"ARE YOU A HOMOPHOBIC RACIST?":

APPLYING THE LAY THEORY OF GENERALIZED PREJUDICE

IN THE DISCRIMINATION-DISTRESS LINK

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Abstract

Past studies suggest that people who experience racism *or* heterosexism are more likely to expect future discrimination of the same type and therefore have poorer mental health (e.g., Mendoza-Denton et al., 2002; Velez et al., 2017). Among people with multiple stigmatized identities, however, being stigmatized with respect to one identity (e.g., race/ethnicity) can also be associated with expecting discrimination related to another identity (e.g., gender; Chaney et al., 2020), especially for those who highly endorse the lay theory of generalized prejudice (LTGP; Sanchez et al., 2018). Such cross-oppression experiences, however, have only been studied in women of color (Chaney et al., 2020). In the current study, queer people of color (POC) who experienced more frequent discrimination for being either a racial/ethnic or gender/sexual minority were predicted to show higher levels of both expectations of racism and heterosexism and, in turn, greater psychological distress; however, the cross-oppression links were expected to be stronger for those higher in LTGP. A total of 352 LGBTQ+ POC completed an online survey. Results demonstrated that experiencing more frequent racial/ethnic or heterosexist discrimination predicted greater expectation of discrimination rooted in the *other* identity, as hypothesized; however, these cross-oppression relationships, contrary to the hypothesis, were significant only for people *low* in LTGP. The same-oppression hypotheses were supported for racial (but not heterosexist) experiences: People who experienced more racism expected greater racial/ethnic discrimination and, in turn, reported greater depression and stress. The present study suggests that those who consistently believe in generalized prejudice may habitually expect discrimination regardless of their actual discriminatory experiences. By demonstrating the myriad pathways via which discrimination may contribute to distress, this study highlights the benefit of intersectional research and underscores the need for systemic change to reduce discrimination.

"Are You a Homophobic Racist?":

Applying The Lay Theory of Generalized Prejudice in the Discrimination-Distress Link

On the night of June 12, 2016, 49 people were killed and 53 were injured in a mass shooting targeted at Latinx LGBTQ people inside the Pulse nightclub in Florida. The shooting, which was the second deadliest terrorist attack in American history, speaks directly to the hardship of possessing both racial/ethnic and sexual/gender minority identities. Although a shooting is obviously an extreme manifestation of prejudice, LGBTQ people of color experience more everyday forms of prejudice against one or both of their identities. For example, many gay bars have been known for accepting only White people and providing substandard service to African American patrons (Han, 2007). Even racially diverse LGBTQ organizations in America are typically assumed by people of color to serve mainly White LGBTQ people (Ward, 2008).

Due to their unique challenges, LGBTQ people of color (LGBTQ-POC) are at greater risk for mental health issues (e.g., Cyrus, 2017; Velez et al., 2017) and have worse health outcomes than do White LGBTQ people and heterosexual POC (e.g., Hughes et al., 2008; Mereish & Bradford, 2014). Despite a myriad of alarming issues distinctively pertaining to LGBTQ-POC, only scholarship on predominantly White LGBTQ people has flourished over the last decades; insufficient attention has been paid to the experience of LGBTQ-POC, especially to the mechanisms by which their lived experiences are linked to mental health issues. Therefore, in the present study, I investigated whether LGBTQ-POC's past experiences of racial/ethnic and heterosexist discrimination would relate to psychological distress via their tendency to expect discrimination because of their racial/ethnic or sexual/gender minority status. Specifically, I tested whether being stigmatized for one identity (e.g., race/ethnicity) might affect people's expectation of being stigmatized for another identity (e.g., sexual orientation/gender identity),

and whether lay beliefs about the generalized nature of prejudice might moderate this spillover effect.

Minority Stressors and Mental Health Outcomes among LGBTQ-POC

According to minority stress theory, LGBTQ-POC as well as marginalized people in general are subject to minority stress: the extra stress that stems from their minority status and lack of connection with the dominant culture's values (Meyer, 2003). Minority stress adds to general stressors and therefore necessitates higher levels of adaptation among members of marginalized groups, compared with those in the general population. Minority stress is socioculturally based and conceptualized as consisting of distal and proximal stressors. Whereas distal stressors refer to life events that are perceived to be stressful owing to their external impact on the minority person (e.g., rejection, overt discrimination, microaggressions, harassment), proximal stressors are subjective internalizations of negative events that are associated with people's minority status. The latter are typically contingent on the self and manifest in the form of internal processes (e.g., vigilance, anticipated stigma, identity concealment) as a consequence of stressful events (Meyer, 2003). Both distal and proximal minority stress processes can adversely affect mental health through different routes: indirectly through biological stress processes (e.g., Friedman et al., 2009) and harmful health behaviors (e.g., underutilization of health services; Hausmann et al., 2008), or directly through depressed mood (e.g., Velez et al., 2017). Thus, stigma, prejudice, and discrimination can facilitate a hostile environment in which people with stigmatized identities are susceptible to mental health problems.

A robust body of empirical research has illustrated the health consequences of discrimination and anticipated stigma (i.e., expectation of negative regard, rejection, or discrimination because of one's stigmatized status). Several meta-analyses have highlighted the

pernicious effect of perceived discrimination on psychological well-being across various marginalized groups (e.g., Pascoe & Richman, 2009; Pieterse et al., 2012; Schmitt et al., 2014). In one study, the researchers reviewed both correlational and experimental data and found a significant negative relationship between discrimination and well-being, irrespective of how well-being was conceptualized (Schmitt et al., 2014). However, the link was relatively stronger for the presence of negative outcomes (e.g., depression, negative affect, anxiety) than for the absence of positive outcomes (e.g., self-esteem, positive affect).

Specific types of discrimination have also been investigated in relation to mental health. Unsurprisingly, there is a strong link between heterosexist discrimination and poor mental health in both predominantly White queer people (e.g., Meyer, 1995; Newcomb & Mustanski, 2010) and LGBTQ-POC (e.g., Velez et al., 2015; Velez et al., 2017). Likewise, higher levels of racial/ethnic discrimination were found to significantly predict greater psychological distress among Black (Szymanski & Gupta, 2009), Asian (Szymanski & Sung, 2010), and Latinx LGBTQ people (Velez et al., 2015). Given their dual marginalized status, queer POC tend to experience multiple forms of discrimination; in one study, heterosexism in communities of color and racism in queer communities were each predictive of distress among Asian LGBTQ people (Szymanski & Sung, 2010). In addition to overt discrimination, microaggressions (i.e., subtle, unconscious, and usually inadvertent acts of discrimination aimed at marginalized persons; Sue et al., 2007) are also associated with mental health issues in various minority groups. For instance, microassaults (e.g., being referred to as "Oriental") were shown to be detrimental to mental health in LGB and racial/ethnic minority people (Mays & Cochran, 2001; Sue et al., 2007; Williams & Williams-Morris, 2000). Understandably, many forms of microaggressions experienced by LGBTQ-POC, such as microinvalidations expressed by romantic partners (e.g.,

being told by White partners that "race isn't important"), also predict depression and stress (Balsam et al., 2011). Taken together, past studies provide strong evidence for the negative correlation between experienced discrimination, both overt and subtle, and mental health among LGBTQ-POC.

Along with perceived discrimination, anticipated stigma can also exert a deleterious effect on LGBTQ-POC's well-being. Among people who possess concealable stigma (e.g., stigma associated with mental illness, childhood sexual abuse, sexual orientation), greater anticipated stigma uniquely predicted heightened levels of distress and illness symptoms (Quinn & Chaudoir, 2009). More specifically, among LGBTQ people, expectation of heterosexism was positively correlated with psychological distress (e.g., Meyer, 1995; Bockting et el., 2013) and negatively correlated with life satisfaction and positive affect (Douglass et al., 2017). Beyond impacting hedonic well-being, anticipated sexual stigma also takes a toll on eudaimonic well-being. In a recent study, increased expectations of heterosexism significantly predicted lower meaning in life among predominantly White queer adults (Douglass et al., 2020). Among LGBTQ-POC specifically, greater tendencies to expect both racial/ethnic *and* heterosexist stigma were associated with higher levels of psychological distress (Ouch & Moradi, 2019). Note that, in this study, anticipated racial/ethnic and heterosexist stigma were examined together, such that participants were asked to respond to vignettes in which queer POC's dual stigmatized identities were combined, such as rating the likelihood of being denied a hotel room because of one's sexual minority *and* racial/ethnic minority statuses; Ouch & Moradi, 2019). Taken together, past research provides strong evidence for a relationship between anticipated stigma and mental health concerns in LGBTQ-POC.

According to the greater risk perspective proposed by Velez et al. (2017), LGBTQ-POC should experience greater levels of both proximal and distal minority stressors and consequently display worse mental health outcomes, compared to White LGBTQ people and heterosexual POC. Consistent with this view, several studies have found that LGBTQ-POC reported higher levels of prejudice, discrimination, and anticipation of stigma than did White sexual minority people (e.g., Barnes & Meyer, 2012; Kim et al., 2017; Meyer et al., 2008). Additional stressors were documented among various subgroups of LGBTQ-POC. Studies have demonstrated that Asian LGBTQ people are stuck between their allegiance to either their Asian or their queer community because of the rigid restrictions on gender roles within Asian cultures; identifying as LGBTQ is a Western and shameful concept in Asian families (Bridges et al., 2003; Sarno et al., 2015). Similarly, Latinx and Black lesbians reported that, in order to feel a sense of belonging, they need to identify with either their race/ethnicity or their sexual orientation; this conflict is aggravated in Catholic Latina/x families, in which identifying as queer is a sin against God (Bridges et al., 2003; Wall & Washington, 1991). Considering the prevalence and diversity of minority stressors among queer POC, their mental health is severely compromised. A set of studies illustrated that racist and heterosexist stressors were associated with psychiatric symptoms among bisexual and gay men of color (e.g., Díaz et al., 2001; Zamboni & Crawford, 2007). In addition to directly affecting the health of LGBTQ-POC, minority stressors may also impair their well-being by inducing maladaptive health behaviors, such as smoking in African American lesbians (Hughes et al., 2008) and underutilization of therapy/counseling and hormone treatment among transgender and gender-diverse POC (Goldenberg et al., 2020).

Cognizant of the unique challenges faced by queer POC, researchers have attempted to simultaneously study proximal and distal stressors in this population by employing either an

additive (e.g., Szymanski & Gupta, 2009; Szymanski & Meyer, 2008; Velez et al., 2015) or

multiplicative (e.g., Velez et al., 2015; Velez et al., 2019) approach. Whereas the additive

approach examines whether two stressors independently predict health outcomes, the

multiplicative approach is focused on how different stressors might interact with each other in

influencing mental health outcomes. In past studies of Asian- and African-American queer

people, racial discrimination and internalized heterosexism uniquely predicted psychological

distress; however, the additive effects were not replicated for heterosexist discrimination and

internalized racism (Szymanski & Gupta, 2009; Szymanski & Meyer, 2008). In the

multiplicative approach, the hypothesized cross-oppression interactions (e.g., an interaction

between internalized racism and experienced heterosexism) are based on the rationale that

minoritized people, when presented with a threat to a given stigmatized identity, typically

redirect their attention to a less stigmatized identity as a protective mechanism. In one study of

Latinx LGBTQ+ adults, lower levels of internalized racism were linked with higher self-esteem

only among participants who experienced high levels of heterosexist discrimination (Velez et al.,

2015). In other words, when heterosexist discrimination was low, minimal internalized racism

did not help boost their self-esteem. This moderating effect can be attributed to the notion that

only when their sexual/gender identity is being threatened (i.e., when heterosexist discrimination

is high) do people with low internalized racism reorient themselves to their racial/ethnic identity

in an attempt to maintain their self-esteem (Velez et al., 2019).

       To fully capture the complexity of how two given minority stressors concomitantly shape

health outcomes, both additive and multiplicative perspectives are often tested in the same study.

For instance, in one study of LGBTQ+ people of diverse racial/ethnic groups, although

heterosexist discrimination and internalized racism were uniquely positively correlated with

psychological distress, both factors also interacted with one another to predict distress and well-being (Velez et al., 2019). Surprisingly, only people who rarely experienced homophobia experienced less distress from lower internalized racism. It was speculated that increased exposure to heterosexist discrimination can eliminate the mental health benefits conferred by internalizing low levels of racism and thus make people both high and low in internalized racism feel equally distressed. In addition, this interaction effect was incongruent with Velez et al.'s (2015) finding that the link between internalized racism and mental health applied only to people with high levels of heterosexist discrimination. The divergent results could be attributed to the fact that Latinx queer people may experience prejudice differently from queer POC in general. Despite a wealth of interesting findings deriving from these two approaches, less emphasized is an approach that focuses on the mediation pathway from distal stressors (e.g., discrimination), to proximal stressors (e.g., expectation of discrimination), to mental health outcomes.

Expectation of Discrimination as a Mediator in the Relationship Between Discrimination and Well-Being

According to Hatzenbuehler's (2009) psychological mediation framework, processes that are experienced by virtually all members of a socially stigmatized group (e.g., expectation of discrimination, concealment, and internalized stigma) mediate the effect of objective prejudice events (e.g., rejection, discrimination) on mental health outcomes among sexual minority people. This framework is primarily based on two lines of research: first, the link between general stress and psychopathology (e.g., Grant et al., 2003; Pearlin et al., 1981); second, minority stress theory, or more precisely, the notion that rejection sensitivity is related to stigma-related stress and depression among gay men (Hatzenbuehler et al., 2008; Pachankis et al., 2008). In a similar vein, according to the model of intersectional stress and trauma in Asian American sexual and

gender minorities, which is also built upon minority stress theory, internalized oppression and stigma mediate the effect of interpersonal discrimination, either overt or subtle, on mental and sexual health outcomes (e.g., depression, distress, unprotected anal sex; Ching et al., 2018). These insights, however, were solely drawn from qualitative data; Ching et al. (2018) thus acknowledged the need for quantitative studies on intersectional stress and trauma in LGBTQ Asian Americans as well as among LGBTQ-POC at large. More important, since expectation of discrimination due to one's sexual/gender or racial/ethnic minority status may serve as an index of internalized oppression in Ching et al.'s (2018) model, the two aforementioned frameworks both support the idea that discrimination can lead to anticipated discrimination and, in turn, more mental health problems among LGBTQ-POC.

A number of correlational (e.g., Dyar et al., 2016; Liao et al., 2015) and experimental (Douglass & Conlin, 2020) studies have indeed shown that heterosexist discrimination was positively correlated with expectation of heterosexist discrimination, which was consequently linked with mental health outcomes (e.g., well-being, psychological distress). However, the vast majority of research on this topic was conducted on predominantly White LGBTQ people (e.g., Brewster et al., 2013; Feinstein et al., 2012). Although expectation of heterosexist stigma was found to mediate the heterosexism-distress link in a study in which 39.1% of the participants identified as queer POC (Velez et al., 2017), researchers have *not* tested the mediation role of expectation of heterosexist discrimination in the heterosexism-distress link particularly in queer POC. Likewise, there is also an absence of research on whether expectation of racial/ethnic discrimination mediates the link between racism and mental health outcomes among LGBTQ-POC, although this mediation effect has been consistently demonstrated in racially stigmatized heterosexual people (e.g., Mendoza-Denton et al., 2002; Sanchez et al., 2018). Reconigzing these

literature gaps, Ouch and Moradi (2019) examined the mediation role of expectation of

discrimination in the discrimination-distress link in LGBTQ-POC; however, the focus was on

stigmatized experiences *specific* to LGBTQ-POC (rather than experiences pertinent to either

their racial/ethnic *or* gender/sexual identity). Particularly, more frequent experiences of

discrimination specific to queer POC were correlated with greater expectations of stigma

associated with being a queer POC, both cognitively (i.e., perceived likelihood of being

stigmatized) and affectively (i.e., worry and/or anxiety about stigma). These greater expectations

were, in turn, associated with higher levels of psychological distress (Ouch & Moradi, 2019).

This study, in addition to the aforementioned research on predominantly White queer people and

heterosexual POC, suggests that LGBTQ-POC who experience more racial/ethnic *or* heterosexist

discrimination can anticipate greater discrimination of the same type and consequently

demonstrate more distress. Finally, despite Ouch and Moradi's (2019) attempt to study both

racial/ethnic and gender/sexual identities simultaneously, past research has primarily focused on

the link between discrimination and anticipated discrimination rooted in the same stigmatized

identity. More studies need to be conducted to answer the question of whether, among LGBTQ-

POC, discrimination in one domain (e.g., race/ethnicity) relates to well-being via expectation of

discrimination in the other domain (e.g., sexual orientation/gender identity).

Does Discrimination Affect Anticipated Discrimination Across Identity Dimensions?

According to intersectionality theory, each person embodies a blend of social categories

rather than disparate identities. Social identities (e.g., sexual orientation, gender, race) intersect

with one another within an individual and are mutually constitutive in that they interact within

numerous contexts to mirror the interlocking societal systems of oppression (Collins, 1991).

Therefore, the intersectionality approach is antithetical to the additive approach and congruent

with the belief that only by contextualizing one social identity among others can we obtain a nuanced understanding of the experiences of people with multiple stigmatized identities (Crenshaw, 1989). In the specific case of LGBTQ-POC, the link between racial/ethnic and sexual/gender identities is inextricable, which has been underscored in the overarching goals of Black sexual politics. Particularly, Collins (2005) pioneered the idea that understanding how a Black woman experiences and perceives her sexuality distinctively from other people requires a thorough examination of how racism and heterosexism mutually construct each other.

In one qualitative study, the intersectionality framework was corroborated in interviews with Black gay and bisexual men (Bowleg, 2013). Specifically, a participant named Nigel described the challenge of teasing his gay identity and racial identity apart: "I'm thinking of me, I'm thinking of all of them [i.e., my racial, gender, and sexual identities] as me. Like once you've blended the cake you can't take the parts back to the main ingredients. I'm a gay man. Also there is something to say about the aspects of being a Black man." Charles expressed a similar sentiment: "It would be hard to separate [my racial, gender, and sexual identities] and set them out on the table or compartmentalize, or to really say where one ends and the other begins because I really don't experience it that way." However, in spite of the inextricable link between racial/ethnic and sexual/gender identities among LGBTQ-POC in theoretical and qualitative research, there is limited quantitative data on the intersection of racial/ethnic and sexual/gender minority identities, specifically whether experiences of discrimination with one identity influence expectation of discrimination rooted in the other identity. Nonetheless, there is a line of research on stigma by prejudice transfer that has attempted to link experienced and anticipated discrimination of two different identity dimensions, although the concept has been developed only recently to address the intersection of racism and sexism.

Stigma by prejudice transfer occurs when events of one type of prejudice (e.g., sexism) imply the presence of another type of prejudice (e.g., racism) and thus cause people who are targeted by the implied prejudice (e.g., men of color) to feel threatened. Particularly in the case of racism and sexism, researchers explained that racism and sexism are deemed as typically intersecting attitudes (Sanchez et al., 2017). Through both cross-sectional and experimental designs, racism was shown to evoke perceptions of sexism among White women. In one experiment, White female participants were told that they would give an impromptu speech to advocate for their ideal jobs, after which they were shown a profile of their evaluator, who was described as either neutral or racist. Compared with those in the neutral profile condition, those in the racist profile condition perceived the evaluator as more socially dominant and consequently more sexist, which ultimately led to greater expectations of gender-based unfair treatment. As predicted, these findings were not applicable to White men. However, a similar serial mediation model was supported for men of color, such that sexism induced anticipation of racism through greater perceived social dominance orientation and consequently perceived racism. In sum, both White women and men of color reported finding the threat that was not explicitly targeted at them threatening (Sanchez et al., 2017). This finding implies that prejudiced attitudes aimed one specific minority group can exert broader effects on different marginalized groups. However, stigma by prejudice transfer may depend on the extent to which the overtly targeted identity and one's marginalized identity overlap in terms of minority struggles (e.g., extra barriers to obtaining leadership positions) and stereotypes (Sanchez et al., 2017). Therefore, stigma by prejudice transfer should be particularly prevalent among those who are cognizant of the prejudices pertinent to both identities, especially those with dual stigmatized identities.

As an attempt to study stigma by prejudice transfer among people with dual minority statuses, researchers recently investigated the dual cue hypothesis in women of color. More precisely, the examination was concerned with whether identity threat cues and identity safety cues (i.e., events that damage or protect one's identity, respectively) related to one dimension (e.g., race/ethnicity) would affect perceptions of threat and safety in another marginalized identity (e.g., gender). As expected, Black and Latina/x women anticipated dual identity threat from a threat to only one identity (Chaney et al., 2020a). Specifically, compared with the control group, participants in both the racism condition *and* the sexism condition (i.e., who were under the impression that they would present to a White male evaluator who was prejudiced against their racial ingroup *or* against women, respectively) anticipated greater gender *and* greater race-based biases. This transferability also applies to safety cues: Compared with those in a neutral-blog condition, Black and Latina/x women in the gender-safety condition (i.e., those who read a male professor's blog post about sexism experienced by female politicians) were more likely to expect dual identity safety (i.e., expect less racism and sexism) from the professor. Research on stigma by prejudice transfer has focused only on the intersection between gender and race/ethnicity, but this phenomenon could potentially apply to other multiply stigmatized groups, such as LGBTQ-POC. Like racism and sexism, racism and heterosexism are also typically seen as intersecting attitudes, such that racists are also assumed to be heterosexist (e.g., Bowleg, 2013; Collins, 1991).

Indeed, ample evidence on LGBTQ-POC supports the idea that stigma by prejudice transfer could occur in this population. Most notably, in one study of Black and Latinx people with concealable stigmatized identities (CSI; e.g., substance abuse, mental illness), anticipated stigma related to their CSI mediated the relationship between racial/ethnic discrimination and

depressive symptoms (Quinn et al., 2020). Specifically, greater racial/ethnic discrimination was associated with higher levels of anticipated CSI stigma, which was in turn correlated with higher depressive symptomatology. Although the relationship between perceived discrimination and depression remained significant regardless of whether anticipation of CSI-related stigma was entered in the model, the effect of the predictor was smaller when the mediator was controlled for. Moreover, the partially mediated nature of the link indicates that multiple identities, both visible and concealable, can operate independently or collaboratively in influencing mental health. Most important, this study was the first to highlight that experienced discrimination of a visible stigmatized identity can increase the likelihood of anticipating stigma about a CSI among racial/ethnic minority people.

Because sexual orientation and gender identity (for certain gender-variant individuals) are concealable stigmatized identities and thus share many characteristics with other identities investigated in Quinn et al.'s (2020) study, the mediation model should be generalizable to LGBTQ-POC. In support of this prediction, empirical research consistently shows a strong positive relationship between internalized racism and internalized homophobia among LGBTQ-POC in general (Velez et al., 2019), Latina/o/x Americans (Velez et al., 2015), and African Americans (Szymanski & Gupta, 2009). These findings are in line with intersectionality theory, namely the idea that racial/ethnic and sexual/gender identities are enmeshed. Therefore, a sexual/gender minority person of color likely anticipates heterosexist discrimination after experiencing racial/ethnic discrimination because the prejudice event should concomitantly injure both identities. In accordance with this theorizing, one recent study found a moderate positive correlation between racial/ethnic discrimination and expectation of heterosexism among Black, Latino, and Multicultural gay and bisexual men (English et al., 2018). Taken together,

past research suggests that among LGBTQ-POC, when one minority identity (e.g., racial/ethnic identity) is threatened, its impact should spill over to the other identity (e.g., sexual/gender identity) and consequently undermine mental health.

Endorsement of the Lay Theory of Generalized Prejudice as a Moderator in the Discrimination-Anticipated Stigma Link

The examination of whether discrimination affects anticipated stigma across identity dimensions, however, may depend on people's endorsement of the lay theory of generalized prejudice. The lay theory of generalized prejudice (LTGP) is defined as the belief that two or more stigmatizing attitudes or behaviors (e.g., sexism and racism) usually co-occur within a person or an environment (Sanchez et al., 2017). In other words, people who endorse this theory maintain that prejudice is inherently monolithic and hence prejudiced attitudes against different stigmatized groups result from common underlying ideological assumptions. As such, endorsement of the LTGP may moderate experiences of stigma by prejudice transfer, such that greater beliefs in generalized prejudice should result in more frequent experiences of stigma by prejudice transfer (e.g., Chaney et al., 2020a; Sanchez et al., 2018).

Empirical evidence has indeed corroborated the moderating role of the LTGP in the prejudice-transfer effect both within a single identity dimension and across devalued identities. With regard to the former, for example, Asian Americans' endorsement of the LTGP moderated their expectation of anti-Asian biases from a perpetrator who had previously expressed anti-Latino attitudes (Sanchez et al., 2018). In particular, although Asians both high and low in LTGP demonstrated evidence of prejudice transfer, the effect was more pronounced among participants who highly endorsed the LTGP. The moderating effect of the LTGP has been extended to circumstances in which prejudice transfer occurs across two identity dimensions (e.g.,

race/ethnicity and gender). In a recent set of two studies, White women who scored high in

LTGP and were evaluated by an anti-Black White man indicated greater cardiovascular stress

responses (i.e., high frequency heart rate variability and reduced pre-ejection periods) than did

their counterparts who were evaluated by a White man whose attitudes about race were unknown

and than those who scored low in LTGP (Chaney et al., 2020b). This study, along with past

research, highlights the impactful effect of stigma by prejudice transfer on both self-reported

cognitions (e.g., anticipation of identity threat) and objective measures of somatic symptoms

(e.g., cardiovascular stress), especially for people who hold strong beliefs in the monolithic

nature of prejudice.

Research on the lay theory of generalized prejudice has thus far focused primarily on the

experiences of racial/ethnic minority women. Beliefs about the transferability of prejudice,

however, could have important implications for the experiences of other populations with dual

stigmatized identities, such as LGBTQ-POC. For instance, endorsement of the LTGP could

moderate the effect of experienced discrimination related to one identity dimension (e.g., sexual

orientation/gender identity) on expectation of discrimination based on another identity dimension

(e.g., race/ethnicity).

Overview of the Current Study

Despite escalating calls for intersectionality to promote social justice in psychological

research (e.g., Moradi & Grzanka, 2017; Rosenthal, 2016), there has been a dearth of studies on

LGBTQ-POC, particularly on the topic of whether discrimination based on one dimension (e.g.,

race/ethnicity) affects mental health via anticipated discrimination of both the same (e.g.,

race/ethnicity) and different (e.g., sexual orientation/gender identity) identity dimensions.

Although there is a robust body of research on minority stress, especially Hatzenbuehler's (2009)
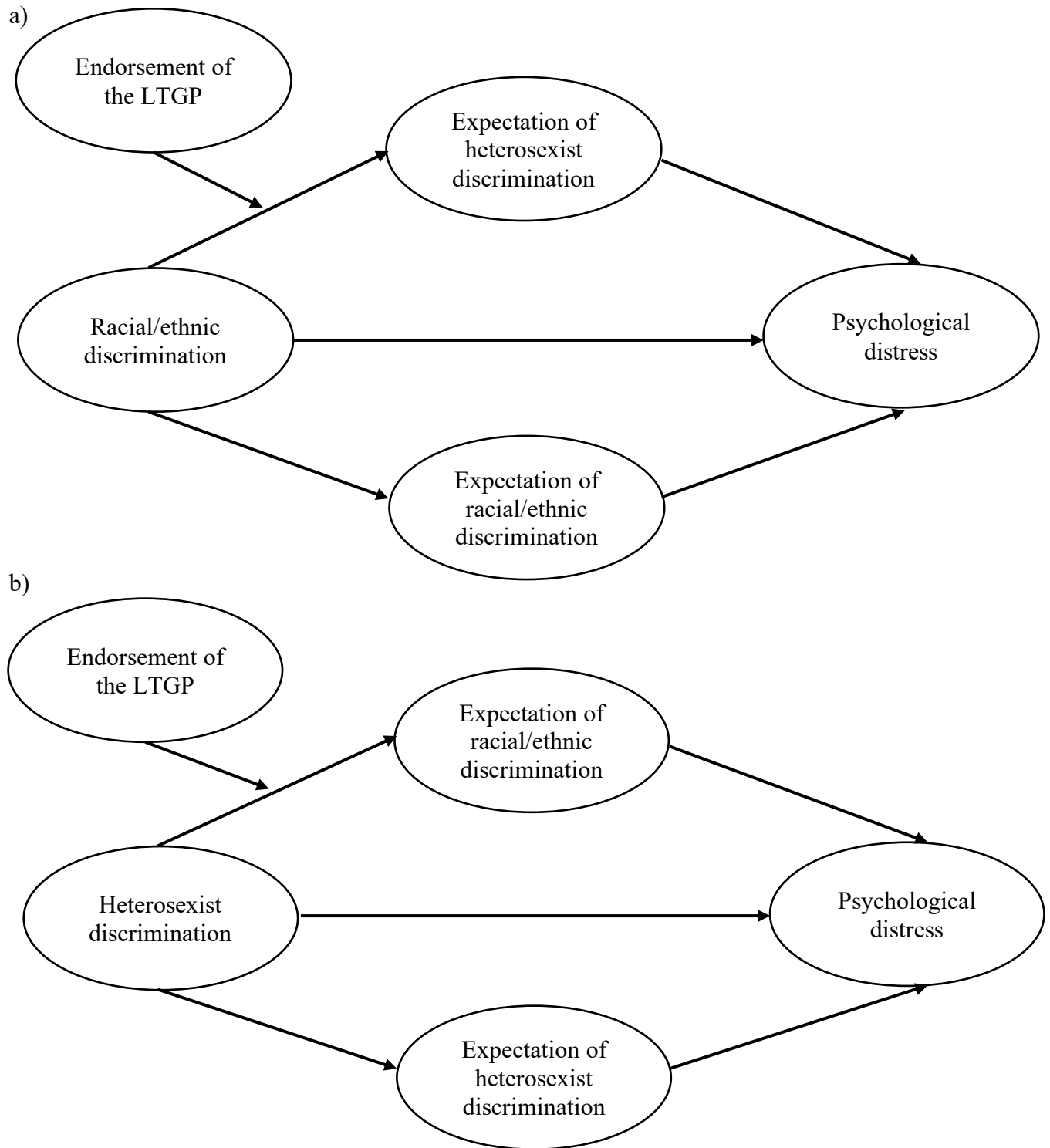
mediation framework for sexual minority people, researchers have never examined whether

queer POC who experience more frequent racial/ethnic or heterosexist discrimination anticipate

greater discrimination of the same type and, in turn, have poorer mental health. With regard to

the discrimination—anticipated stigma—mental health mediation pathway that occurs across

identity dimensions, promising evidence has been found in Quinn et al.'s (2020) cross-

oppression mediation model, yet the study was conducted broadly on racial/ethnic minority

people with concealable stigmatized identities rather than specifically on queer POC. Moreover,

studies on stigma by prejudice transfer also lend support for the notion that threats to one

stigmatized identity can signal the need to expect stigmatization due to other marginalized

identities; however, this line of research has not yet been extended to LGBTQ+ POC.

The goal of the current study was to examine the pathways via which experienced

discrimination, either racist or heterosexist, might contribute to psychological distress among

LGBTQ-POC, and to examine whether belief in the lay theory of generalized prejudice

moderates whether discrimination in one domain (e.g., race/ethnicity) results in anticipated

discrimination in another domain (e.g., sexual orientation/gender identity). To that end, I asked

racial/ethnic minority adults who also identified as LGBTQ+ to complete a number of self-

reported measures pertaining to discrimination and mental health.

In light of previous research, I proposed two moderated mediation models to help explain

the aforementioned relationships. First, as shown in Figure 1a (top panel), I hypothesized that

more frequent racial/ethnic discrimination would be associated with greater expectation of

racial/ethnic discrimination and expectation of heterosexist discrimination, both of which would

in turn be correlated with greater psychological distress (i.e., higher levels of depression, anxiety,

and stress). Additionally, endorsement of the LTGP was expected to moderate the link between

Figure 1

Hypothesized Moderated Mediation Models

a)

b)

Note. LTGP = Lay Theory of Generalized Prejudice

racial/ethnic discrimination and expectation of heterosexist discrimination, such that the relationship would be more pronounced for those who strongly endorse the LTGP. Similarly, as shown in Figure 1b (bottom panel), I hypothesized that, higher frequency of heterosexist discrimination would be separately correlated with greater expectation of heterosexist discrimination and expectation of racial/ethnic discrimination; both types of anticipation were expected to predict greater psychological distress (i.e., more depressive, anxiety, and stress symptoms). Again, endorsement of the LTGP was expected to moderate the link between heterosexist discrimination and expectation of racial/ethnic discrimination, such that the relationship would be stronger for those high in LTGP.

Method

Participants

Assuming a small effect and a desired power of .80, I used G*Power to determine the appropriate sample size. After excluding 32 participants for failing attention checks and 14 others who identified as White, a total of 352 LGBTQ+ POC (179 ciswomen, 101 cismen, 46 non-binary, 10 transmen, 3 transwomen, 10 gender-nonconforming/diverse, and 3 people who preferred not to answer) comprised the final sample. Of those 352 participants, 246 were recruited through Facebook groups (e.g., *Subtle Queer Asian Traits*, *grad school memes with gay themes*) and email via relevant student affinity groups (e.g., Vassar College's LGBTQ Center, Cal Queer & Asian at UC Berkeley), and 106 via Amazon's Mechanical Turk. Participants ranged in age from 18 to 55 years old ($M = 25.8$, $SD = 6.4$). In terms of race/ethnicity, participants were mostly Asian or Asian-American (42.3%), Latino/a/x (18.8%), Black or African-American (18.2%), and Multiracial (17.3%). Among all participants, 6.8% identified as lesbian, 20.2% as gay, 35.5% as bisexual, 13.9% as queer, 4.0% as other; 19% chose multiple

categories and 0.6% preferred to not disclose their sexual orientation. In exchange for their participation, each MTurk worker received $2.00; those who were recruited via Facebook and email were entered into a raffle for one of two $40 Amazon gift cards.

Measures

Racial/Ethnic Discrimination

Participants reported their history of being discriminated against due to their racial/ethnic minority status via the Perceived Discrimination Scale (Williams et al., 1997). Because the first 11 items of the original scale were not included to reduce the study's length, participants were instructed to respond to only 9 items in which they reported the frequency with which they had experienced 9 types of discrimination (e.g., "People act as if they are afraid of you," "You are called names or insulted") on a scale ranging from 1 ("never") to 6 ("often").

Heterosexist Discrimination

The 14-item Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006) was administered to assess the frequency with which participants experienced three types of heterosexist discrimination: harrassment and rejection (7 items; e.g., "How many times have you been rejected by family members because you identify as LGBTQ+?"), workplace and school discrimination (4 items; e.g., "How many times have you been treated unfairly by your employer, boss or supervisors because you identify as LGBTQ+?"), and other discrimination (3 items; e.g., "How many times have you been treated unfairly by strangers because you identify as LGBTQ+?"). Participants rated the frequency with which they had experienced each event in the past year using a 6-point scale from 1 ("Never") to 6 ("Almost all of the time (> 70%)").

Expectation of Racial/Ethnic and Heterosexist Discrimination

Participants were instructed to complete two versions of the 10-item Stigma

Consciousness Questionnaire (SCQ; Pinel, 1999) as measures of expectation of (1) racial/ethnic

and (2) heterosexist discrimination. Participants responded to all items on a 7-point Likert-type

scale ranging from 1 ("strongly disagree) to 7 ("strongly agree"). Sample items include, "When

interacting with people, I feel like they interpret all of my behaviors in terms of my race/ethnicity

(sexual orientation/gender identity)," and "Most people have a problem viewing people of my

race/ethnicity (LGBTQ+ people) as equals." Seven items were reverse-worded to reduce

response bias.

Lay Theory of Generalized Prejudice

As a measure of endorsement of the lay beliefs about the generalized nature of prejudice

(i.e., that prejudices against different marginalized groups are rooted in common underlying

ideologies), participants responded to the Lay Theory of Generalized Prejudice Scale (Sanchez et

al., 2018). Participants responded to the following 3 items on a 7-point Likert-type scale ranging

from 1 ("strongly disagree") to 7 ("strongly agree"): "When someone is prejudiced against one

group of people, they are prejudiced against many other groups of people," "When someone

holds hateful beliefs against one group of people, they often hold hateful beliefs against other

groups of people," and "Holding biased beliefs about one group of people tends to be a sign of

holding biased beliefs about other groups of people."

Psychological Distress

The 21-item Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond,

1995) was used to assess the extent to which participants experienced psychological distress. The

measure was comprised of 3 subscales: depression (7 items; e.g., "I couldn't seem to experience

any positive feeling at all"), anxiety (7 items; e.g., "I was aware of dryness of my mouth"), and stress (7 items; e.g., "I found it difficult to relax"). Participants were asked to state the degree to which each of the statements applied to them in the past week using a 4-point scale ranging from 0 ("Did not apply to me at all") to 3 ("Applied to me very much, or most of the time").

Procedure

Participants provided consent to a 10-minute study to which they had access via the Amazon Mechanical Turk website, Facebook, or email. Upon consenting to participate, they completed the six measures described above (racial/ethnic discrimination, heterosexist discrimination, expectation of racial/ethnic discrimination, expectation of heterosexist discrimination, lay theory of generalized prejudice, and psychological distress) in counterbalanced order. Next, participants reported their age, gender identity, race/ethnicity, and sexual orientation; those recruited via email and Facebook provided additional information on annual income, student status, and education level, and were shown a debriefing statement that briefly explained the study's purpose and hypotheses.

Results

Preliminary Analyses

First, I reverse-scored the reverse-worded items of the two stigma consciousness scales and created composites for all variables of interest (except psychological distress) by calculating the mean of all items within a scale. For the three subscales of distress, composites were calculated as *twice* the sum of all items within each subscale, as per Lovibond and Lovibond's (1995) instructions. To account for missing data, the sum for each subscale was calculated by multiplying the mean of all answered items by the number of items on the subscale. Next, because the distributions of anxiety and depression scores were positively skewed, I performed a

square root transformation on the data and used the transformed variables in the analyses. In

addition, the distribution of responses for heterosexist discrimination was so severely skewed

that neither square-root nor logarithmic transformations yielded a normal distribution. Given that

58.4% of all individual items on this scale were responded to with a score of "1" (indicating that

participants had never experienced a certain type of heterosexist discrimination in the past year),

each item was recoded as either 0 ("I have never experienced this type of event in the past year")

or 1 ("I have experienced this type of event in the past year"). The mean on the scale thus ranged

from 0 to 1 and was relatively normally distributed across the entire sample.

Table 1 presents the bivariate correlations among racial/ethnic discrimination,

heterosexist discrimination, expectation of racial/ethnic discrimination, expectation of

heterosexist discrimination, LTGP, and the three indicators of distress. Cronbach's αs are

displayed along the diagonal and show that internal reliability was high for all of these measures.

Racial/Ethnic Discrimination as the Predictor of Psychological Distress

I designed a custom model using PROCESS (v.3.5) macro for SPSS (Hayes, 2018) to test

my hypotheses, including the first set of hypotheses with racial/ethnic discrimination as the

predictor (see Figure 2). For the cross-oppression pathway, I hypothesized that expectation of

heterosexist discrimination would mediate the relationship between racial/ethnic discrimination

and mental health outcomes, and that LTGP would act as a moderator in the relationship between

racial/ethnic discrimination and expectation of heterosexist discrimination. However, as shown

in Figure 2, my hypotheses were *not* supported for any of the three outcomes of psychological

distress. Contrary to my expectations, neither racial/ethnic discrimination ($b = 0.74$, $SE = 0.47$, p

$= .115$) nor its interaction with LTGP ($b = -0.08$, $SE = 1.00$, $p = .318$) significantly predicted

expectation of heterosexist discrimination. In addition, expectation of heterosexist discrimination

Table 1

Descriptive Statistics and Correlations for Study Variables

Measure	1	2	3	4	5	6	7	8	*M*	*SD*
1. RD	.88								2.26	0.63
2. HD	.46***	.89							1.79	0.81
3. Expectation of RD	.44***	.08	.84						5.23	1.00
4. Expectation of HD	.21***	.34**	.55***	.81					4.90	0.95
5. LTGP	.10	.05	.28***	.26***	.93				5.82	1.00
6. Depression	.28***	.21***	.20***	.07	.08	.92			17.16	11.84
7. Anxiety	.34***	.28***	.12*	.04	.18**	.61***	.84		13.09	9.70
8. Stress	.29***	.22***	.23***	.12*	.16**	.69***	.74***	.87	19.28	10.40

Note. RD = Racial/Ethnic Discrimination (1-4 scale); HD = Heterosexist Discrimination (1-6 scale); Expectation of RD = Expectation of Racial/Ethnic Discrimination (1-7 scale); Expectation of HD = Expectation of Heterosexist Discrimination (1-7 scale); LTGP = Lay Theory of Generalized Prejudice (1-7 scale); Depression, Anxiety, and Stress scores ranged from 0 to 42; *M*s and *SD*s were calculated based on non-transformed scores for ease of interpretation. Cronbach's αs are presented along the diagonal.
*$p < .05$. **$p < .01$. ***$p < .001$.
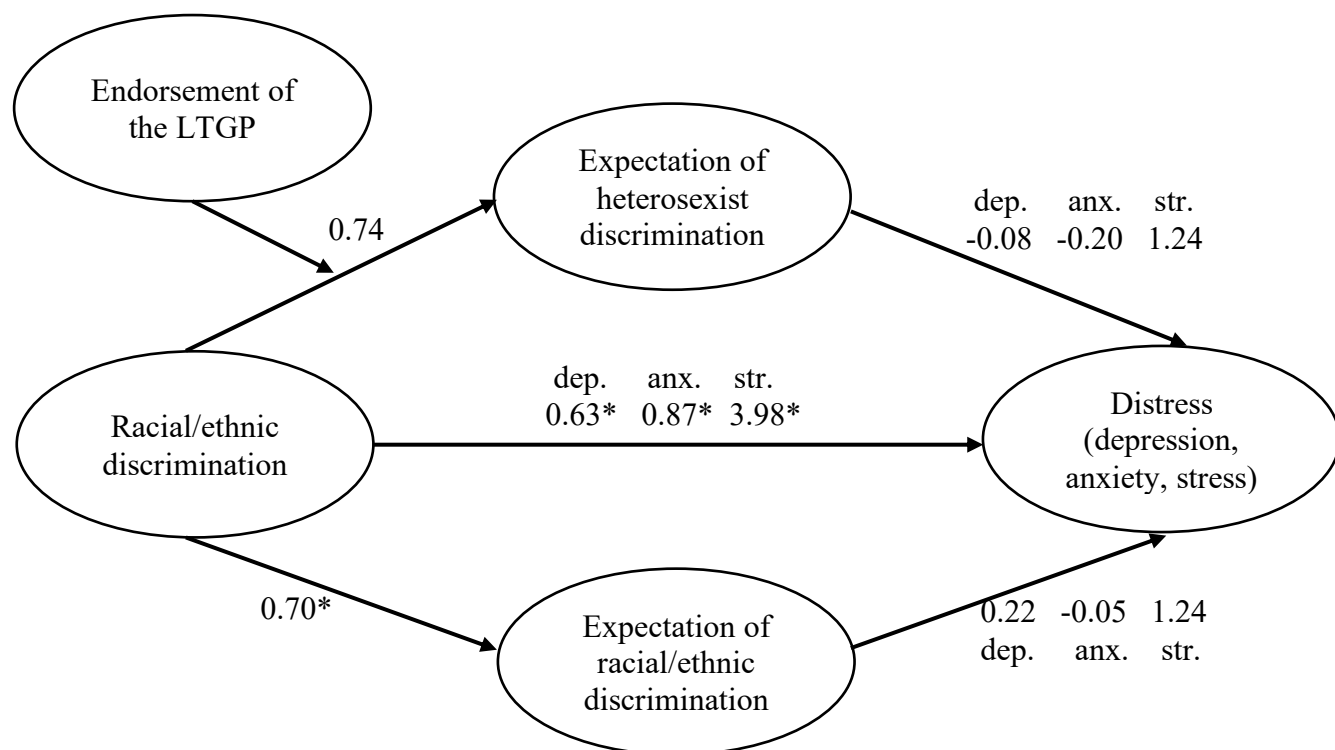
did not predict depression ($b = -0.08$, $SE = 0.11$, $p = .457$), anxiety ($b = -0.20$, $SE = 0.10$, $p = .843$), or stress ($b = 1.24$, $SE = 0.70$, $p = .076$). Therefore, regardless of the health outcome, the indirect effects for both those low (-1 *SD*) and high (+1 *SD*) in LTGP were non-significant. Specifically, the 95% CIs for both low and high LTGP groups all included zero, as shown in Table 2.

Regarding the same-oppression pathway, I predicted that expectation of racial/ethnic discrimination would serve as a mediator in the relationship between racial/ethnic discrimination

and mental health. Results showed that, contrary to my hypotheses, expectation of racial/ethnic

discrimination did not mediate the link between racial/ethnic discrimination and depression (b =

0.15, with the 95% CI including zero [-0.02, 0.34]) or anxiety (b = -0.03, with the 95% CI

including zero [-0.16, 0.12]), but was a marginally significant mediator of the link between

racial/ethnic discrimination and stress (b = 0.87, with the 95% CI marginally above zero [0.005,

1.91]). As shown in Figure 2, higher levels of experienced racial/ethnic discrimination were

associated with greater expectation of racism (b = 0.70, SE = 0.08, p < .001). However,

Figure 2

Model Predicting Psychological Distress from Racial Discrimination in the Full Sample

Note. Regression coefficients for the three different models (predicting depression, anxiety, and stress) are simultaneously presented in this figure (dep. = depression; anx. = anxiety; str. = stress). The regression coefficients for the relationship between racial/ethnic discrimination and distress were calculated controlling for expectation of heterosexist discrimination and expectation of racial/ethnic discrimination.
*p < .001.

Table 2

Indirect Effects of Experienced Discrimination on Distress for Low and High LTGP Groups

Outcome	95% CI	
	Low LTGP	High LTGP
	Full sample	
RD → EoHD → Distress		
Depression	[-0.13, 0.06]	[-0.09, 0.03]
Anxiety	[-0.09, 0.07]	[-0.06, 0.04]
Stress	[-0.48, 0.51]	[-0.31, 0.35]
HD → EoRD → Distress		
Depression	[-0.06, 0.55]	[-0.25, 0.28]
Anxiety	[-0.03, 0.35]	[-0.16, 0.18]
Stress	[-0.31, 3.09]	[-1.48, 1.69]
	Non-MTurk sample	
RD → EoHD → Distress		
Depression	[-0.16, 0.10]	[-0.06, 0.04]
Anxiety	[-0.09, 0.11]	[-0.04, 0.04]
Stress	[-0.36, 1.06]	[-0.17, 0.41]
HD → EoRD → Distress		
Depression	[0.15, 1.16]	[-0.06, 0.64]
Anxiety	[0.08, 0.72]	[-0.03, 0.38]
Stress	[1.05, 5.98]	[-0.25, 3.42]

Note. RD → EoHD → Distress = indirect effects of racial/ethnic discrimination on distress via expectation of heterosexist discrimination; HD → EoRD → Distress = indirect effects of heterosexist discrimination on distress via expectation of racial/ethnic discrimination.

anticipated racism did not significantly predict depression ($b = 0.22$, $SE = 0.12$, $p = .064$) or anxiety ($b = -0.05$, $SE = 0.10$, $p = .654$). Surprisingly, the link between expectation of racism and stress only approached significance ($b = 1.24$, $SE = 0.70$, $p = .076$). However, Hayes (2018) recommends interpreting mediational effects using the significance of indirect effects rather than the significance of two separate pathways involving the mediator. Hence, it can be concluded that the hypothesized mediating role of expectation of racial/ethnic discrimination in the racism-

stress link was supported to some extent. Finally, as expected, the direct pathways from

racial/ethnic discrimination to depression ($b = 0.63$, $SE = 0.16$, $p < .001$), anxiety ($b = 0.87$, $SE =$

0.14, $p < .001$), and stress ($b = 3.98$, $SE = 0.94$, $p < .001$) were positive and significant,

indicating that racial/ethnic discrimination was positively associated with distress independent of

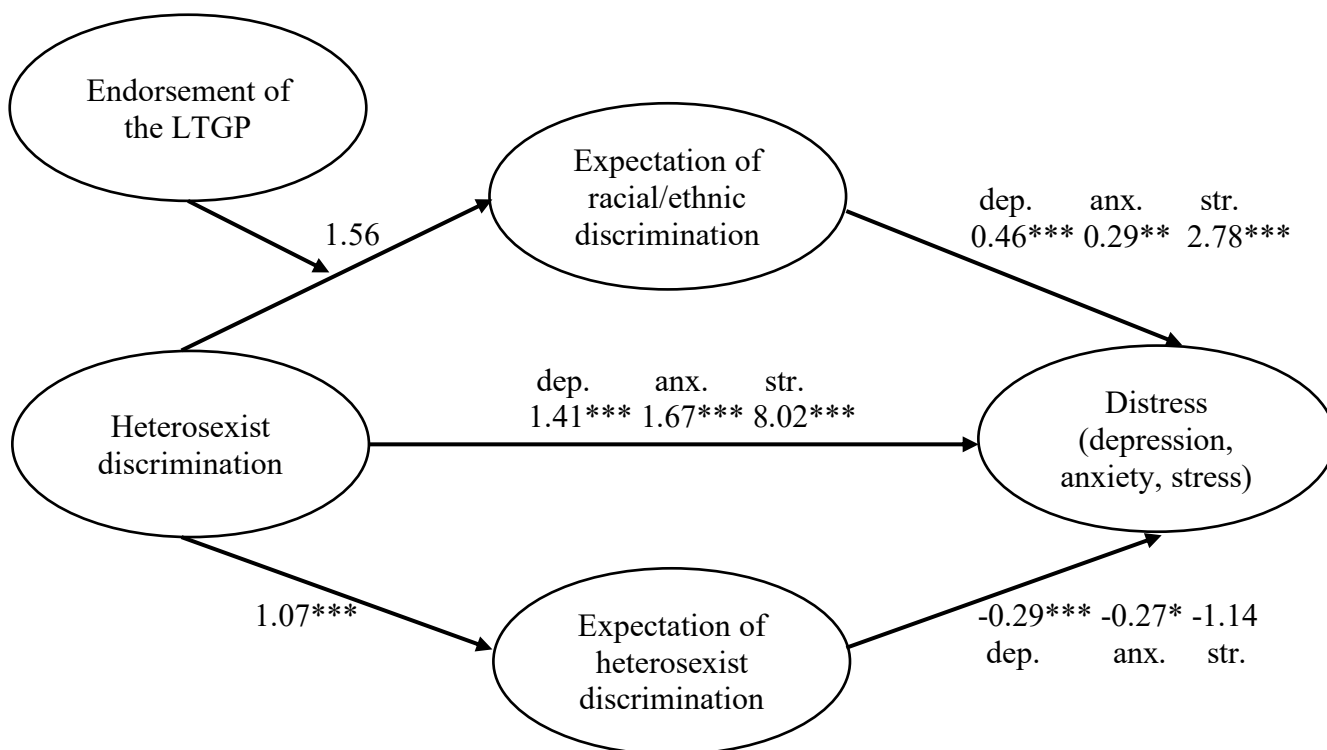its relationship with expectations of both racial/ethnic and heterosexist discrimination.

Heterosexist Discrimination as the Predictor of Psychological Distress

Similar to the previous set of hypotheses, expectation of racial/ethnic discrimination was

predicted to serve as a mediator in the relationship of heterosexist discrimination and distress;

however, LGTP was predicted to moderate the cross-oppression link between heterosexist

discrimination and anticipated racism. As illustrated in Figure 3, contrary to my hypothesis, there

was a non-significant relationship between heterosexist discrimination and expectation of

racial/ethnic discrimination ($b = 1.56$, $SE = 1.02$, $p = .126$). The hypothesized interaction

between heterosexist discrimination and LTGP in predicting anticipated racism was also non-

significant ($b = -0.23$, $SE = 0.17$, $p = .187$). Consistent with the hypothesis, however, higher

levels of expectation of racial/ethnic discrimination predicted greater depression ($b = 0.46$, $SE =$

0.11, $p < .001$), anxiety ($b = 0.29$, $SE = 0.10$, $p = .003$), and stress ($b = 2.78$, SE $= 0.64$, p

$< .001$). Taken together, the indirect effects of heterosexist discrimination on mental health

outcomes for both low and high LTGP people were non-significant, with all the 95% CIs

including zero, as illustrated in Table 2.

Regarding the same-oppression experience, I hypothesized that expectation of

heterosexist discrimination would mediate the relationship between heterosexist discrimination

and psychological distress. This hypothesis was not supported for any of the three health

outcomes. As shown in Figure 3, heterosexist discrimination was significantly associated with

Figure 3

Model Predicting Psychological Distress from Heterosexist Discrimination in the Full Sample

Note. Regression coefficients for the three different models (predicting depression, anxiety, and stress) are simultaneously presented in this figure (dep. = depression; anx. = anxiety; str. = stress). The regression coefficients for the relationship between heterosexist discrimination and distress were calculated controlling for expectation of racial/ethnic discrimination and expectation of heterosexist discrimination.
p < .05. **p* < .01. ***p* < .001.

expectation of heterosexist discrimination as predicted (*b* = 1.07, *SE* = 0.16, *p* < .001). However,

contrary to my hypotheses, expectation of heterosexist discrimination was negatively associated

with both depression (*b* = -0.29, *SE* = 0.16, *p* < .001) and anxiety (*b* = -0.27, *SE* = 0.11,

p = .013), and was not correlated with stress (*b* = -1.14, *SE* = 0.11, *p* = .110). As such, the

indirect effects of heterosexist discrimination on depression (*b* = -0.31) and anxiety (*b* = -0.29)

were significant, with the 95% CIs entirely below zero [-0.61, -0.05] and [-0.54, -0.06],

respectively. The indirect effect was non-significant for stress (*b* = -1.23), with the 95% CI

including zero [-2.86, 0.27]. Finally, when controlling for anticipated heterosexism and racism, heterosexist discrimination was significantly positively related to all three outcomes of distress: depression (b = 1.41, SE = 0.32, p < .001), anxiety (b = 1.67, SE = 0.28, p < .001), and stress (b = 8.02, SE = 1.91, p < .001).

Exploratory Analyses

Differences Between the MTurk and non-MTurk Samples

Certain biases in recruiting via email and Facebook potentially contributed to differences between the MTurk and non-MTurk samples. First, on Facebook and email, the study was targeted mostly at undergraduate and graduate students, especially Asians and those who actively engage with diversity and social justice issues. By contrast, one could argue that MTurk workers may be generally older, not in school, and more racially/ethnically diverse. Second, on Facebook and email, this study was broadly open to sexual/gender minority POC, whereas the survey on MTurk was restricted to only lesbian, gay, and bisexual POC. In light of these discrepancies, I ran a series of t tests to compare the two samples on various variables of interest. As shown in Table 3, people in the non-Mturk sample reported higher levels of all mental health outcomes: depression, anxiety, and stress. In addition, they expected more discrimination due to both their racial/ethnic and sexual/gender identities and demontrated stronger beliefs in the generalized nature of prejudice, all of which were consistent with my initial speculation that the non-MTurk sample was more conscious of sociopolitical issues. However, the MTurk sample reported experiencing more heterosexist discrimination.

As predicted, the non-MTurk sample was younger than the MTurk sample, as shown in Table 3. In addition, there were significant differences in terms of racial/ethnic and gender identities between the two samples, as expected. Particularly, a chi-square test of the relationship

Table 3

Comparisons of MTurk and Non-MTurk Samples on Variables of Interest

Measure	MTurk		Non-MTurk		*df*	*t*	*p*	95% CI
	M	*SD*	*M*	*SD*				
Racial/ethnic discrimination	2.32	0.66	2.22	0.62	350	1.33	.185	[-0.05, 0.24]
Heterosexist discrimination	0.48	0.34	0.38	0.27	350	2.69	.008	[0.03, 0.18]
Expectation of RD	4.89	1.08	5.37	0.92	350	-4.05	< .001	[-0.72, -0.25]
Expectation of HD	4.57	1.03	5.04	0.88	350	-4.12	< .001	[-0.70, -0.25]
LTGP	5.64	1.01	5.90	0.98	350	-2.32	.021	[-0.49, -0.04]
Depression	3.49	1.85	3.89	1.64	350	-2.03	.043	[-0.79, -0.01]
Anxiety	2.96	1.76	3.39	1.46	350	-2.13	.028	[-0.82 -0.05]
Stress	16.64	10.96	20.42	9.96	350	-3.17	.002	[-6.13, -1.43]
Age	30.25	7.56	23.84	4.73	342	7.97	< .001	[4.81, 8.00]

Note. Expectation of RD = Expectation of Racial/Ethnic Discrimination; Expectation of HD = Expectation of Heterosexist Discrimination. LTGP = Lay Theory of Generalized Prejudice.

between race/ethnicity and sample type was statistically significant, χ^2 (3, *N* = 352) = 50.74, *p* < .001 (Cramer's V = .38). There were significantly more Asians in the non-MTurk sample (50.0%) than in the MTurk sample (24.5%), and more Blacks in the MTurk sample (39.6%) than in the non-MTurk sample (8.9%). There were no statistical differences in percentages of Latina/o/x and people who identified as part of other racial/ethnic minority groups. Another chi-square of the relationship between gender identity and sample type was also statistically significant, χ^2 (5, *N* = 352) = 15.27, *p* = .009 (Cramer's V = .21). Compared with the MTurk sample (of which 7.5% were non-binary and none identified as transmen), there were more non-
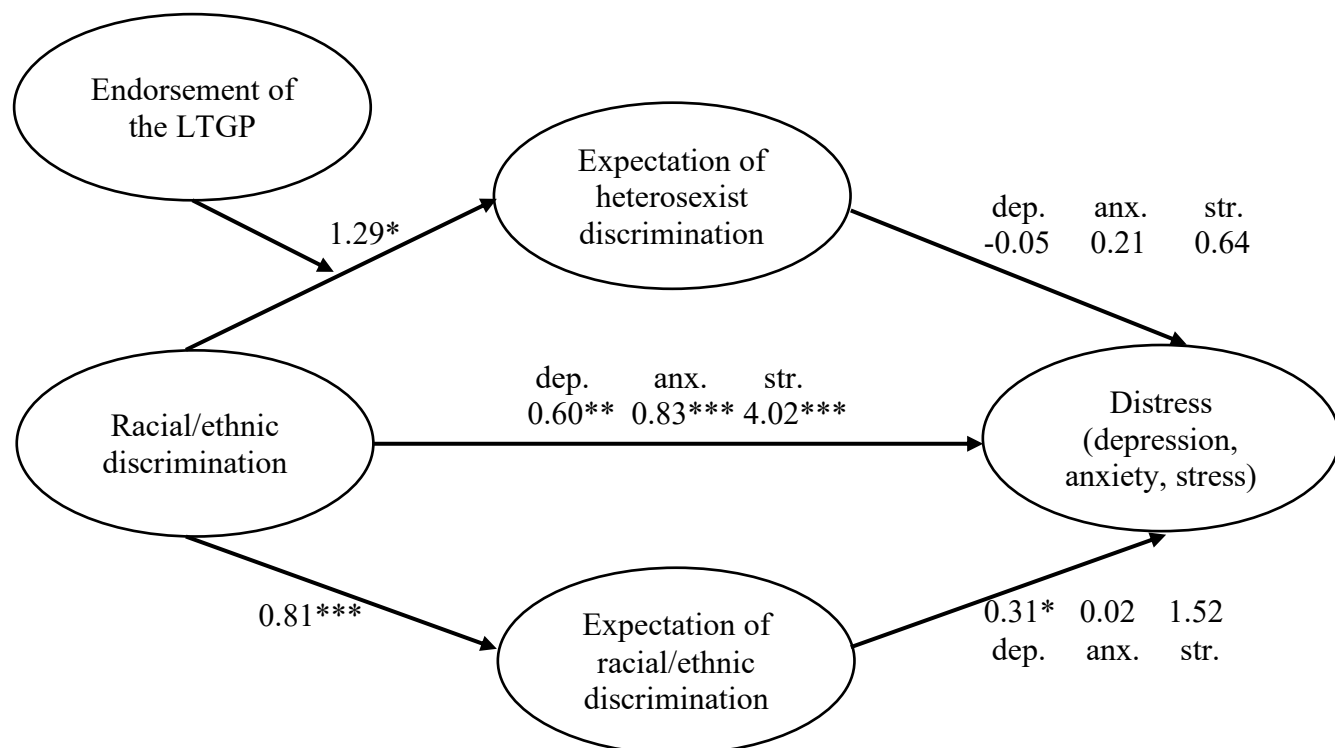
binary individuals (15.4%) and transmen (4.1%) in the non-MTurk sample. The two samples did

not differ in percentages of cisgender men, cisgender women, transwomen, and people who

preferred to self-describe their gender.

Reassessment of Original Hypotheses Using the Non-MTurk Sample

Considering the drastic differences between the MTurk and non-MTurk samples, coupled

with the larger size of the non-MTurk sample, I reanalyzed the data without the MTurk sample

using the same custom model in PROCESS. As hypothesized and as shown in Figure 4, higher

Figure 4

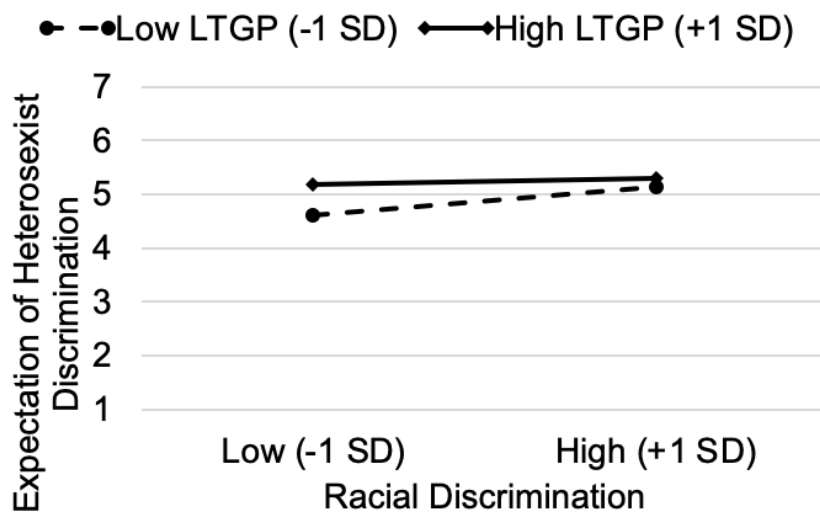*Model Predicting Psychological Distress from Racial Discrimination in the Non-MTurk Sample*

Note. Regression coefficients for the three different models (predicting depression, anxiety, and stress) are simultaneously presented in this figure (dep. = depression; anx. = anxiety; str. = stress). The regression coefficients for the relationship between racial/ethnic discrimination and distress were calculated controlling for expectation of heterosexist discrimination and expectation of racial/ethnic discrimination.
*p < .05. **p < .01. ***p < .001.

levels of racial/ethnic discrimination predicted greater tendencies to expect heterosexist

discrimination ($b = 1.29$, $SE = 0.51$, $p = .011$). More important, consistent with my hypothesis,

there was a significant interaction between racial/ethnic discrimination and endorsement of

LTGP in predicting anticipated heterosexist discrimination ($b = -0.17$, $SE = 0.08$, $p = .038$).

However, the direction of the moderating effect was the inverse of what was expected. As

illustrated in Figure 5, only among those who were low (-1 SD) in LTGP was there a positive

relationship between racial/ethnic discrimination and expectation of heterosexist discrimination

($b = 0.44$, $SE = 0.12$, $p < .001$). This link was non-significant ($b = 0.09$, $SE = 0.12$, $p = .420$) for

those who were high (+1 SD) in LTGP.

Figure 5

Expectation of Heterosexist Discrimination as a Function of Racial Discrimination and LTGP

Additionally, the hypothesized positive relationship between expectation of heterosexist

discrimination and mental health was *not* supported for depression ($b = -0.05$, $SE = 0.12$, p

$= .701$), anxiety ($b = 0.21$, $SE = 0.11$, $p = .850$), or stress ($b = 0.64$, $SE = 0.75$, $p = .400$). For that

reason, the indirect effect of racial/ethnic discrimination on all mental health outcomes through anticipated heterosexist discrimination was non-significant for both those low and high in LTGP, with all the 95% CIs including zero (as shown in Table 2).
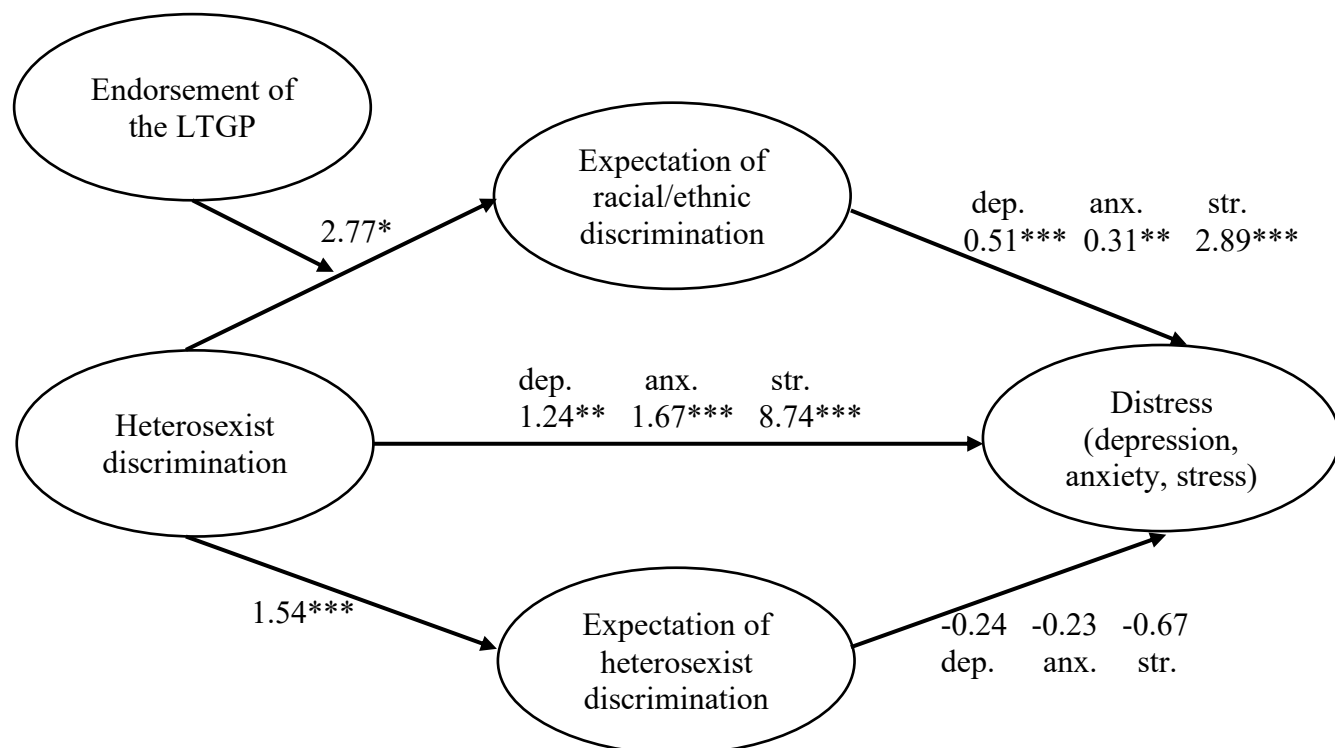
Regarding the same-oppression pathway, expectation of racism was shown to mediate the relationship between racial/ethnic discrimination and mental health, as predicted, but only when depression or stress was the outcome. As shown in Figure 4, higher frequency of experienced racism predicted greater expectation of racism ($b = 0.81$, $SE = 0.08$, $p < .001$), which in turn predicted higher levels of depression ($b = 0.31$, $SE = 0.14$, $p = .029$) and marginally higher levels of stress ($b = 1.52$, $SE = 0.84$, $p = .071$), but not anxiety ($b = 0.02$, $SE = 0.12$, $p = .852$). The indirect effects on depression ($b = 0.25$) and stress ($b = 1.23$) were therefore significant, with the 95% CIs marginally above zero [0.002, 0.53] and [0.01, 2.67], respectively, but the indirect effect on anxiety ($b = 0.02$) was non-significant, with the 95% CI including zero [-0.17, 0.22]. In addition, there were still significant direct effects of racial/ethnic discrimination on depression ($b = 0.60$, $SE = 0.19$, $p = .002$), anxiety ($b = 0.83$, $SE = 0.17$, $p < .001$), and stress ($b = 4.02$, $SE = 1.15$, $p < .001$). More precisely, when expectations of both heterosexist and racial/ethnic discrimination were controlled for, people who reported higher levels of racial/ethnic discrimination showed greater depression, anxiety, and stress.

When heterosexist discrimination was entered as the main predictor, my hypotheses were mostly supported. As illustrated in Figure 6, higher levels of heterosexist discrimination predicted greater likelihood of expecting racism as hypothesized ($b = 2.77$, $SE = 1.12$, $p = .014$). LTGP also moderated the link between heterosexist discrimination and expectation of racial/ethnic discrimination, albeit again in a direction opposite of my hypothesis. As depicted in Figure 7, the positive link between heterosexist discrimination and anticipated racism was found

only for participants low in LTGP ($b = 1.12$, $SE = 0.27$, $p < .001$), but not for those high in LTGP ($b = 0.46$, $SE = 0.28$, $p = .096$). In addition, as predicted, expectation of racism was a significant predictor of depression ($b = 0.51$, $SE = 0.12$, $p < .001$), anxiety ($b = 0.31$, $SE = 0.11$, $p = .004$), and stress ($b = 2.89$, $SE = 0.72$, $p < .001$). Accordingly, for all three outcomes of psychological distress, the indirect effects were significant for those low in LTGP, with the 95% CIs entirely above zero, but non-significant for those high in LTGP, with the 95% CIs including zero (see Table 2).

Figure 6

Model Predicting Distress from Heterosexist Discrimination in the Non-MTurk Sample
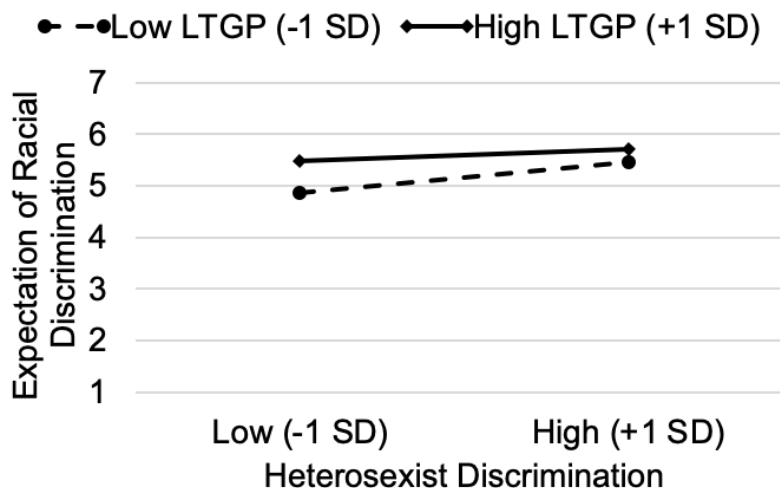

Note. Regression coefficients for the three different models (predicting depression, anxiety, and stress) are simultaneously presented in this figure (dep. = depression; anx. = anxiety; str. = stress). The regression coefficients for the relationship between heterosexist discrimination and distress were calculated controlling for expectation of racial/ethnic discrimination and expectation of heterosexist discrimination.
*$p < .05$. **$p < .01$. ***$p < .001$.

Figure 7

Expectation of Racial Discrimination as a Function of Heterosexist Discrimination and LTGP

Results did not support the same-oppression hypothesis for any of the three indicators of distress. As depicted in Figure 6, although higher levels of heterosexist discrimination predicted greater anticipated heterosexism as hypothesized ($b = 1.54$, $SE = 0.18$, $p < .001$), expectation of heterosexist discrimination was not associated with depression ($b = -0.24$, $SE = 0.14$, $p = .092$), anxiety ($b = -0.23$, $SE = 0.12$, $p = .061$), or stress ($b = -0.67$, $SE = 0.83$, $p = .419$). As a result, the indirect effects of heterosexist discrimination on both depression, anxiety, and stress via expectation of heterosexist discrimination were not significant, with the 95% CIs including zero [-0.83, 0.06], [-0.77, 0.00], and [-3.56, 1.48], respectively. That said, heterosexist discrimination significantly predicted all health outcomes: depression ($b = 1.24$, $SE = 0.42$, $p = .003$), anxiety ($b = 1.67$, $SE = 0.37$, $p < .001$), and stress ($b = 8.74$, $SE = 2.51$, $p < .001$). In other words, even after expectations of both racism and heterosexism were kept constant, people who experienced higher levels of heterosexist discrimination reported greater levels of all three indicators of distress.
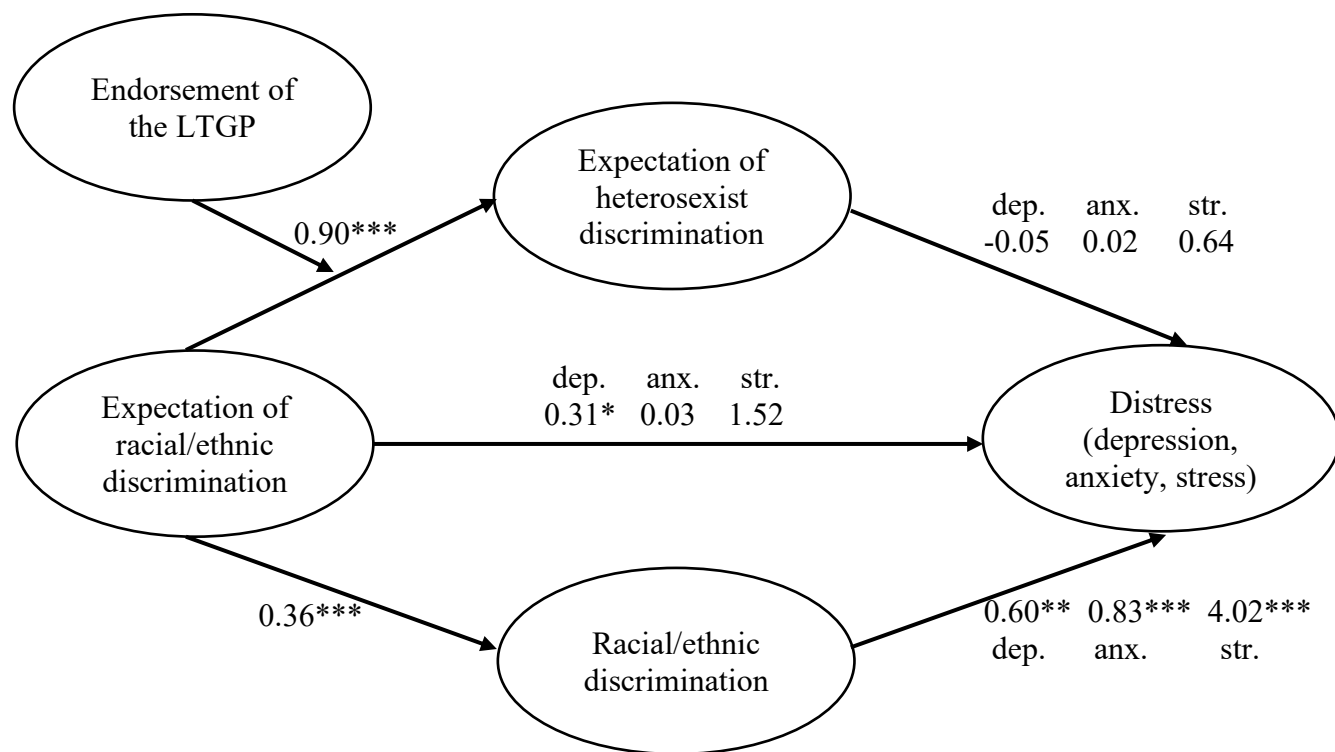
Evaluation of Alternative Hypotheses with Expectation of Discrimination as the Predictor

Because both the actual experience of and the expectation of discrimination were measured at the same time, the directionality of the link cannot be established. For example, rather than the experience of discrimination leading to the expectation of it, it is possible that those who *expect* to experience discrimination are simply more apt to interpret events as discriminatory and report them as such. I therefore tested two alternative models in which the main predictor and the mediator in the same-oppression pathway were swapped (i.e., in the first model, racial/ethnic discrimination and expectation of racial/ethnic discrimination were swapped; in the second model, heterosexist discrimination and expectation of heterosexist discrimination were swapped). The same custom model in PROCESS was used to test these alternative models.

As shown in Figure 8, greater expectation of racial/ethnic discrimination was associated with greater expectation of heterosexist discrimination ($b = 0.90$, $SE = 0.23$, $p < .001$). More important, expectation of racial/ethnic discrimination interacted with LTGP to predict expectation of heterosexist discrimination ($b = -0.09$, $SE = 0.04$, $p = .019$), albeit again in a direction opposite of my hypothesis. As illustrated in Figure 9, the relationship between expectation of racial/ethnic discrimination and expectation of heterosexist discrimination was more pronounced for those low in LTGP ($b = 0.44$, $SE = 0.06$, $p < .001$) than for those high in LTGP ($b = 0.25$, $SE = 0.08$, $p < .001$). In addition, as previously shown in the evaluation of the original hypotheses, anticipated heterosexist discrimination did not predict depression, anxiety, or stress. For that reason, the indirect effects of expectation of racism on all three mental health outcomes, regardless of the LTGP group, were non-significant. Specifically, the 95% CIs for both low and high LGTP groups all included zero: [-0.15, 0.10] and [-0.10, 0.05] for depression,

Figure 8

Model Predicting Psychological Distress from Expectation of Racism in the Non-MTurk Sample

Note. Regression coefficients for the three different models (predicting depression, anxiety, and stress) are simultaneously presented in this figure (dep. = depression; anx. = anxiety; str. = stress). The regression coefficients for the relationship between expectation of racial/ethnic discrimination and distress were calculated controlling for expectation of heterosexist discrimination and racial/ethnic discrimination.
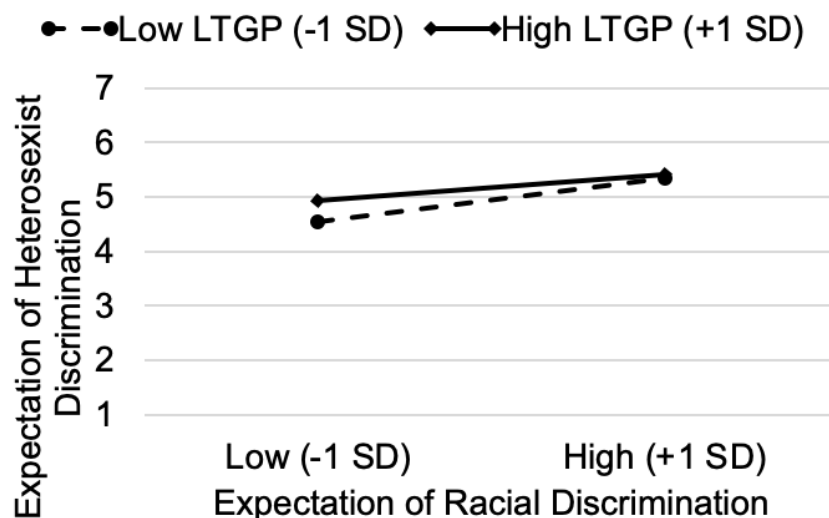*p < .05. **p < .01. ***p < .001.

[-0.08, 0.10] and [-0.05, 0.06] for anxiety, [-0.37, 0.93] and [-0.22, 0.59] for stress.

With respect to the same-oppression pathway, racial/ethnic discrimination mediated the

relationship between expectation of racism and all indicators of psychological distress. As shown

in Figure 10, higher levels of expectation of racism predicted more frequent racial/ethnic

discrimination ($b = 0.36$, $SE = 0.04$, $p < .001$), which in turn predicted higher levels of

Figure 9

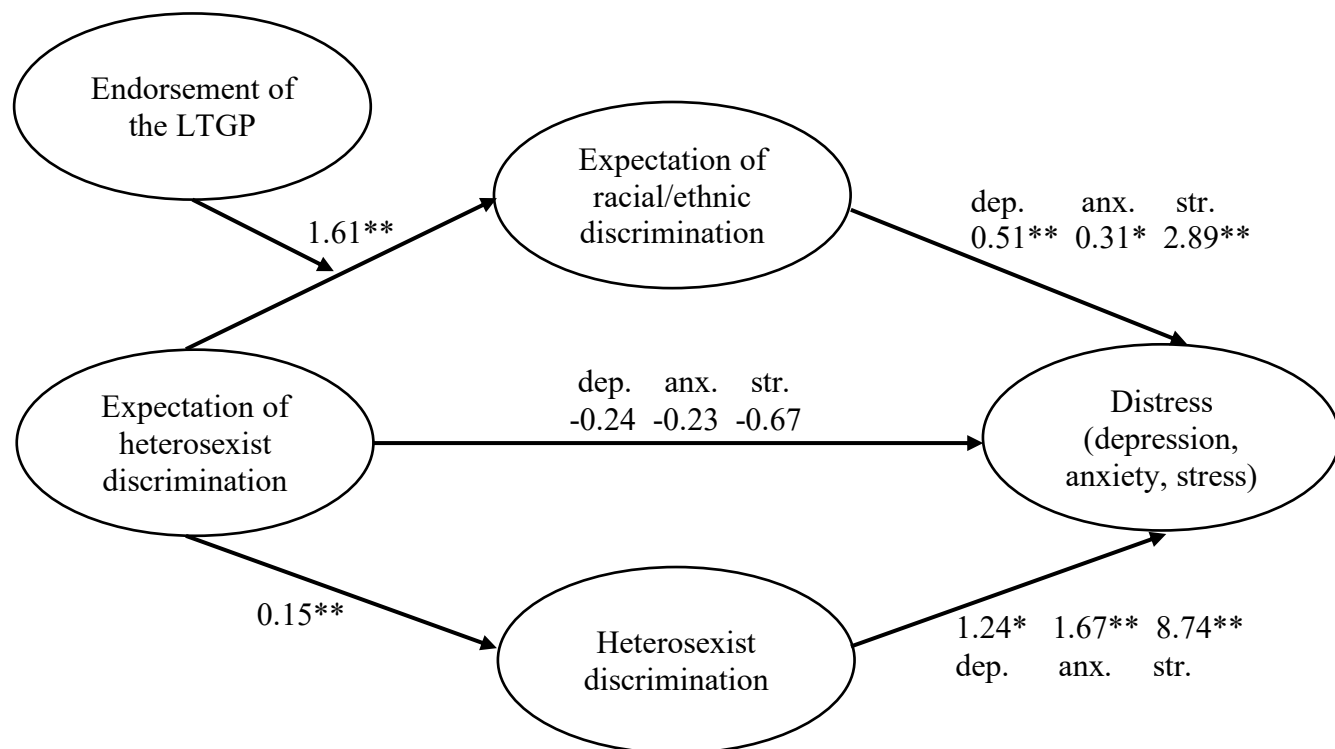*Anticipated Heterosexism as a Function of Expectation of Racial Discrimination and LTGP*

depression ($b = 0.60$, $SE = 0.19$, $p = .002$), anxiety ($b = 0.83$, $SE = 0.17$, $p < .001$), and stress ($b = 4.02$, $SE = 1.15$, $p < .001$). Thus, anticipated racism was indirectly related to depression, anxiety, and stress via experienced racial/ethnic discrimination, with all the 95% CIs entirely above zero: [0.10, 0.35], [0.17, 0.44], and [0.60, 2.35], respectively. In addition, although the direct effects of expectation of racial/ethnic discrimination on anxiety ($b = 0.03$, $SE = 0.12$, $p = .852$) and stress ($b = 1.52$, $SE = 0.84$, $p = .071$) were non-significant, the direct effect on depression was significant ($b = 0.31$, $SE = 0.14$, $p = .029$). Therefore, whereas racial/ethnic discrimination fully mediated the effect of anticipated racism on anxiety and stress, racial/ethnic discrimination only partially mediated the anticipated racism-depression link.

For the second alternative model, as illustrated in Figure 10, expectation of heterosexist discrimination not only predicted significantly greater expectation of racism ($b = 1.61$, $SE = 0.28$, $p < .001$) but it also interacted with endorsement of LTGP to predict expectation of racism ($b = -0.21$, $SE = 0.05$, $p < .001$). Particularly, as shown in Figure 11, the link between

Figure 10

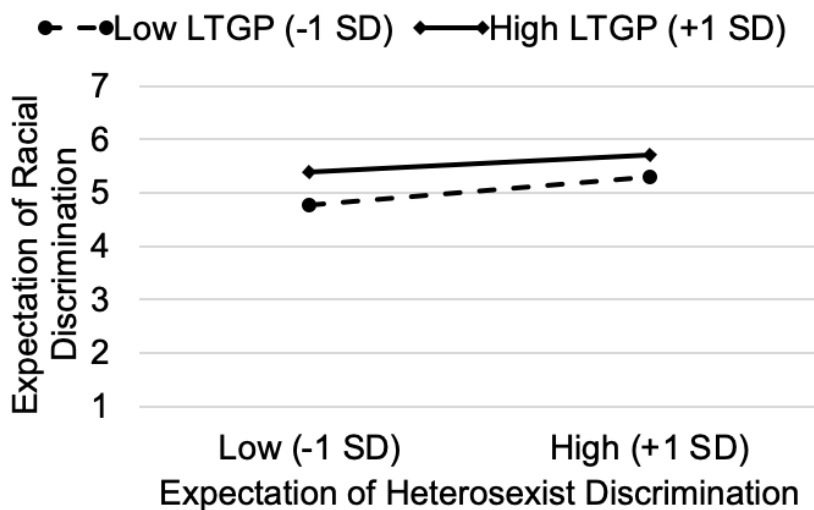*Model Predicting Distress from Expectation of Heterosexism in the Non-MTurk Sample*

Note. Regression coefficients for the three different models (predicting depression, anxiety, and stress) are simultaneously presented in this figure (dep. = depression; anx. = anxiety; str. = stress). The regression coefficients for the relationship between expectation of heterosexist discrimination and distress were calculated controlling for expectation of racial/ethnic discrimination and heterosexist discrimination.
*$p < .01$. **$p < .001$.

expectation of heterosexist discrimination and expectation of racial/ethnic discrimination, again

contrary to my hypothesis, was stronger for those low in LTGP ($b = 0.58$, $SE = 0.07$, $p < .001$)

than those high in LTGP ($b = 0.17$, $SE = 0.08$, $p = .031$). In addition, expectation of racial/ethnic

discrimination was positively associated with all three outcomes of distress, as previously shown

in the examination of my original hypotheses. As a result, for all health outcomes, the indirect

effects were significant for the low LTGP group (with the 95% CIs entirely above zero: [0.13,

0.49], [0.06, 0.31], and [0.80, 2.62] for depression, anxiety, and stress, respectively), but non-

Figure 11

Anticipated Racism as a Function of Expectation of Heterosexist Discrimination and LTGP

significant for the high LTGP group (with the 95% CIs including zero: [-0.01, 0.22], [-0.005, 0.14], and [-0.03, 1.17] for depression, anxiety, and stress, respectively).

With regard to the same-oppression link, heterosexist discrimination fully mediated the relationship between expectation of heterosexist discrimination and mental health. Particularly, as shown in Figure 10, higher levels of anticipated heterosexism predicted more frequent heterosexist discrimination ($b = 0.15$, $SE = 0.02$, $p < .001$), which in turn predicted greater depression ($b = 1.24$, $SE = 0.42$, $p = .003$), anxiety ($b = 1.67$, $SE = 0.37$, $p < .001$), and stress ($b = 8.74$, $SE = 2.52$, $p < .001$). As a result, anticipated heterosexist discrimination was indirectly correlated with depression, anxiety, and stress through heterosexist discrimination, with all the 95% CIs entirely above zero: [0.07, 0.31], [0.13, 0.38], and [0.51, 2.06], respectively. Additionally, the direct effects of expectation of heterosexist discrimination on depression ($b = -0.24$, $SE = 0.14$, $p = .092$), anxiety ($b = -0.23$, $SE = 0.12$, $p = .061$), and stress ($b = -0.67$, $SE =$

0.83, p = .419) were all non-significant. Because my data provided greater support for these two alternative moderated mediation models than for my original hypotheses, especially in light of the fact that discrimination fully mediated the link between expectation of discrimination within the same identity dimension and mental health in four out of six instances tested in these alternative models, it is likely that the moderated mediation models with anticipated discrimination (rather than experienced discrimination) as the main predictor can better account for the experiences reported by LGBTQ-POC in the non-MTurk sample.

Analyses With Atlanta Spa Shootings as a Natural Anti-Asian Event

On the evening of March 16, 2021, a 21-year-old White man committed a mass shooting targeted at massage parlor workers at three different spas in Atlanta, Georgia. Six out of 8 victims were Asian women; therefore, the shootings are commonly deemed an anti-Asian crime. Because the incident occurred amidst the data collection process, it provided an opportunity to conduct a natural experiment. I speculated that participants who were recruited after the shootings would expect greater racial/ethnic and heterosexist discrimination, endorse the LTGP more strongly, and show more distress than those who reported their experiences before the event. To test these predictions, I categorized all non-MTurk responses as having occurred either *before the shootings* (n_0 = 163) or *within five days after the shootings* (i.e., from March 17 to March 21; n_1 = 83) and ran a series of t tests comparing these two groups. As illustrated in Table 4, the post-shooting sample reported significantly higher levels of LTGP and expectation of heterosexist discrimination than did the pre-shooting sample, as predicted. However, no significant differences between the two groups were observed for any of the other variables.

Table 4

Comparisons of Responses Before Versus After the Atlanta Shootings

Measure	Before (n = 163)		After (n = 83)		t	p	95% CI
	M	*SD*	*M*	*SD*			
Racial/ethnic discrimination	2.21	0.59	2.25	0.66	-0.45	.656	[-0.20, 0.13]
Heterosexist discrimination	0.38	0.27	0.39	0.27	-0.35	.724	[-0.08, 0.06]
Expectation of RD	5.33	0.90	5.47	0.94	-1.14	.254	[-0.38, 0.10]
Expectation of HD	4.91	0.89	5.29	0.80	-3.29	.001	[-0.61, -1.15]
LTGP	5.79	0.96	6.13	0.99	-2.60	.010	[-0.60, -0.08]
Depression	3.91	1.65	3.86	1.65	0.25	.805	[-0.38, 0.49]
Anxiety	3.50	1.48	3.18	1.39	1.61	.109	[-0.07, 0.70]
Stress	21.03	9.82	19.23	10.20	1.34	.181	[-6.13, -1.43]

Note. Expectation of RD = Expectation of Racial/Ethnic Discrimination; Expectation of HD = Expectation of Heterosexist Discrimination.

Discussion

When the full sample was analyzed, discrimination did not predict expectation of discrimination across identity dimensions, regardless of the extent to which a person endorsed the LTGP. As for same-oppression experiences, those who reported more frequent racial/ethnic discrimination expected higher levels of racism and in turn showed more stress (but not depression or anxiety). Those who experienced more frequent heterosexist discrimination also anticipated greater future heterosexism; however, surprisingly, greater expectation of heterosexist discrimination was associated with lower levels of depression and anxiety, but did not predict stress. Finally, people who perceived more racism or more heterosexism indicated

higher levels of depression, anxiety, and stress, even when they did not expect higher levels of racial/ethnic discrimination or heterosexist discrimination, respectively.

However, the full sample was made up of the MTurk and non-MTurk samples that drastically differed from each other in various important aspects. Most notably, compared with MTurk workers, people in the non-MTurk sample were more likely to think actively about issues of prejudice and discrimination in relation to their daily experiences, as indexed by their significantly greater tendencies to expect both racial/ethnic and heterosexist discrimination as well as higher levels of LTGP. As a result, the habits of perceiving and expecting stigmatization and their relationships with mental health could likely be dissimilar between the MTurk and non-MTurk samples. In addition, the non-MTurk sample was more representative of the LGBTQ+ community with significantly greater percentages of transmen and nonbinary people than the MTurk sample. Finally, there were significantly more Asian/Asian-Americans and fewer Black/African-Americans in the non-MTurk sample than in the MTurk sample. In light of these differences and the fact that the non-MTurk sample was more homogenenous than the full sample, the following discussion will be focused on the non-MTurk results.

The present study employed both correlational and natural experimental methods to illustrate that queer POC who experienced more frequent discrimination rooted in one identity (either racial/ethnic or sexual/gender identity) were more likely to expect stigmatization related to the other identity. First, both of the hypothesized cross-oppression discrimination-anticipated discrimination links were supported. In other words, people who experienced more frequent racism expected more heterosexism; and those who experienced more frequent heterosexist discrimination anticipated more racism. Second, people who were recruited after the anti-Asian Atlanta shootings, which could potentially have sensitized participants to the presence of

structural racism in America, reported greater expectation of heterosexist discrimination than did those before the shootings. Together, both sets of results suggest that stigma by prejudice transfer could apply to LGBTQ+ POC. Note, however, that whereas prejudice-transfer work typically involves an experimental procedure and focuses on how participants instantly react to discrimination and expect future discrimination from one specific prejudiced person, my study was cross-sectional and measured only the frequency of experiencing discrimination and the extent to which participants habitually anticipated stigmatization. That said, my research, along with English et al.'s (2018) recent finding that racial/ethnic discrimination was positively linked with anticipated heterosexism in queer POC, supports the idea that stigma by prejudice transfer, which has only been employed to explore the racism-sexism intersection, can help us further understand the intersection between racism and heterosexism.

Surprisingly, the cross-oppression links between experienced discrimination and expectation of discrimination were significant only for those less likely to endorse the idea of prejudice transfer. More precisely, only did those *low* in LTGP anticipate higher levels of discrimination (either racial/ethnic or heterosexist) as a function of having experienced more frequent discrimination directed toward their other identity. This finding was contradictory to past research that showed the prejudice-transfer effect to be stronger among people *high* in LTGP (Chaney et al., 2020b; Sanchez et al., 2018). In the current study, however, participants classified as low in LGTP actually endorsed it to a moderate degree, indicating that they "mildly" agreed with the items on the scale, in contrast to the low LTGP participants in Sanchez et al.'s (2018) study, who were neutral about their beliefs in the LTGP. The high LTGP group in my study endorsed the LTGP to an extreme degree ($M = 6.82$ on a 7-point scale) and more strongly than did the high LTGP group in Sanchez et al.'s (2018) study. So, my study technically

examined differences between people who *strongly* endorsed the LTGP and those who *somewhat* endorsed it. The pattern for "low" LTGP participants in my sample can thus be compared to the pattern for high LTGP participants in other studies. Therefore, to reconcile my findings with past research, one can argue that, in general, those who endorse LTGP more strongly should have a greater tendency to experience prejudice transfer; however, those endorsing the LTGP to an extreme degree (i.e., those high in LTPG in my sample) might simply have a greater overall awareness of prejudice in society, and their expectation of discrimination may thus no longer be tied to their actual lived experiences. In other words, it is possible that when belief in prejudice transfer reaches a tipping point, anticipating discrimination becomes habitual.

It is possible that LTGP scores were higher in the current study than in previous research because this study was the first to measure the LTGP in a group of multiply stigmatized people (previous studies were conducted only on White women and Asian/Latinx men). Because LGBTQ-POC could be stigmatized for both their racial/ethnic and their sexual/gender identities, they could experience more frequent and wide-ranging discrimination than heterosexual POC and White queer people (Barnes & Meyer, 2012; Velez et al., 2017), thereby cultivating and reinforcing their beliefs in the monolithic nature of prejudice.

The current study also contributed to the emerging body of research on the LTGP by exploring the malleability of people's beliefs in prejudice transfer. Beliefs in the LTGP were stronger in the sample recruited after rather than before the Atlanta spa shootings, suggesting that LTGP may be somewhat fluid. Previous research has examined the LTGP only as a static individual difference. Future research should take this malleability into account.

Notably, the present study was the first to show that LGBTQ-POC who experienced more frequent racial/ethnic discrimination expected greater racism and in turn demonstrated more

depressive symptoms. This finding extends previous work demonstrating the mediational role of expectation of racial/ethnic discrimination in the racism-distress link for predominantly heterosexual POC (Mendoza-Denton et al., 2002). More important, given that the current study was conducted during a period of unprecedented attention being paid to anti-Black racism and anti-Asian hate crimes, it makes a unique contribution to the growing body of evidence that suggests discrimination can prompt queer POC to expect stigmatization along the *same* identity and in turn feel distressed.

Not only can discriminatory experiences lead to expectation of discrimination and consequently to psychological distress, but expectation of discrimination can also lead people to interpret experiences as discriminatory (and hence report experiencing more discrimination), which could lead to distress. Particularly, the reverse mediation models demonstrated that expectation of discrimination for one identity predicted mental health via reporting of actual discriminatory experiences within the same identity. The supported mediational role of heterosexist discrimination in the relationship between expectation of heterosexism and distress is especially noteworthy given that the hypothesized mediational role of expectation of heterosexism in the heterosexism-distress link was *not* supported. More important, although a greater tendency to expect racism (but not a greater tendency to expect heterosexism) predicted higher levels of psychological distress, expecting either type of discrimination no longer predicted anxiety and stress if people did not actually experience discrimination of the same type (i.e., after expectation of discrimination within the same identity had been controlled for). Hence, it is possible that anticipating racial/ethnic or heterosexist discrimination can only make people susceptible to mental health issues if such anticipation is followed by actual experience of discrimination within the same identity. A robust body of research, however, suggests that the

relation between perception and expectation of discrimination is likely bidirectional. As Pinel (1999) argues, although people who anticipate more discrimination are more inclined to perceive it, heightened anticipation of stigma could derive from past experiences of discrimination. Indeed, on the one hand, several past studies have indicated that more frequent discriminatory experiences predicted greater expectations of stigma and in turn poorer well-being; and expectation of discrimination did not predict perception of it (e.g., Brewster et al., 2013; Liao et al., 2015; Ong et al., 2017). On the other hand, the only longitudinal study on this issue found that greater expectation of being rejected for identifying as LGB at Time 1 predicted more frequent experiences of heterosexist discrimination at Time 2; however, heterosexist discrimination at Time 1 did *not* predict anticipated heterosexism at Time 2 (Douglass & Conlin, 2020). In light of these past findings and results from the current study, one can conclude that, among queer POC, perception and expectation of discrimination may reciprocally influence one other and may each be associated with undesirable mental health outcomes.

Limitations and Future Directions

The current study has a few noteworthy limitations. First, although the hypothesized moderated mediation models implied causality, my data were correlational. Despite my attempt to evaluate alternative models, my study did not allow for a definite conclusion as to whether discrimination precedes expectation of discrimination, especially in a cross-dimension way, in predicting mental health. Given this limitation and, more broadly, a paucity of experimental work on LGBTQ+ POC, future researchers should re-examine my hypotheses replicating the procedure that has been used to study stigma by prejudice transfer in Black and Latinx women (Chaney et al., 2020a). For example, one could manipulate whether participants would present to a neutral or racist evaluator, ask the participants to estimate the probability of expecting

heterosexist discrimination from the same evaluator, and finally collect their instantaneous

cardiovascular responses as a measure of physiological stress (Chaney et al., 2020a, 2020b) to

examine whether those in the racist evaluator condition would expect higher levels of

heterosexist discrimination and consequently show greater cardiovascular stress responses than

those in the control condition. In addition, researchers should design experiments to test whether

heightened expectation of heterosexist discrimination gives rise to higher levels of perceived

racism. For instance, participants in a high expectation condition could be subtly reminded by a

confederate (a fellow classmate) that one would be wise to keep their wits about them when it

comes to LGBTQ issues at their college. Following this message, participants would be asked to

report their experiences of being discriminated against for identifying as a person of color on

campus. It is likely that support would be found for both hypotheses, further adding to our

knowledge of the prejudiced experiences of queer POC.

Second, my study did not fully capture the diverse lived experiences within the LGBTQ+

community of color. Initially, my sample was comprised of MTurk workers and those recruited

from Facebook/email, who differed each other not just in racial/ethnic composition, but also in

terms of social and political consciousness. I attempted to eliminate the issue of an overly

heterogeneous sample by primarily focusing on interpreting the results of the non-MTurk

sample. Even then, however, my study assumed homogeneity within the broad category of

LGBTQ+ people, and specifically, between sexual minority and gender minority people. Past

research has indicated the importance of drawing a distinction between sexual orientation and

gender identity in investigating LGBTQ+ health outcomes (e.g., Guz et al., 2021; Nadal, 2019;

Rieger & Savin-Williams, 2012). One study found that gender nonconformity served as a better

predictor of psychological well-being than did sexual orientation (Rieger & Savin-Williams,

2012). In addition to gender nonconformity, several other risk/protective factors apply only to transgender people, such as gender-affirming hormones (Allen et al., 2019) and healthcare services specifically for transgender people (Smith et al., 2018). Hence, future researchers should examine the stigmatized experiences of sexual minority POC separately from those of gender minority POC.

Likewise, another drawback of my study was that people of different minoritized races/ethnicities were lumped together. This approach overlooked the potential role of culture-specific factors, such as Asian values (Han, 2020; Kim et al., 2005) and endorsement of the Strong Black Woman schema (i.e., the belief that Black women are perpetually resilient and independent; Abrams et al., 2019; Thomas et al., 2004), in the link between discrimination and mental health among queer POC. Moving forward, it is important to study one specific group at a time and consider their unique experiences. For example, in studying Black transgender women, one can evaluate the relations between endorsement of the Strong Black Woman schema and gender non-conformity on reported levels of both perceived and anticipated discrimination as well as on suicidal ideation.

Finally, in an era in which prejudice is omnipresent, especially in mass media, it would be interesting to test the role of second-hand or vicariously-experienced discrimination. For instance, would watching footage of the Pulse nightclub shooting (which was targeted at Latinx queer people) increase Black LGBTQ+ people's expectation of being discriminated against for being Black and/or for being gay, and consequently make them feel more distressed? In investigating these issues, researchers may benefit from taking into account the extent to which participants focus on the shared versus different struggles across different stigmatized individuals. It is possible that those who are more oriented towards the common struggles would

be more likely to experience mental health issues as a result of second-hand discrimination. Such studies would help portray the depth and complexity of prejudice and discrimination experienced by LGBTQ+ POC, and could shed light on the ensuing health consequences.

Implications

The present study has important theoretical and practical implications. First, by highlighting that perceived discrimination and expectation of discrimination operated independently and collaboratively to predict distress, the study provides support for minority stress theory (Meyer, 2003). Results from this study also support Hatzenbuehler's (2009) psychological mediation framework for showing that discrimination can predict mental health via anticipation of future stigmatization. At the same time, the current study, along with past evidence on the reciprocal relationship between perception and expectation of discrimination, encourages researchers to rethink Hatzenbuehler's (2009) distinct demarcations between proximal and distal factors (Douglass & Conlin, 2020). Instead of drawing a definitive conclusion about the temporal relationship between these two types of factors, scholars can examine whether structural forms of prejudice (e.g., laws and policies, cultural norms regarding the LGBTQ+ community) precede one's experiences of both perceiving and anticipating discrimination (Douglass & Conlin, 2020). Further, because Hatzenbuehler (2009) built the theory focusing solely on heterosexism, I extended this theoretical framework beyond one single system of oppression by illuminating the cross-oppression links between experienced and anticipated discrimination: from racial/ethnic to gender/sexual identities, and vice versa. Finally, given that 24.8% of the non-MTurk sample identified as transgender, gender-nonconforming/diverse, or non-binary, this study demonstrated that the lived experiences of these populations could also be accounted for by minority stress theory (Meyer, 2003) and

Hatzenbuehler's (2009) framework, both of which originally derived from research on only LGB people. In line with this idea, previous empirical research has indeed shown that minority stress theory could translate well to the experiences of transgender people (e.g., Miller & Grollman, 2015; Rieger & Savin-Williams, 2012; Smith et al., 2018).

With a number of important findings on the intersectional experiences of queer POC, my study underscores the instrumental role of intersectionality in prejudice, stigma, and health studies. Intersectionality is necessary for both theoretical and empirical work. This approach not only, for example, underlay Ching et al.'s (2020) integrative model of intersectional stress and trauma in Asian LGBTQ+ people, but it also helped establish that multiple forms of oppression work independently and interactively to predict the mental health of sexual minority Latinx people (Velez et al., 2015; Velez et al., 2019). To fully take advantage of the intersectional approach that was originally rooted in Black feminist thought, psychology researchers should employ qualitative methods in addition to the commonly used quantitative research methods. First, qualitative methodologies can better enable researcher reflexibility that is crucial to intersectional research (Fassinger, 2005; Maxwell et al., 2016; Moradi & Grzanka, 2017). Second, quantitative studies tend to treat multiply marginalized people solely as a collection of multiple identities, which runs counter to the core idea of the intersectional approach that identities are mutually constitutive and fluid. Therefore, qualitative methods are needed to advance a nuanced understanding of how multiple identities dynamically interact with one another to shape the experiences of multiply stigmatized people (Bowleg, 2013; Cho et al., 2013; Collins, 1991; Moradi & Grzanka, 2017; Nadal et al., 2015). Finally, the intersectional approach requires an in-depth analysis of the deep-rooted institutional impact of discrimination and oppression on marginalized people; qualitative research can thus be valuable in helping build the

knowledge on that matter, especially given that researchers who use quantitative data are more inclined to examine the intra- and interpersonal processes (Cole, 2009; MacKinnon, 2013; Moradi & Grzanka, 2017). Taken together, future researchers should fully embrace the intersectional approach by combining both qualitative and quantitative methodologies to best understand and help to confront the existing axes of power, privilege, and oppression (Moradi & Grzanka, 2017).

Finally, by underscoring the vicious and endless cycle of anticipating and experiencing discrimination among LGBTQ+ POC, the present study provides evidence to help advocate for systemic changes aimed to eliminate different forms of stigma and prejudice. Particularly, results showed the various pathways through which oppression could be linked to psychological distress among queer POC. Both personally experiencing discriminatory events and anticipating future stigmatization alone could contribute to distress. Even more concerning, experiencing discrimination could lead to expectation of discrimination, and vice versa; in both cases, it could take a toll on mental health. In that regard, mental health issues seem inescapable for queer POC. An increased research focus on these topics can help spur institutional changes, such as equitable laws and policies, to help create a safer America in which LGBTQ+ POC and other marginalized groups can experience a higher quality of life by not having to worry that discrimination lurks around every corner.

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