGB participants reporting more traumatic symptoms related to homonegative microaggressions than heterosexual participants. The results of an independent samples t-test revealed that the PTSD severity scores were significantly different ($t(154) = -1.755$; $p < .05$), with LGB participants reporting more traumatic symptoms ($M = 37.32$, $SD = 16.10$) than heterosexual participants ($M = 32.74$, $SD = 16.47$).

Posttraumatic Stress Disorder and Homonegative Microaggression Experiences

The third hypothesis stated that there would be a statistically significant positive correlation between the PTSD Checklist-Civilian Version severity scores and Homonegative Microaggression experience subscale scores. Using a one-tailed Pearson product correlation, the data revealed a strong positive correlation between both the six month experience subscale and the PTSD checklist (r (168) = .637, $p < .01$), as well as the same correlation between the growing up experience subscale and the PTSD checklist ($r(168) = .637$, $p < .01$). Participants reporting a higher number of microaggressive experiences also reported a higher number of posttraumatic symptoms.

Posttraumatic Stress Disorder and Homonegative Microaggression Impact

The fourth hypothesis stated that there would be a statistically significant positive correlation between the PTSD Checklist-Civilian Version severity scores and Homonegative Microaggression impact subscale scores. A Pearson product correlation revealed a strong positive correlation between the impact subscale and the PTSD checklist ($r(168) = .621$, $p < .01$). Participants reporting a higher negative impact from their experiences of microaggressions also reported a higher number of posttraumatic stress symptoms.

CHAPTER V

DISCUSSION

In the current study, heterosexual persons' experience of homonegative microaggressions were compared to the experience of lesbian, gay, and bisexual (LGB) people, and the relationship between those experiences and symptoms of posttraumatic stress disorder (PTSD) was measured. Participants were provided with measures to identify their subjective experiences of microaggressions, and results were compared with their reported experiences of associated PTSD symptoms. The findings of the study revealed a relationship between sexual orientation microaggressions and a traumatic stress response, as well as a significant difference in these experiences between heterosexual and LGB people.

Heterosexual and Lesbian, Gay, and Bisexual Experiences of Homonegative Microaggressions

These results supported the researcher's hypothesis that heterosexual and LGB persons would have differing experiences of homonegative microaggressions. As expected, differences emerged in the experiences of homonegative microaggressions growing up and in the past six months, with heterosexual participants reporting fewer experiences of homonegative microaggressions than LGB participants at both points in time. Additionally, these results supported the concept of a heterosexual normativity, and a differing, more negative experience for LGB individuals (Sue, 2010). While a review of

the current sexual orientation microaggression literature identified a need for heterosexual control groups in research, no research prior to this study could be found making a direct comparison between the microaggressive experiences of heterosexual and LGB persons. A study by McCabe, Dragowski, and Rubinson (2013) revealed a difference in the perception of homonegative language, where school counselors failed to identify homonegative language that was directed at a specific person as an insult. If the results of the current study are combined with the McCabe, Drogowski, and Rubinson, it could be hypothesized that heterosexual people are not only not experiencing homonegative microaggressions toward themselves, but are also not recognizing those microaggressions toward LGB individuals when they occur. Both of these factors may contribute to the significant differences in perceived homonegative microaggressions. These findings are of concern in the context of research conducted by Nicolas and Skinner (2012), which highlighted the priming effect of homonegative language, which is followed by an increase in implicit homonegativity. If a specific difference in attending to homonegative microaggressions can be determined in addition to a lack of experienced microaggressions, it may be possible to bring the microaggressive experience into the scope of attention of heterosexual allies. A greater awareness of the problem could be assistive in addressing and reducing the occurrence of homonegative microaggressions.

Posttraumatic Stress Disorder Symptoms Related to Homonegative Microaggressions

The second hypothesis proposed a significant difference between LGB and heterosexual individuals in the reported posttraumatic stress disorder (PTSD) symptoms related to sexual orientation microaggressions. LGB individuals did report significantly more PTSD symptoms than heterosexual individuals. Based on previous research regarding insidious trauma (Szymanski & Balsam, 2011), in which heightened traumatic responses were recorded among LGB individuals without a criterion A1 traumatic experience, it was expected that a difference between LGB and heterosexual individuals reported symptoms of traumatic stress would be identified. The results of the current study align with the existing research regarding the impact of discrimination on diverse minority groups and the presentation of insidious trauma within these groups (Helms, Green, & Nicolas, 2012; King, 2005; Wang, Leu, & Shoda, 2011).

Posttraumatic Stress Disorder and Homonegative Microaggression Experiences

Hypothesis three proposed that there would be a statistically significant positive correlation between the homonegative microaggression experiences and the severity of PTSD symptoms. The microaggressive experiences growing up and within the last six months were compared with features of PTSD, and were found to be positively correlated. These correlations reflected a relationship in which those participants reporting higher experiences of sexual orientation microaggressions also reported higher subjective experiences of traumatic symptoms. These results aligned with existing

research studies based on minority group membership, which demonstrate a connection between minority oppression and the experience of symptoms related to posttraumatic stress (Alessi, Myer, & Martin, 2011; Balsam, 2003; Balsam, Rothblum, & Beauchaine, 2005; Bryant-Davis & Ocamo, 2005; Carter, 2007; Sue, Capodilupo, & Holder, 2008).

The concept that cumulative minority stress is a causal factor for traumatic symptoms has been identified in the literature pertaining to racism (Carter, 2007), and those results appear to be generalizeable to the minority stress experienced by LGB individuals in the current study. The results of the current study are also in line with the insidious trauma research, in which LGB individuals were found to have higher rates of PTSD symptoms without a specific traumatic event (Syzmanski & Balsam, 2011). The current study helps to inform an understanding of insidious trauma.

Posttraumatic Stress Disorder and Homonegative Microaggression Impact

In regard to the fourth hypothesis, the findings from the current study revealed that those participants reporting a higher negative impact from microaggressive experiences also reported a higher number of traumatic symptoms. This result aligns with the existing research regarding the appraisal of negative interactions. Negative interactions are perceived to be more stressful when the interactions target an area of central importance to the appraiser, such as group membership (Folkman, Lazarus, Gruen, & DeLongis, 1986). It is also possible that the participants in the current research may have experienced stereotype threat when completing the survey. Since the topic of LGB group membership was part of the title and the informed consent document for the

current study, a heightened awareness of negative assumptions (i.e., stereotype threat) regarding LGB group membership may have been created (Steele, 1997). Once again, the strong connection found between the number of homonegative microaggression experiences and their negative impact aligns closely with the existing research on cumulative nature of minority stress (Syzmanski & Balsam, 2011). The tie between the negative impact of homonegative microaggressions and conceptual explanations, such as stereotype threat, was not originally identified in the stated hypotheses, but may reflect areas for potential future study. Overall, the strong positive association between the number of homonegative microaggressions, the impact of these microaggressions (Syzmanski & Balsam, 2011), and the number and severity of traumatic symptoms (Russell, Bohan, McCarroll, & Smith, 2011) is consistent with the existing research regarding insidious trauma and the impact of racism on minority stress (Alessi, Myer, & Martin, 2011; Balsam, 2003; Balsam, Rothblum, & Beauchaine, 2005; Bryant-Davis & Ocamo, 2005; Carter, 2007; Sue, Capodilupo, & Holder, 2008).

Implications for Theory, Research, Practice, and Training

Theory

Many of the existing perspectives on theoretical orientation touch on multicultural competencies. However, very few of these theories focus on the specific language used when interacting with LGB clients, or how to create an office environment that is free from systemic microaggressions. Some theoretical conceptualizations may inadvertently put unnecessary focus on the LGB identity rather than on the individual experience.

Some newer theoretical perspectives, such as Narrative Therapy, encourage the clients to disclose their own identity within a social and cultural context, and to assign their own importance to their identity and its impact on their therapy work (Combs & Freedman, 2012). It is important to utilize the findings of the current study to inform existing theories about the potential to create microaggressive environments for LGB and other diverse clients. Acceptance and Commitment Theory (ACT) incorporates cultural values and systems to ensure that clients are conceptualized in a culturally sensitive way. It would be important for therapists utilizing ACT to address sexual orientation as a cultural construct so as not to invalidate clients' experiences of being a marginalized person (Hwang, 2011). It is appropriate to conceptualize LGB individuals as a minority population with a history of established systemic marginalization in the same way an ethnic minority population might be conceptualized (Helms, Green, & Nicolas, 2012).

Research

Several lines of future research have emerged based on the findings of this study. Future researchers may extend this line of inquiry by evaluating the cumulative traumatic stress impact of and heightened levels of personal sensitivity to many microaggressive experiences over time. Also, a more sensitive measure of posttraumatic stress symptoms created by microaggressions may be beneficial to future research in this area. Additionally, an exploration of the tie between homonegative microaggressions and stereotype threat may be an area of potential research. Finally, it may be of value to study

the effects of cumulative microaggressions arising from the intersections of race, size, ability, and socioeconomic status.

Practice

The awareness of counseling psychology professionals regarding the impact of microaggressions on mental health is particularly important. The Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (American Psychological Association, 2012) highlight the importance of psychologists' understanding of stigma, discrimination, and violence. In order to adhere to this guideline, a working knowledge of sexual orientation microaggressions and their effects is important. The current research highlights the negative impact of homonegative microaggressions along with the potential for insidious posttraumatic stress that may not be readily apparent in LGB clients who present for counseling with features of PTSD, yet without a criterion A1 event to support a diagnosis of PTSD.

Counselors who are aware of sexual orientation microaggressions and their traumatic effects will be able to incorporate that knowledge and reduce some of the confusion that accompanies the clients' experiences of microaggressions. Counselors will also be able to avoid inadvertent expressions of microaggressions in therapy sessions. A balance will be needed between the understanding of traumatic symptoms created through the experience and impact of microaggressions and the necessity to avoid presumptions of psychopathology in conceptualizations of the client. Community and social service organizations may also benefit from a review of their standard practices

and procedures to ensure that all LGB individuals who access their services feel welcome and are not experiencing unintended marginalization through systemic microaggressions, such as heteronormative intake questionnaires and the presumption of heterosexuality.

Treating symptoms of hypervigilance may relay to the client that their experiences of microaggressions are not valid. Because hypervigilance arising from traumatic stress tends to be treated by addressing cognitive distortions based on the underlying assumption that the trauma is over, approaching hypervigilance in this way may invalidate the experience of continuing microaggressions in the lives of LGB individuals. Practitioners may not want to presume that the traumatic environment experienced by LGB persons can simply be avoided, as the experience of homonegative microaggressions is pervasive.

Training

Training is an area in which the potential for microaggressions is high, both in the way client conceptualizations are formulated and the negative impact on LGB trainees. It is important for supervisors and instructors to be aware of the potential for microaggressions in classrooms, as some students will identify with an LGB orientation. The activation of traumatic symptoms through microaggressions could create difficulty for LGB students, and reduce their ability to perform to their fullest academic potential and potentially create a training environment that is more difficult for LGB students.

Limitations

Several limitations emerged during the research process. In the current study efforts were made to obtain a demographically diverse sample of participants; however, 53.5% of the participants identified themselves as Caucasian, and an additional 27.9% identified themselves as Asian American. This lack of diversity in the sample population reduced the generalizability of the study to other cultural groups. A lack of diversity also appeared in the non-heterosexual portion of the sample, for which 50% of the participants identified as bisexual. This limitation may mean that the study has stronger implications for people who identify as bisexual than for those persons who identify as lesbian or gay. Previous research has identified a type of dual-marginalization of bisexuals that may influence their reports of experienced microaggressions. Bisexual individuals have the potential to be rejected by both the mainstream and gay communities for not conforming to the partnering styles of either community (Scherrer, 2013).

Additionally, work by Rosen, Underwood, Gentsch, Rahdar, and Wharton (2012) suggested that individuals recall of childhood events may not accurately represent their experiences. This inaccurate recall is particularly true of experiences of victimization which were not salient to the person experiencing them. This situation could be particularly true with memories for experiences, such as a microaggression, as microaggressions tend to be impactful because of their ambiguity and uncertainty (Folkman, Lazarus, Gruen, & DeLongis, 1986).

It is possible that heterosexual participants had difficulty applying the instruction to focus on the types of experiences listed in the homonegative microaggression scale while completing the PTSD scale. Because non-LGB people do not typically experience homonegative microaggressions, it may have been difficult for them to remain focused on their lack of experience while completing the trauma measure. Also, considering the lack of homonegative microaggressions toward non-LGB people, direct comparison to the homonegative microaggressions experienced by LGB people is difficult. The possibility also exists that some heterosexual people may be more impacted by experiences of microaggressions due to other reasons, such as a homonegative response to the experience of being mistaken for a person who is not heterosexual.

In the case of both LGB and non-LGB participants, there is a possibility that the participants referenced a previous traumatic experience that was not related to homonegative microaggressions while completing the PTSD checklist. This particular limitation may call for additional research to consider differences in trauma history between participant groups. A traumatic measure with specific focus on microaggressions could increase validity in research on this topic.

The sample size was too small to compare the microaggression experiences of lesbian, gay, and bisexual individuals to each other. While this particular comparison was not identified as a hypothesis in the original proposal, it had been considered as a possibility for an exploratory analysis. This comparison would be a useful consideration for future research.

Conclusions

The intention of performing this research was to highlight the impact of homonegative microaggressions on LGB individuals. The results obtained through this project are meant to help provide substantiated evidence that microaggressions create a direct negative impact to LGB individuals. This research has the opportunity to highlight the negative impact on this marginalized population and to create awareness, in order to evoke systematic and interpersonal changes to reduce homonegativity. Initial research in this area has begun, but more is still needed to fully understand and reduce the traumatic impact of homonegative microaggressions. It is also hoped that this research may provide a bit of normalization to LGB individuals who are highly impacted by homonegative microaggressions, in order to realize that they are not mistaken about the impact of their experiences, and that they are not alone.

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APPENDIX A

Demographic Questionnaire

Please provide the following demographic information-

Age ____

Location

City ______________

State _______________

Sex

- ❑ Male
- ❑ Female
- ❑ Intersex

Gender

- ❑ Man
- ❑ Woman
- ❑ Transgender
- ❑ Other

Sexual Orientation

- ❑ Heterosexual
- ❑ Bisexual
- ❑ Lesbian
- ❑ Gay
- ❑ Asexual

Ethnicity

- ❑ African American
- ❑ Asian American
- ❑ Native Hawaiian/Pacific Islander
- ❑ Caucasian
- ❑ Hispanic/Latino(a)
- ❑ Native American/Alaskan Native
- ❑ Other (please specify) _____________________

APPENDIX B

PTSD Checklist – Civilian Version

Instructions:
Below is a list of problems and complaints that individuals sometimes have in response to stressful life experiences. **Continuing to focus on your experiences of sexual orientation discrimination,** please read each one carefully, and check a box to indicate how much you have been bothered by that problem *in the last month*.

1. Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

2. Repeated disturbing dreams of a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

3. Suddenly acting or feeling as if a stressful experience were happening again (as if you were reliving it)?

Not at all	A little bit	Moderately	Quite a bit	Extremely

4. Feeling very upset when something reminded you of a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

5. Having physical reactions (e.g., heart pounding, trouble breathing or sweating) when something reminded you of a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

6. Avoid thinking or talking about a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

7. Avoid activities or situations because they remind you of a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

8. Trouble remembering important parts of a stressful experience from the past?

Not at all	A little bit	Moderately	Quite a bit	Extremely

9. Loss of interest in things you used to enjoy?

Not at all	A little bit	Moderately	Quite a bit	Extremely

10. Feeling distant or cut off from people?

Not at all	A little bit	Moderately	Quite a bit	Extremely

11. Feeling emotionally numb or being unable to have loving feelings for those close to you?

Not at all	A little bit	Moderately	Quite a bit	Extremely

12. Feeling as if your future will somehow be cut short?

Not at all	A little bit	Moderately	Quite a bit	Extremely

13. Trouble falling or staying asleep?

Not at all	A little bit	Moderately	Quite a bit	Extremely

14. Feeling irritable or having angry outbursts?

Not at all	A little bit	Moderately	Quite a bit	Extremely

15. Having difficulty concentrating?

Not at all	A little bit	Moderately	Quite a bit	Extremely

16. Being "super alert" or watchful on guard?

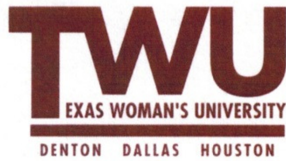
Not at all	A little bit	Moderately	Quite a bit	Extremely

17. Feeling jumpy or easily startled?

Not at all	A little bit	Moderately	Quite a bit	Extremely

APPENDIX C

Institutional Review Board Letter



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 FAX 940-898-4416
e-mail: IRB@twu.edu

January 23, 2013

Ms. Jennifer Robinson

Dear Ms. Robinson:

Re: Sexual Orientation Microaggressions and Posttraumatic Stress Disorder (Protocol #: 17202)

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A request to close this study must be filed with the Institutional Review Board at the completion of the study. Because you do not utilize a signed consent form for your study, the filing of signatures of subjects with the IRB is not required.

This approval is valid one year from January 18, 2013. Any modifications to this study must be submitted for review to the IRB using the Modification Request Form. Additionally, the IRB must be notified immediately of any unanticipated incidents. If you have any questions, please contact the TWU IRB.

Sincerely,

Rhonda R Buckley

Dr. Rhonda Buckley, Chair
Institutional Review Board - Denton

cc. Dr. Dan Miller, Department of Psychology & Philosophy
Dr. Linda Rubin, Department of Psychology & Philosophy
Graduate School

APPENDIX D

Participation Letter

Hello,

My name is Jennifer Robinson, and I am a Master's student at Texas Woman's University. I am currently conducting research to complete my Master's thesis.

I am writing today to invite you to participate in a brief, anonymous survey concerning your perceptions of and emotional responses to discrimination based on sexual orientation. This study is open to all people, regardless of sexual orientation.

Participation in this study is voluntary and involves answering a brief set of survey questions. This survey is expected to take between 30 and 45 minutes, and may be completed from any personal computer. Although there is no identifying information collected as part of the survey, there is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

To participate, please click on or copy and paste the following link into your computer browser. This link will take you to an information and consent page, as well as the study itself.

www.HMSurvey.eqteam.com

If you have questions, please feel free to contact me at Jrobinson6@twu.edu.

Thank you for your kind consideration,

Jennifer Robinson

Master's Student

Texas Woman's University

APPENDIX E

Informed Consent

TEXAS WOMAN'S UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

Title: Sexual Orientation Microaggressions and Posttraumatic Stress Disorder

Investigator: Jennifer Robinson ....jrobinson6@twu.edu 408-209-1703

Advisor: Linda Rubin, Ph.D. ....lrubin@mail.twu.edu 940-898-2314

Explanation and Purpose of the Research

You are being asked to participate in a research study for Ms. Robinson's thesis at Texas Woman's University. The purpose of this research is to evaluate the effects of sexual orientation microaggressions on traumatic symptoms. Microaggressions are interpersonal demonstrations of bias toward a member of a minority group. Microaggressions are more common and less overt than direct expressions of bigotry or homophobia, and are not generally expressed in a manner that is intended to be harmful.

Description of the Procedures

To participate in this study, you will be asked to complete a series of questions using an internet based survey program. It is expected that it will take from 30 to 45 minutes to complete the survey, and the survey may be completed from any personal computer with internet access.

Potential Risks

This survey asks about potentially upsetting events that you may have experienced. A possible risk of participating in this study is that you may experience emotional upset or discomfort while recalling these experiences. If you feel you would like to talk with a professional about your experiences, you may visit www.apahelpcenter.org or call 1-800-964-2000 to receive assistance in locating a counselor.

With all research there is a potential for loss of confidentiality. Confidentiality will be protected to the extent that is allowed by law. Because this study does not ask for any personally identifying information, that risk is minimized; however, all survey responses and results will be kept in a secured file, and will be removed from the researcher's computer to a locked cabinet as soon as feasible following the analysis of the results. If you request the results of the study, your email address will be seen by the researcher; however, that address will be kept in an encrypted database file, separate from the survey responses. This file will be downloaded with a single data transfer. Once a summary of the results has been provided, the file will be deleted from the server and the investigator's computer. The encryption key will not be reused. There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions.

The researchers will try to prevent any problem that could happen because of this research. You should let the researchers know at once if there is a problem and they will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participation and Benefits

Your participation in this study is completely voluntary and you may withdraw from the study at any time by closing your web browser. There is no monetary benefit to participating in this study; however, a summary of the results is available to you as a potential benefit.

Questions Regarding the Study

If you would like a copy of this consent form, please use your browser's Print function to print a copy. This web page will remain active for six months following the end of the study for digital reference. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

To consent or decline to participate in this research, please select from the buttons below. By selecting the button "I agree to participate" you affirm your consent to participate in this study and will be taken to the survey.

I agree to participate

I do not agree to participate – Exit Now

Page two of electronic informed consent-

If you would like to know the results of the study, please enter your email below.

Please click the following link to begin the study-

https://www.psychdata.com/s.asp?SID=152191