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Perceptions of Sexual Minoritized Women's Sexual Orientation and Masculine Gender Expression as Predictors of their Experience of Enacted Stigma and Problematic Drinking

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by

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ABSTRACT

Minority Stress Theory posits that health disparities, such as the disproportionate development of problematic drinking, among sexual minoritized people are attributable to lifelong, experienced stressors such as enacted stigma. Researchers have examined downstream processes of stigma (i.e., what happens *after* stigma is experienced); however, there is little research on upstream processes (i.e., what leads to the experience of stigma *in the first place*). The present study sought to examine perception accuracy and perceived masculine gender expression as potential antecedents to experienced stigma and resultant problematic drinking among sexual minoritized women. Two samples of participants were recruited: 180 cisgender sexual minoritized and heterosexual women "targets" and 75 cisgender heterosexual men and women "raters." Results indicated perception accuracy and perceived masculine gender expression were not significantly related to enacted stigma or problematic drinking. However, in accordance with Minority Stress Theory, greater experience of enacted stigma was associated with greater problematic drinking.

INDEX WORDS: Sexual minoritized, Alcohol, Perception accuracy, Enacted stigma, Minority stress

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1 INTRODUCTION

Problematic drinking is a major public health concern that has garnered significant attention. However, it is relatively understudied within the sexual minoritized community. For instance, between 1989 and 2011, only 0.5% of NIH-funded studies examined the health of LGBT populations, with 12.9% of those studies focusing on alcohol use (Coulter et al., 2014). This relative dearth of research is problematic, given the disproportionate development of alcohol use disorder (AUD) and hazardous drinking patterns among sexual minoritized people, and sexual minoritized women in particular, compared to their heterosexual peers (Drabble et al., 2005; McCabe et al., 2009; Schuler & Collins, 2020; S. C. Wilsnack et al., 2008). Importantly, while men have historically outpaced women in frequency and quantity of alcohol consumption (R.W. Wilsnack et al., 2000), more recent work shows that this gender gap is closing (Keyes et al., 2008).

Relevant research (Goldbach et al., 2014; McCabe et al., 2009) and theory (Herek, 2007; Meyer, 2003) posit that health disparities among sexual minoritized people, such as the disproportionate development of alcohol use disorders and problematic drinking, stem from sexual minority stress/sexual stigma. In fact, prior research shows sexual-orientation-based discrimination (Hughes et al., 2010) and violence (Kalb et al., 2018) are positively related to alcohol use among sexual minoritized women, and sexual minority stress longitudinally predicts alcohol use in this population (Wilson et al., 2016). Of note, there is a general lack of research on potential mechanisms that explain the process through which sexual minoritized people come to develop psychopathology (e.g., alcohol use disorder) at disproportionate rates relative to their heterosexual peers (Hughes et al., 2020). Researchers have posited downstream social, emotional, and cognitive processes as mediators of the link between sexual minority

stress/sexual stigma and psychopathology (Hatzenbuehler, 2009). Indeed, research indicates that heavy alcohol consumption can serve as a means of coping with stigma and reducing minority stress among sexual minoritized people (Kalb et al., 2018). However, little research has examined the potential role of upstream processes. By examining upstream constructs that may be related to differential experiences of sexual stigma, research may help identify who is most at-risk for problematic drinking. For instance, while the experience of stigma varies among sexual minoritized individuals due to myriad factors, the extent to which their sexual orientation is perceptible to others (i.e., perception accuracy) may increase individuals' risk of experiencing sexual stigma. And so, the proposed study seeks to examine the associations among perception accuracy, experiences of stigma, and alcohol use in sexual minoritized women, with the aim of elucidating one potential mechanism underlying problematic drinking patterns among sexual minoritized women.

1.1 Sexual Stigma Framework

Herek (2007) advanced the Sexual Stigma Framework as a means of providing a parsimonious understanding of how sexual stigma can impact the health of sexual minoritized people. Sexual stigma is defined as "the negative regard, inferior status, and relative powerlessness that society collectively accords to any non-heterosexual behavior, identity, relationship, or community" (Herek, 2007, p. 2). Sexual stigma manifests at both the structural (i.e., heterosexism) and individual (i.e., enacted, felt, and internalized stigma) levels. At the structural level, sexual stigma is referred to as heterosexism, which is reflected in social customs and institutions (e.g., norms about gender roles, religion, laws, and language). This sociocultural context sanctions and normalizes individual-level antipathy toward sexual and gender minoritized people.

One example of heterosexism is the "three-article rule," which was an informal rule utilized by U.S. law enforcement during the 1940s, 50s, and 60s to arrest sexual and gender minoritized individuals who were not wearing at least three articles of clothing that conformed with their sex assigned at birth. The "three-article rule" embodied heterosexism, systematically disadvantaging sexual and gender minoritized people by subjecting them to bar raids, arrests, and sexual misconduct by law enforcement. Unfortunately, heterosexism persists in modern-day U.S. culture, with institutional policies like "Don't Ask, Don't Tell" (DADT)—a U.S. military policy which existed from 1993 to 2011 (Parco & Levy, 2013). DADT allowed sexual minoritized individuals to serve in the U.S. military, but their service was contingent on the concealment of their sexual minoritized identities. At the structural level, policies like the "three-article rule" and DADT normalize stigma against sexual minoritized individuals and perpetuate forms of individual-level stigma.

At the individual level, sexual stigma manifests as felt, internalized, and enacted stigma. Felt stigma is an individual's expectation or anticipation of the enactment of sexual stigma in a given context (Herek, 2007). Institutional practices, like the "three-article rule," incite felt stigma in sexual minoritized people because they facilitate perpetual threat-monitoring and heightened vigilance in anticipation of threat related to their sexual identity. As a result, sexual minoritized people engage in behaviors (e.g., wearing gendered clothing that aligns with their sex assigned at birth) in an effort to avoid negative consequences that may ensue. Another form of individual-level sexual stigma is internalized stigma, or an individual's integration and acceptance of sexual stigma as part of their self-concept (Herek, 2007, p. 5). Internalized stigma can be experienced by both heterosexual (termed "sexual prejudice") and sexual minoritized (termed "self-stigma") people. In both cases, individuals internalize negative societal views, messages, and behaviors

toward sexual minoritized people. Enacted stigma is "the overt behavioral expression of sexual stigma through actions such as the use of antigay epithets, shunning and ostracism of sexual minoritized individuals, and overt discrimination and violence" (Herek, 2007, p. 3). Victimization (e.g., physical or sexual assault), harassment (e.g., being called a "dyke"), and discrimination (e.g., being denied housing or employment) are all forms of enacted stigma faced by sexual minoritized people (Herek, 2009). In fact, sexual minoritized individuals who report a greater number of recent experiences of enacted stigma also report higher levels of AUD severity than individuals with fewer or no recent experiences of enacted stigma (McCabe et al., 2019). The documented link between enacted stigma and alcohol use is critical, as sexual minoritized women are significantly more likely to experience victimization (e.g., intimate partner violence, physical abuse, sexual abuse) than heterosexual women (Hughes et al., 2014).

Importantly, the various forms of stigma outlined in the Sexual Stigma Framework set the stage for chronic stress, and myriad resultant negative health outcomes experienced by sexual minoritized people (Meyer, 2003). Of relevance to the proposed study, one such negative health disparity is problematic drinking, which in the context of Minority Stress Theory, is viewed as largely attributable to lifelong, experienced stressors related to one's stigmatized identity (Meyer, 2003). While all forms of sexual stigma contribute to minority stress, the proposed study will focus on enacted stigma.

1.2 Mechanisms of Enacted Stigma

1.2.1 Gender Role Socialization

Gender is a social construct—a performed behavior derived from the social situation. Gender has historically been viewed as a natural, fundamental, well-defined, enduring, and (in the U.S.) dichotomous, distinction based on sex characteristics (West & Zimmerman, 1987).

Gender role socialization is the process through which children learn gender-congruent social expectations, behaviors, and attitudes (Chrisler, 2004). The process of gender role socialization is an active one—children begin to categorize everything on the basis of gender (Chrisler, 2004), and thus learn how to perform the gender they have been assigned based on social contextual information. In "doing" or performing gender, individuals' behaviors, expressions, and appearances are equated with masculine and feminine "natures" (West & Zimmerman, 1987, p. 126). Gender role socialization processes often begin prenatally with "gender reveal parties"—"girl" becomes associated with pink, and "boy" becomes associated with blue. The socialization of individuals through the lens of the gender binary creates a clear distinction between what it means to be a man vs. a woman, masculine vs. feminine, etc., and social and cognitive processes reinforce gendered perceptions and stereotypes (Chrisler, 2004). And so, individuals' behaviors, expressions, and appearances are subject to others' assessment of the degree to which they conform to societally constructed norms of manly and womanly "natures" (West & Zimmerman, 1987, p. 136). That is, individuals are subject to categorization and discrimination based on the degree to which their gender display is congruent or incongruent with the societally imposed norms associated with their gender.

Gender role socialization is a culturally embedded process, which reinforces related structural-level processes like sexism and heterosexism. Sexism—or prejudice, stereotyping, and discrimination on the basis of sex—is a product of the "clear-cut" distinctions between men and women as well as masculinity and femininity as defined by gender role socialization. Men are expected to be masculine (e.g., rational, assertive, tough), and women are expected to be feminine (e.g., passive, emotional, nurturing, male fantasies; Walkerdine, 1989). This artificial discrepancy between men and women also serves as the basis for heterosexism. If women exist

only as a symptom of male fantasy (Lacan, 1977), women whose gender displays and/or sexual orientations violate gender role norms and do not serve the male fantasy are assessed as incongruent. These women are held accountable for not performing their gender in accordance with societal norms (West & Zimmerman, 1987). One such means of accountability is heterosexism and resultant enacted stigma.

Of relevance to the proposed study, gender role socialization has implications for sexual minoritized women. While prior work has shown that sexual minoritized women are at lower risk for experiencing enacted stigma than sexual minoritized men (D'Augelli & Grossman, 2001; Herek, 2009; Herek et al., 1999), these studies did not examine whether adherence to gender roles affects sexual minoritized women's likelihood of experiencing enacted stigma. And, since sexual stigma serves to define group boundaries in-line with traditional male and female gender roles (Herek, 1986), it follows that women with masculine presentations violate these boundaries and therefore represent a threat to heteronormativity and heterosexual men's masculinity.

1.2.2 Objectification Theory

Objectification theory is a framework for understanding women's experiences in a society which socializes them to internalize the sexually objectifying view of women into their self-concept and monitor their physical appearance in accordance with this view (Baumeister et al., 2007). As such, women are viewed as commodities to be consumed by men, and women's "socially valued, exchangeable bod[ies]" are perceived through the lens of masculine values (Irigaray, 1997, p. 804). Objectification theory posits that women experience psychological consequences from the experience of being valued by others, and men in particular, for their exchangeable bodies (Fredrickson & Roberts, 1997).

Through the lens of objectification theory, feminine women's bodies are valued, and

masculine women's bodies are devalued, by heterosexual men. Therefore, sexual minoritized women's bodies are valued only to the extent that they embody femininity, and their relationships with other women are valued only to the extent that they are hypersexualized, and as such, appeal to the heterosexual male gaze (see Nölke, 2018; Szymanski et al., 2011). Relatedly, the construction of masculinity as the antithesis of femininity provides the basis for heterosexual men's perpetration of enacted stigma against sexual minoritized women. Peer dynamics, or heterosexual men's desire to "prove both toughness and heterosexuality to friends" (Franklin, 1998, p. 12) is the most salient motivation for antigay aggression toward sexual minoritized people (Franklin, 2000). While heterosexual men perpetrate the majority of antigay violence (Herek, 2002a, 2002b), heterosexual women perpetrate enacted stigma in more insidious ways. For example, heterosexual women openly express hostility toward sexual minoritized women with masculine gender expressions (Eves, 2004). And so, it is perhaps unsurprising that sexual minoritized women with masculine (relative to feminine) presentations report more experiences of enacted stigma (Lehavot & Simoni, 2011).

Taken together, this body of work supports two potential mechanisms through which perpetration of enacted stigma against sexual minoritized women occurs: gender role socialization and objectification of women. Importantly, both mechanisms involve the devaluation of women with masculine presentations, highlighting others' (and, in particular, heterosexual men's) perception of sexual minoritized women's masculinity and sexual minoritized identity (to be reviewed below) as key potential antecedents to sexual minoritized women's experience of enacted stigma.

1.3 Perception of Sexual Orientation

1.3.1 Social Categorization

Gender roles and the socialization of individuals through the lens of the gender binary lend themselves to social categorization. Social categorization is "the process through which we group individuals based upon social information," including categories such as sexual orientation (Stolier & Freeman, 2016, p. 141). Social categories, stereotypes, and physical attributes (e.g., facial cues) interact to inform one's perception of, social categorization of, and behavior toward an individual (Freeman & Ambady, 2011). It follows that the perception and social categorization of sexual minoritized women stem from the stereotypes attached to them at the structural level (i.e., heterosexism) and the physical attributes they possess (e.g., masculine presentation) which distinguish them from the cultural standard for the heterosexual woman (i.e., femininity). Importantly, one's perception and categorization of a woman as sexual minoritized are antecedents to potential acts of enacted stigma. That is, a woman must first be perceived and categorized as sexual minoritized in order for the perceiver to discriminate on the basis of her sexual orientation.

1.3.2 Perception Accuracy

Perception accuracy, or others' ability to accurately perceive one's sexual orientation, is likely a key component of the mechanism through which sexual minoritized women experience enacted stigma and its consequences (e.g., problematic drinking). Although sexual orientation is thought to be a concealable minoritized identity, people can accurately perceive another person's sexual orientation at greater than chance levels (e.g., Rule et al., 2008). The extant literature shows that people can accurately perceive sexual orientation regardless of the type of media (i.e., photographs, videos, dynamic figural outlines; Ambady et al., 1999; Johnson et al., 2007), the

length of time the media is presented (Ambady et al., 1999), whether the media includes real or computer-generated faces (Freeman et al., 2010), or the portion of the face presented (e.g., eyes, mouth, hair; Rule et al., 2008). This body of literature suggests that sexual orientation is not fully concealable and, in fact, is perceptible by others. For sexual minoritized women, the degree to which they deviate from gendered expectations (e.g., gender expression) is one possible means by which others perceive and categorize them as sexual minoritized people.

1.3.3 Limitations of Existing Research on Perception Accuracy

Existing research on perception accuracy has predominantly involved male targets, with only three studies focusing on sexual minoritized women (Ding & Rule, 2012; Rule et al., 2009; Tskhay et al., 2013). Only one of these three studies examined raters' ability to distinguish between lesbian, bisexual, and heterosexual targets (Ding & Rule, 2012). The lack of research involving sexual minoritized women and the standard practice of using dichotomous heterosexual-homosexual categorizations represent key weaknesses in the rigor of the extant literature. Additionally, with few exceptions (see Ambady et al., 1999; Johnson et al., 2007; Rieger et al., 2010), existing research utilizes face-only images, often with facial hair and piercings removed (Rule et al., 2008). These methods limit the external validity of this research because in everyday contexts (e.g., a glimpse at passersby on the sidewalk), individuals can typically see full-body representations of individuals, including facial hair and piercings. Thus, the methodological rigor of research on the link between perception accuracy and enacted stigma can be strengthened by recruiting sexual minoritized women and presenting full-body photographs to raters.

1.4 The Current Study

The current study examined how raters' perception of targets' sexual orientation and

gender expression are related to targets' experiences of enacted stigma and their drinking patterns. Extant research (e.g., Lehavot & Simoni, 2011) indicates that sexual minoritized women who report more masculine (relative to feminine) gender expression, and thus whose sexual orientation may therefore be more perceptible to others, are more likely to experience enacted stigma. In addition, relevant theory (Herek, 2007) and research (e.g., McCabe et al., 2019) indicate that experiences of enacted stigma are positively associated with heavy alcohol use. Based on this literature, two primary hypotheses were advanced. First, it was hypothesized that women who are more easily identified as sexual minoritized will report higher levels of problematic drinking (Hypothesis 1a) and this association will be mediated by women's experiences of enacted stigma (Hypothesis 1b). Second, it was hypothesized that women who are perceived to exhibit a more masculine gender expression will report higher levels of problematic drinking (Hypothesis 2a) and this association will be mediated by women's experiences of enacted stigma (Hypothesis 2b).

2 METHOD

In accordance with the aim of examining how raters' perceptions of targets' sexual orientation and gender expression are related to targets' experiences of enacted stigma and their drinking patterns, the current study recruited two independent samples of participants. For the first sample, we recruited "targets" comprised of cisgender sexual minoritized and heterosexual women. For the second sample, we recruited "raters" comprised of cisgender heterosexual men and women.

2.1 Participants

2.1.1 Sample 1

Participants were lesbian ($N = 75$), bisexual ($N = 75$), and heterosexual ($N = 30$) cisgender women ages 21 and older who currently live in the United States ($N = 180$). Participants reported being self-aware of their sexual orientation for an average of 9.14 years ($SD = 9.52$). The racial and ethnic composition consisted of 73% White, 23% Black, 2% Asian, 1% multiracial, and less than 1% Native American, Hawaiian, or Pacific Islander, with 23% of participants identifying as Hispanic or Latina. Participants' average age was 29.54 years ($SD = 6.17$). Of note, 47% of participants indicated they were previously diagnosed with or treated for an alcohol use disorder.

Transgender individuals were excluded because they experience both gender minority and sexual minority stigma (Kattari et al., 2016). Because of this variation, a larger sample size would be required to disentangle the effects of both forms of stigma and necessitate resources that go beyond those available to the current project. Additionally, individuals younger than 21 were excluded as they likely experience their sexual minoritized identities and resultant experiences (e.g., sexual minority stigma) differently than young adults (Vale et al., 2019). For example, a longitudinal study following adolescent sexual minoritized women into young adulthood showed that their sexual behaviors and identities tended to change between adolescence and young adulthood (Diamond, 2000). Since the present study assessed raters' accuracy in perceiving women's sexual orientations, men were excluded from participation as "target" participants.

Given that sexual minoritized women represent a hard-to-reach population, participants were recruited nationally through targeted Facebook and other social media advertisements (M.

E. Newcomb et al., 2020; Sterzing et al., 2017). Additional participants were recruited through the "gatekeeper" technique, wherein sexual minoritized individuals who are well-known in their communities and/or involved with LGBTQ+ organizations were contacted and asked to disseminate information about the study to personal contacts and others (Kosciw et al., 2018). This multipronged recruitment approach directed individuals to a study website which described a brief survey-based research study for women. The website explained that study participation involved completing an online survey and uploading a photograph of themselves. Potential participants were also told that they would be compensated $15 for completing the 30-minute study. Interested individuals were then directed to answer screening questions that assess age, sex assigned at birth, gender identity, and sexual orientation. Answers to these questions were used to confirm the aforementioned eligibility criteria.

2.1.2 Sample 2

Participants were heterosexual cisgender men ($N = 26$) and women ($N = 49$) ages 18 and older. This sample size and gender distribution was informed by prior research on perception accuracy which used a similar number of raters (see Johnson et al., 2007). The racial and ethnic composition consisted of 45% Black, 25% Asian, 20% White, 8% multiracial, and 1% Native American, with 13% of participants identifying as Hispanic or Latino/a. Participants' average age was 19.75 years ($SD = 1.66$).

Participants were recruited via Georgia State University's psychology subject pool in an effort to constrain the raters to one geographical location and reduce the possibility that raters were acquainted with photographed "target" participants. Participants responded to a study entitled "Photograph Rating Study." Incentive for participation was course credits for an Introductory to Psychology course. Participants were informed that they would be asked to

complete questionnaires and rate photographs. Eligibility was established based on the subject pool pre-screen questionnaire, which is administered to all subject pool participants at the start of each semester and asks participants to self-report their sexual orientation, gender identity, and age. Eligibility was again assessed after study participation; one individual who reported a sex assigned at birth (demographics questionnaire) that is different from their gender identity (subject pool pre-screen questionnaire) received course credit for participation but was excluded from the analyses.

2.2 Measures

With the exception of the demographics questionnaire, all measures described below were administered only to Sample 1.

2.2.1 Demographics Questionnaire

Participants were asked standard demographic questions to assess age, education, race, ethnicity, sex assigned at birth, gender identity, socioeconomic status, zip code, and sexual orientation. Since these factors have previously been found to be associated with rates of experienced enacted stigma among sexual minoritized individuals (Herek, 2009; Lehavot & Simoni, 2011; Shangani et al., 2020; Swank et al., 2012, 2013), measurement of these variables allows for a more nuanced approach to our understanding of the ways enacted stigma may function differently across lesbian and bisexual women.

2.2.2 Enacted Stigma

Enacted stigma was measured with the 50-item Daily Heterosexist Experiences Questionnaire (DHEQ). For each item, an experience related to stigmatization is listed. Participants are asked to consider the question “How much has this problem distressed or bothered you during the past 12 months?” and respond on a Likert-scale from 0 (did not

happen/not applicable to me) to 5 (it happened, and it bothered me extremely). Sample items include “Being called names such as ‘fag’ or dyke’” and “Being verbally harassed by strangers because you are LGBT.” The DHEQ is comprised of nine subscales, and scores are computed by averaging item responses across all items (total score) and across items from a specific subscale (subscale scores). The current study examined both the total score, which reflects overall experiences of enacted stigma, and the Harassment, Gender Expression, and Victimization subscale scores. These subscales reflect the individual’s stigma-based experiences of harassment, such as verbal harassment or unfair treatment (Harassment), isolation and harassment related to gender expression (Gender Expression), and stigma-based violence (Victimization). The DHEQ was chosen as a measure of enacted stigma because of its excellent internal reliability (α = .92) and its moderate concurrent validity with general sexual minority stigma items in the standardization sample (*rs* = .26 and .35, $p < .001$; Balsam et al., 2013). Additionally, the Harassment (α = .85), Gender Expression (α = .86), and Victimization (α = .87) subscales have good internal reliability in the standardization sample (Balsam et al., 2013), which was consistent with the current sample (α = .881-.981).

2.2.3 Alcohol Use

Problematic drinking over the past 12 months was assessed with the 10-item Alcohol Use Disorders Identification Test (AUDIT; Babor et al., 2001). Participants rate items on a 0-4 Likert scale, and scores are summed across the 10 items to indicate severity of problematic drinking. Sample items include “How often during the last year have you failed to do what was normally expected of you because of drinking?” and “How many drinks containing alcohol do you have on a typical day when you are drinking?” The AUDIT has excellent test-retest reliability (*rs* = .81 and .92; Daeppen et al., 2000; Lennings, 1999) and excellent internal reliability (α = .94;

Skipsey et al., 1997). In the current sample, the AUDIT had excellent internal reliability (α = .937).

In an effort to better characterize our sample, motives for drinking were assessed with the Drinking Motives Questionnaire Revised (DMQ-R; Cooper, 1994), as drinking motives longitudinally predict problematic drinking (Holahan et al., 2001). This 20-item self-report measure assesses reasons for alcohol use via four subscales: social (e.g., "Because it helps you enjoy a party"), conformity (e.g., "Because your friends pressure you to drink"), enhancement (e.g., "Because you like the feeling"), and coping (e.g., "To forget your worries"). Individuals rate each item on a 1 (almost never/never) to 5 (almost always/always) Likert scale. The five items pertaining to each subscale are summed, with higher total scores on each subscale corresponding to stronger motives for consuming alcohol. The DMQ-R subscales demonstrate excellent internal reliability (α = .84-.88; Cooper, 1994), which was consistent with the current sample (α = .812-.925).

2.2.4 Perception Accuracy

While the body of research on perception accuracy is relatively small, the current study aims to improve upon measures of sexual orientation categorization, femininity, and masculinity utilized in prior studies (Ding & Rule, 2012; Rule et al., 2009). Each construct was assessed on a different one-item scale. With respect to sexual orientation, prior work has asked raters to categorize targets as gay or straight (e.g., Stern et al., 2013). The current study expands on this work by asking raters to categorize targets as lesbian, heterosexual, or bisexual. With respect to femininity and masculinity, prior work has measured these constructs on a single continuum, using a Likert scale from 1 (feminine) to 7 (masculine). Based on the reviewed literature (e.g., Chrisler, 2004; Walkerdine, 1989; West & Zimmerman, 1987), the current study presented

separate 7-point Likert scales to raters to assess separately their perception of femininity and masculinity in the target photo. This measurement decision is further supported by our preliminary research, which indicated high interrater reliability for separate measures of masculinity (ICC = .80) and femininity (ICC = .87).

2.2.5 Variables Relevant to Problematic Drinking

A secondary aim of the current project is to better characterize this sample of sexual minoritized women drinkers. In pursuit of this aim, additional constructs were measured which are not relevant to the primary aims of the study but have been shown to be related to problematic drinking among sexual minoritized people. Research indicates that internalized homophobia (Walch et al., 2016) and connectedness to the LGBTQ+ community (Craney et al., 2018; Kaniuka et al., 2019) mediate and moderate the relationship between enacted stigma and mental health, respectively. As such, internalized homophobia and connectedness to the LGBTQ+ community were assessed with the Internalized Homophobia Scale Revised (Herek et al., 2009) and the Connectedness to the LGBT Community Scale (Frost & Meyer, 2012), respectively, so that these variables may be included in exploratory analyses.

The Connectedness to the LGBT Community Scale (Frost & Meyer, 2012) is an 8-item measure of aspects of connectedness to the LGBT community (i.e., positivity, closeness, and problem-focused). Participants rate items on a 1 (Agree Strongly) to 4 (Disagree Strongly) Likert scale. Sample items include “You feel you’re a part of [participant’s city]’s LGBT community” and “You are proud of [participant’s city]’s LGBT community.” Responses are reverse-scored and averaged across the eight items, such that higher per-item mean scores indicate greater feelings of connectedness. The Connectedness to the LGBT Community scale has good convergent validity with other relevant constructs (rs = .32 to .62, $p < .001$) and good internal

reliability (α = .75-.88) in the standardization sample (Frost & Meyer, 2012). In the current sample, the Connectedness to the LGBT Community scale had excellent internal reliability (α = .808).

The Internalized Homophobia Scale Revised (IHP-R; Herek et al., 2009) is a 5-item measure of individuals' acceptance of sexual stigma as part of their self-concept. Participants rate the items on a 1 (disagree strongly) to 5 (agree strongly) Likert scale. Sample items include "I wish I weren't lesbian/bisexual" and "I have tried to stop being attracted to women in general." Scores are computed by averaging responses on the five items, with higher per-item mean scores indicating more negative self-attitudes. The IHP-R has excellent internal reliability (α = .82) and good test-retest reliability (*r* = .67; Herek et al., 2009). In the current sample, the IHP-R had excellent internal reliability (α = .953).

2.3 Procedure

2.3.1 Sample 1

Target participants completed the study entirely online via Qualtrics. Eligible participants were presented with a digital informed consent document. Those who consented to participate were asked to complete all measures, and participation was terminated for individuals who were not eligible or did not consent to participating.

After completing these measures, participants were asked to upload a photograph of themselves using procedures drawn from pilot work that yielded high-quality photographs. Participants were provided instructions on how to take the photograph with their phone or webcam and upload it to the online survey. Specifically, participants were provided written instructions which requested that: (1) the photograph captures the upper half of their body, (2) the photograph is front-facing, (3) they are sitting up straight, with the hand not in use in their lap

and (4) their facial expression is neutral. An example photograph was provided along with the written instructions. After completing the survey, participants were compensated and thanked. At the conclusion of the study, the backgrounds of the photographs were edited using Adobe Express (Adobe, 2016) so that all backgrounds were identical across participants.

2.3.2 Sample 2

Upon providing informed consent, participants completed the demographic form and the rating task via Qualtrics. In the rating task, they were presented with photographs of each target participant. Each photograph was presented for five seconds. After the image was displayed, participants were asked to rate the target's sexual orientation, femininity, and masculinity. Participants were compensated with subject pool credit.

2.4 Data Analytic Plan

2.4.1 Primary Analyses

All data analyses were performed using IBM SPSS Statistics 26 (IBM Corp., 2019). To test Hypotheses 1a and 1b, a simple mediation model was run using PROCESS Model 4 (Hayes, 2017), with experiences of enacted stigma (total DHEQ) mediating the relationship between perception accuracy and problematic drinking (AUDIT), controlling for perceived masculine gender expression (see Figure 1). Hypotheses 1a and 1b were also tested via a parallel mediation model using PROCESS Model 4, wherein three relevant experiences of stigma (i.e., Victimization, Harassment, and Gender Expression) mediate the relationship between perception accuracy and problematic drinking (AUDIT), controlling for perceived masculine gender expression (see Figure 2). The same models were utilized to test Hypotheses 2a and 2b, but with perceived masculine gender expression as the predictor, controlling for perception accuracy (see Figures 3 and 4).

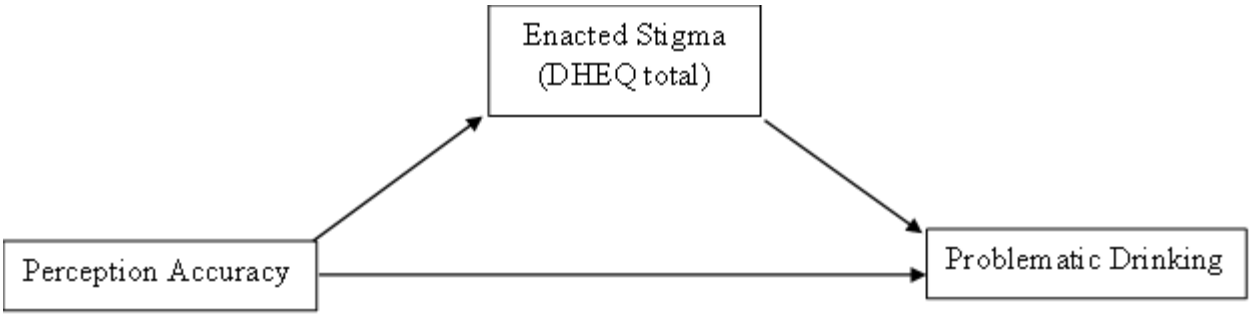

Figure 1 Simple Mediation Model: Hypotheses 1a and 1b

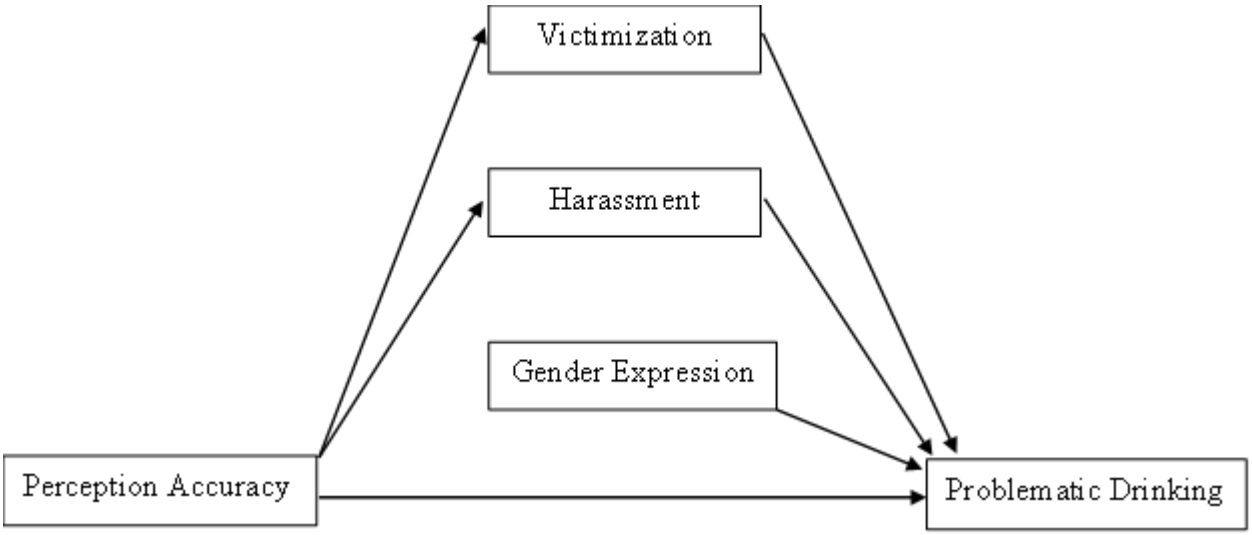

Figure 2 Parallel Mediation Model: Hypotheses 1a and 1b

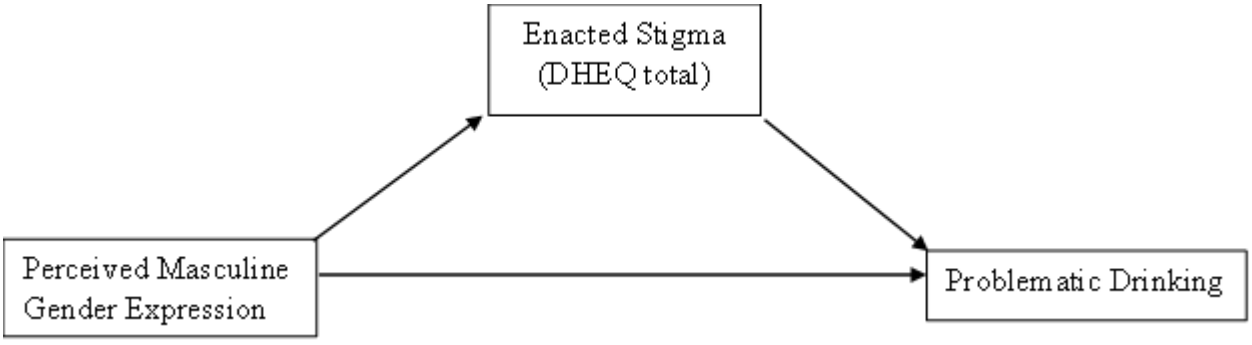

Figure 3 Simple Mediation Model: Hypotheses 2a and 2b

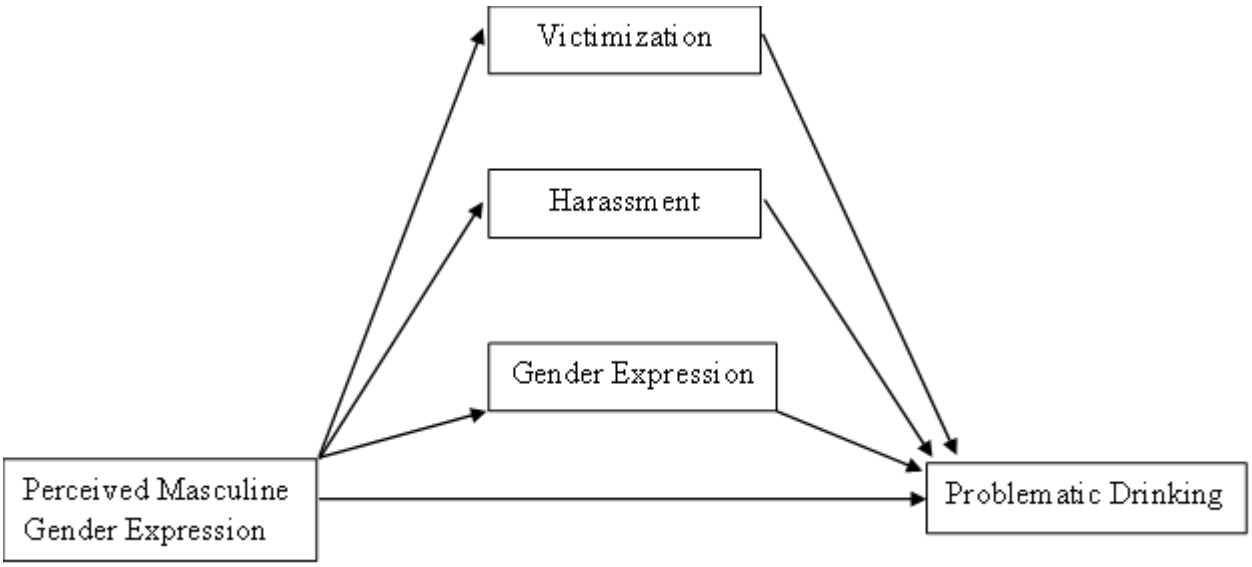

Figure 4 Parallel Mediation Model: Hypotheses 2a and 2b

3 RESULTS

3.1 Descriptives

Descriptive statistics for pertinent study variables were computed and are displayed in Table 1. There were no missing data. Descriptive statistics for other relevant variables were computed and are displayed in Tables 2 and 3. A correlation matrix for main study variables is displayed in Table 4.

3.2 Hypotheses 1a and 1b

A simple mediation model was run to test Hypotheses 1a and 1b, with enacted stigma (DHEQ total) as a mediator of the association between perception accuracy and problematic drinking (Figure 5). Consistent with Hypothesis 1a, results evidenced a significant, positive direct effect of perception accuracy on problematic drinking (b = .0736, p = .04), such that women whose sexual minoritized identity was more easily identified reported higher levels of problematic drinking. In addition, analyses detected a significant, negative effect of perception

accuracy on enacted stigma (DHEQ total; b = -.019, p < .001) and a significant, positive effect of enacted stigma (DHEQ total) on problematic drinking (b = 3.91, p < .001). Contrary to Hypothesis 1b, analyses indicated a significant, negative indirect effect of perception accuracy on problematic drinking through enacted stigma (DHEQ total), b = -.0745, 95% CI [-.1138, -.0401]. Specifically, the finding that women whose sexual minoritized identity was more easily identified reported higher levels of problematic drinking was explained, in part, by their experience of lower (not higher) levels of enacted stigma. Although these results generally seem to support Hypothesis 1b, with enacted stigma mediating the relationship between perception accuracy and problematic drinking, the effect of enacted stigma was in the opposite direction from what was expected. These results reflect inconsistent mediation, in that the indirect effect of perception accuracy on problematic drinking through enacted stigma is negative whereas the direct effect is positive. Thus, enacted stigma seems to suppress the relationship between perception accuracy and problematic drinking. Indeed, the non-significant bivariate correlation between perception accuracy and problematic drinking (b = -.002, t(178) = -.026, p = .979) became larger with the addition of enacted stigma, which is consistent with a suppressor effect (MacKinnon et al., 2000).

A parallel mediation model was also run to test Hypotheses 1a and 1b, with stigma-related distress due to Victimization, Harassment, and Gender Expression as mediators of the association between perception accuracy and problematic drinking (Figure 6). Inconsistent with Hypothesis 1a, results showed a non-significant, positive direct effect of perception accuracy on problematic drinking (b = .0669, p = .06). In addition, analyses detected significant, negative effects of perception accuracy on stigma-related distress due to Victimization (b = -.0172, p < .001), Harassment (b = -.021, p < .001), and Gender Expression (b = -.0178, p < .001). The

associations between problematic drinking and stigma-related distress due to Victimization (b = 1.34, p = .30), Harassment (b = .27, p = .86), and Gender Expression (b = 2.20, p = .19) were all positive and non-significant. Inconsistent with Hypothesis 1b, results showed non-significant negative indirect effects of perception accuracy on problematic drinking through Victimization, b = -.023, 95% CI [-.0682, .0161], Harassment b = -.0056, 95% CI [-.0751, .0475], and Gender Expression b = -.0393, 95% CI [-.1015, .0231]. Again, these results reflect inconsistent mediation in that the indirect effects of perception accuracy on problematic drinking through Victimization, Harassment, and Gender Expression are negative whereas the direct effect is positive. Thus, stigma-related distress due to Victimization, Harassment, and Gender Expression seem to suppress the relationship between perception accuracy and problematic drinking.

3.3 Hypotheses 2a and 2b

A simple mediation model was run to test Hypotheses 2a and 2b, with total stigma-related distress as a mediator of the association between perceived masculine gender expression and problematic drinking (Figure 7). Inconsistent with Hypothesis 2a, results indicated a non-significant, negative direct effect of perceived masculine gender expression on problematic drinking (b = -1.57, p = .11). In addition, the effect of perceived masculine gender expression on total stigma-related distress was positive but not significant (b = .18, p = .10), and the effect of total stigma-related distress on problematic drinking was positive and significant (b = 3.49, p < .001). Inconsistent with Hypothesis 2b, analyses indicated a non-significant indirect effect of perceived masculine gender expression on problematic drinking through enacted stigma (DHEQ total), b = .6119, 95% CI [-.0426, 1.4898].

A parallel mediation model was also run to test Hypotheses 2a and 2b, with stigma-related distress due to Victimization, Harassment, and Gender Expression as mediators of the

association between perceived masculine gender expression and problematic drinking (Figure 8). Inconsistent with Hypothesis 2a, results showed a non-significant, negative direct effect of perceived masculine gender expression on problematic drinking (b = -1.73, p = .08). In addition, analyses indicated non-significant, positive effects of perceived masculine gender expression on stigma-related distress due to Victimization (b = .16, p = .17), Harassment (b = .055, p = .64), and Gender Expression (b = .20, p = .09). The associations between problematic drinking and stigma-related distress due to Victimization (b = 1.29, p = .31), Harassment (b = -.88, p = .56), and Gender Expression (b = 3.02, p = .08) were all non-significant. Inconsistent with Hypothesis 2b, results showed non-significant indirect effects of perceived masculine gender expression on problematic drinking through Victimization, b = .2121, 95% CI [-.1708, .9945], Harassment, b = -.0486, 95% CI [-.5168, .2803], and Gender Expression, b = .6142, 95% CI [-.1431, 1.8409].

Table 1 Descriptive Statistics for Main Study Variables

Variable	*M*	*SD*	Range
Perception accuracy	30.52	24.15	0-86.84
Perceived Masculine Gender Expression	2.26	0.84	1.28-5.25
Enacted Stigma (Total)	1.83	1.21	0-4.78
Stigma-related distress (Harassment)	1.81	1.33	0-5.0
Stigma-related distress (Victimization)	1.57	1.34	0-5.0
Stigma-related distress (Gender Expression)	1.76	1.36	0-5.0
Problematic Drinking	17.64	11.58	1.0-39.0

Note. N = 180. Perception accuracy = 0-100; Stigma-related distress – Total (per-item mean) = 0 "did not happen/not applicable to me" to 5.0 "it happened, and it bothered me extremely";

Stigma-related distress – Harassment (per item mean) = 0 “did not happen/not applicable to me” to 5.0 “it happened, and it bothered me extremely”; Stigma-related distress – Victimization (per-item mean) = 0 “did not happen/not applicable to me” to 5.0 “it happened, and it bothered me extremely”; Stigma-related distress – Gender Expression (per-item mean) = 0 “did not happen/not applicable to me” to 5.0 “it happened, and it bothered me extremely”; Problematic Drinking = 0-40.

Table 2 Descriptive Statistics for Additional Variables

Variable	*M*	*SD*	Range
Drinking to Cope	3.08	1.00	1.0-5.0
Drinking for Enhancement	3.22	0.88	1.0-5.0
Drinking to Conform	2.61	1.24	1.0-5.0
Drinking for Social reasons	3.36	0.84	1.4-5.0
Internalized Homophobia	1.64	1.34	0-5.0
Connectedness to the LGBTQ+ Community	2.78	1.42	0-4.0

Note. N = 180. Drinking to Cope (per-item mean) = 1 “almost never/never” to 5 “almost always/always”; Drinking for Enhancement (per-item mean) = 1 “almost never/never” to 5 “almost always/always”; Drinking to Conform (per-item mean) = 1 “almost never/never” to 5 “almost always/always”; Drinking for Social reasons (per-item mean) = 1 “almost never/never” to 5 “almost always/always”; Internalized Homophobia (per-item mean) = 1 “disagree strongly” to 5 “agree strongly”; Connectedness to the LGBTQ+ Community (per-item mean) = 1 “agree strongly” to 4 “disagree strongly”.

Table 3 Descriptive Statistics for Alcohol Variables

Variable	*M*	*SD*	Range
Problematic Drinking	17.64	11.58	1.0-39.0
Alcohol Problems	32.17	22.67	4.0-92.0
Number of drinks per week	9.41	8.44	0-42.0
Number of drinking days per week	3.56	2.03	0-7.0
Number of drinks per day	1.34	1.21	0-6.0
Number of drinks per drinking day	2.30	1.19	0-6.0

Note. $N = 180$. Problematic Drinking = 0-40; Alcohol Problems = 0-92.

Table 4 Two-Tailed Pearson Correlations

	H	GE	V	Total	AUDIT	PA	Masc
Harassment	1	.910**	.831**	.948**	.342**	-.381**	.035
Gender Expression	--	1	.881**	.949**	.379**	-.317**	.126
Victimization	--	--	1	.889**	.365**	-.309**	.103
Total Enacted Stigma	--	--	--	1	.350**	-.381**	.122
AUDIT	--	--	--	--	1	-.002	-.069
Perception Accuracy	--	--	--	--	--	1	.317**
Perceived Masculine Gender Expression	--	--	--	--	--	--	1

**$p < .01$; $N = 180$

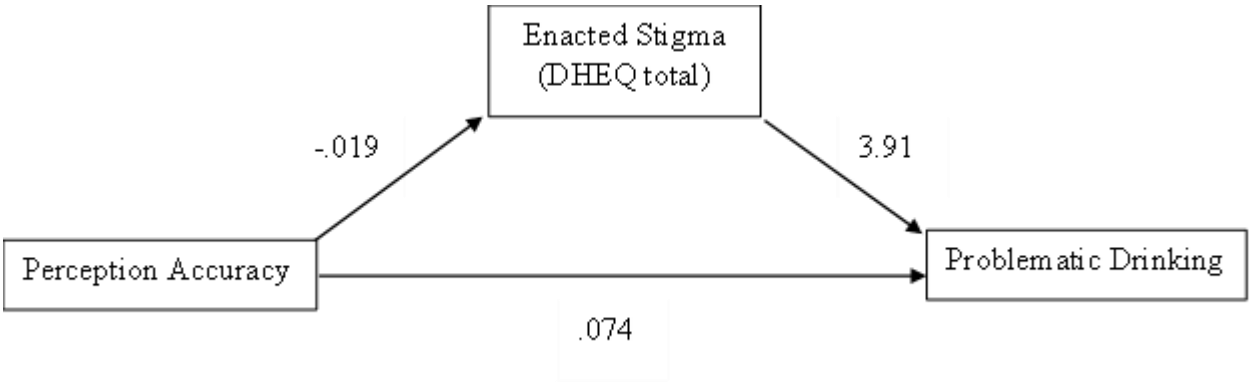

Figure 5 Simple Mediation Model: Hypotheses 1a and 1b

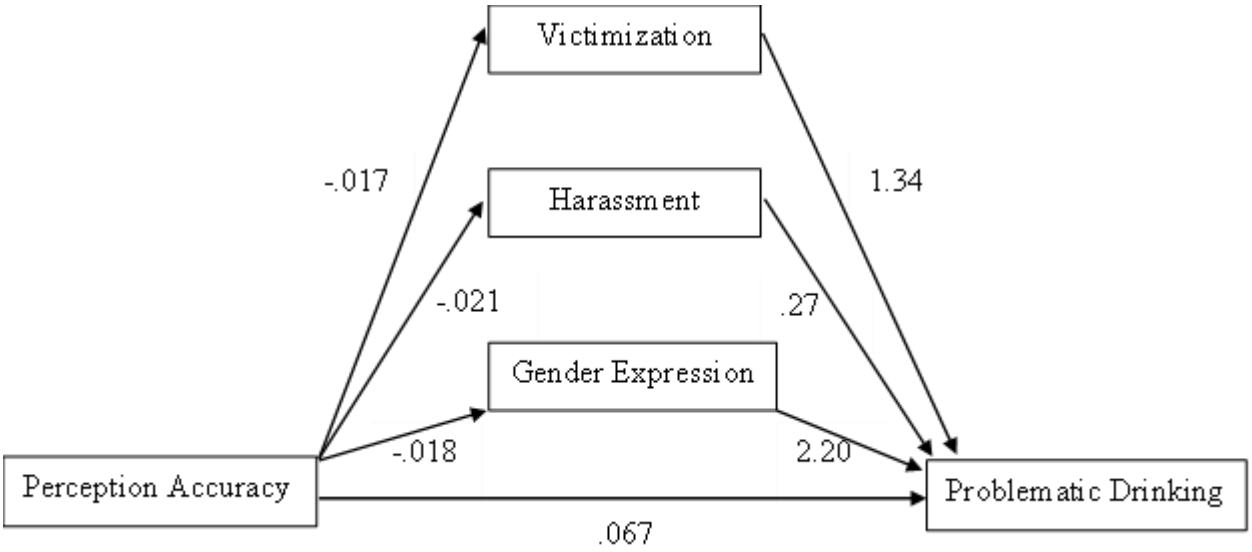

Figure 6 Parallel Mediation Model: Hypotheses 1a and 1b

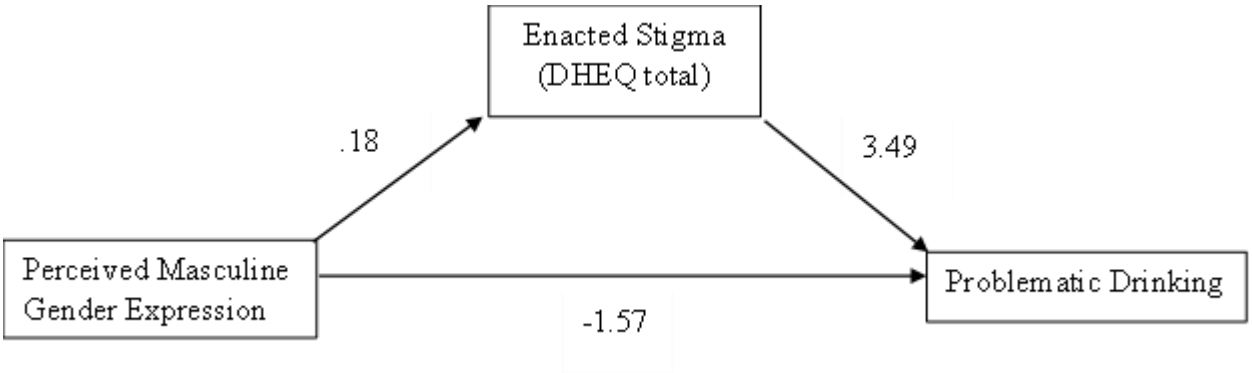

Figure 7 Simple Mediation Model: Hypotheses 2a and 2b

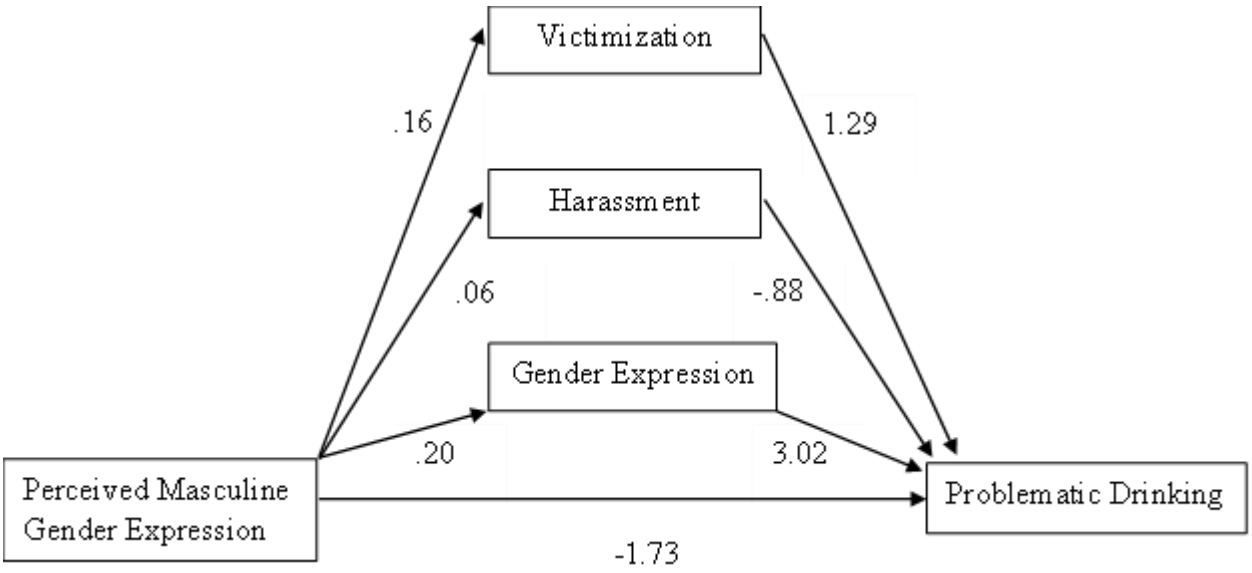

Figure 8 Parallel Mediation Model: Hypotheses 2a and 2b

4 DISCUSSION

The present study aimed to examine the relationships among perception accuracy, perceived masculine gender expression, enacted stigma, and problematic drinking among sexual minoritized women. In particular, this study sought to expand on prior research by (1) examining upstream processes (i.e., perception accuracy, perceived masculine gender expression) relevant to the development of problematic drinking among sexual minoritized women, and (2) increasing the methodological rigor of research on perception accuracy (i.e., recruiting sexual minoritized women as "targets," presenting full-body photographs to raters). The present study did not find consistent support for the proposed hypotheses. Below, these results are discussed within the context of the extant literature.

4.1 Tests of Primary Hypotheses

We hypothesized that women who are more easily identified as sexual minoritized (i.e., high perception accuracy) would report higher levels of problematic drinking (Hypothesis 1a)

and this association would be mediated by women's more frequent experiences of enacted stigma (Hypothesis 1b). The findings of the mediation analysis appeared to support Hypothesis 1a, as a significant positive direct effect of perception accuracy on problematic drinking was observed. However, contrary to Hypothesis 1b, results showed a significant, negative indirect effect of perception accuracy on problematic drinking through enacted stigma (DHEQ total), indicating that the positive relationship between perception accuracy and problematic drinking was mediated by lower levels of enacted stigma. Thus, enacted stigma (DHEQ total) likely acted as a suppressor in the mediation model, wherein the bivariate association between perception accuracy and problematic drinking became larger when enacted stigma was added to the model. As such, in contrast to Hypothesis 1a, these results suggest that others' ability to perceive women's sexual minoritized identity is not associated with their self-reported problematic drinking. Collectively, these findings are not consistent with prior research which indicates that sexual minoritized women whose sexual minoritized identities are more readily perceived by others are more likely to experience enacted stigma (Lehavot & Simoni, 2011).

Hypotheses 1a and 1b were also tested via a parallel mediation model, which included stigma-related distress due to Victimization, Harassment, and Gender Expression as mediators. Neither Hypotheses 1a nor 1b were supported. Again, enacted stigma and stigma-related distress due to Harassment, Victimization, and Gender Expression likely acted as suppressors in the mediation analysis. The direct effect of perception accuracy on problematic drinking was non-significant, suggesting that perception accuracy was not associated with problematic drinking. Additionally, the indirect effects of perception accuracy through stigma-related distress variables were non-significant, indicating that these variables did not mediate the relationship between perception accuracy and problematic drinking.

We also hypothesized that women who were perceived to exhibit more masculine gender expressions would report higher levels of problematic drinking (Hypothesis 2a) and this association would be mediated by women's experiences of enacted stigma (Hypothesis 2b). Inconsistent with Hypothesis 2a, the direct effect of perceived masculine gender expression on problematic drinking was non-significant in both the simple mediation model and the parallel mediation model. Therefore, perceived masculine gender expression did not appear to have a direct impact on problematic drinking among this sample of sexual minoritized women. Contrary to Hypothesis 2b, the indirect effects of perceived masculine gender expression on problematic drinking through enacted stigma and stigma-related distress due to Victimization, Harassment, and Gender Expression were also non-significant.

4.2 Notable Findings Regarding Enacted Stigma

While Hypotheses 1a and 1b were not supported by these data, two notable findings emerged that merit attention. First, significant, positive bivariate correlations between enacted stigma (DHEQ total, Victimization, Harassment, and Gender Expression) and problematic drinking were observed (see Table 4). Moreover, within the aforementioned mediation models, a positive association between enacted stigma and problematic drinking was consistently observed. Interestingly, this association was significant when enacted stigma was operationalized by the DHEQ total score, but not significant when enacted stigma was operationalized by relevant subscales. Nevertheless, these findings collectively support prior research (McCabe et al., 2019) and theory (Herek, 2007; Meyer, 2003) on the association between enacted stigma and alcohol use among sexual minoritized people. While others' ability to accurately perceive participants' sexual orientation did not contribute to their experience of stigma, greater experiences of enacted

stigma and stigma-related distress were nevertheless related to higher levels of problematic drinking.

Second, results indicated consistent, positive associations (albeit not statistically significant) between perceived masculine gender expression and enacted stigma at the bivariate level and within the aforementioned mediation models. This finding aligns with prior research which indicates that sexual minoritized women who report more masculine (relative to feminine) gender expression are more likely to experience enacted stigma (Lehavot & Simoni, 2011).

4.3 Summary

Overall, the results of this study provide important insights into the relationships among perception accuracy, perceived masculine gender expression, enacted stigma, stigma-related distress, and problematic drinking among sexual minoritized women. Our models of upstream processes of sexual stigma, namely perception accuracy and perceived masculine gender expression, were not supported by these data. One possible explanation for why these data diverge from previous findings is that the average perception accuracy was 31% (Table 1) which indicates raters in the present study were not able to accurately perceive others' sexual orientations at greater than chance levels, unlike raters in prior studies (e.g., Rule et al., 2008). Raters' inability to accurately perceive sexual orientation in the present study may be attributed to relatively rapid, recent societal shifts in gender roles (D. J. Johnson, 2022; Stockard, 2006) which render previous schemas of what a "man" and a "woman" look like outdated and irrelevant. Given recent (and continued) societal shifts in gender roles, it is likely that gender socialization differs across generations. In the present study, raters were (on average) 10 years younger than "targets," and therefore may have undergone different gender socialization

processes, making it difficult for raters to apply their schemas of gender to accurately perceive "targets."

While perception accuracy and perceived masculine gender expression were not related to problematic drinking as we hypothesized, the results of this study again replicate the finding that enacted stigma and stigma-related distress are positively associated with problematic drinking among sexual minoritized women (Herek, 2007; Meyer, 2003). Existing research points to sexual minority stress as a robust longitudinal predictor of alcohol use problems among sexual minoritized women (Wilson et al., 2016). Thus, reducing sexual minority stress is an important means of prevention and intervention. In the context of the Sexual Stigma Framework, a societal-level shift in the way sexual minoritized people are viewed, including the implementation of policies that protect sexual minoritized people from enacted stigma (e.g., harassment), would likely reduce other forms of stigma (e.g., felt stigma, internalized stigma) and also reduce alcohol use among sexual minoritized women.

To our knowledge, this is the first study to examine upstream processes of sexual stigma. Future research should explore other potential mediators and moderators, including protective factors such as coping mechanisms and social support, in conjunction with enacted stigma in order to better understand the nuanced processes that contribute to the development of problematic drinking among sexual minoritized women. Additionally, longitudinal studies and qualitative approaches could provide a more comprehensive understanding of the temporal dynamics and lived experiences of sexual minoritized women, shedding further light on the complex relationships examined in this study.

4.4 Limitations

Several limitations merit attention. The current sample of "target" participants was entirely cisgender and predominantly white. Little is known about how perception accuracy operates for individuals with multiple minoritized identities (e.g., Black transgender bisexual women). As such, future studies are needed to examine sexual and/or gender minority stress and perception accuracy from an intersectional perspective and model the temporal relationships among these variables. Additionally, researchers have argued that raters utilize gendered stereotypes to perceive "target" participants' sexual orientations (Miller, 2018). The restriction of individuals' gender expressions as a result of the COVID-19 pandemic (Hanna-Walker et al., 2023) likely persists today, as the continued socioeconomic impacts of the pandemic require individuals to share living spaces with individuals who do not support sexual and gender minoritized people. The introduction of over 520 articles of anti-LGBTQ+ legislation in the U.S. this year alone (Peele, 2023) may have compounded the impact of the pandemic, restricting gender expression even further by increasing felt stigma in public spaces. Thus, it is possible that raters had difficulty accurately perceiving the sexual orientations of "target" participants because the gender expressions of sexual minoritized people has shifted as a result of rising stigma at both structural- and individual-levels. Finally, the constraint of the sample of raters to a subject pool led to the recruitment of raters who were (on average) 10 years younger than the nationally-recruited "targets," which may have impacted perception accuracy, and thus the models tested in the present study.

4.5 Alternative Conceptualizations

While the current study examined enacted stigma as a mediator of the relationship between perception accuracy or perceived masculine gender expression and problematic

drinking, there are alternative conceptualizations which merit attention. First, the current study relied on sexual minoritized individuals' retrospective reports of their experiences of stigma during the past 12 months, and individuals provided a current photograph of themselves. Thus, individuals' photographs may have represented altered presentations as a result of stigma they experienced during the previous year. For example, individuals who experienced relatively more stigma may have learned to conceal their sexual minoritized identities by displaying more feminine gender expressions (Lehavot & Simoni, 2011) in attempt to evade future experiences of stigma. In future research, longitudinal designs are required to examine the temporal sequencing of perception accuracy or perceived masculine gender expression, experiences of enacted stigma, and problematic drinking.

Additionally, in the current study, the sexual minoritized "targets" were self-aware of their sexual minoritized identities for an average of nine years. Thus, they are likely in a different stage of identity formation and development compared to the college-age samples that have typically been included in research on perception accuracy (e.g., Rule et al., 2008). In addition, the current sample of "targets" reported an average internalized homophobia score of 1.64 (see Table 2), which is lower than scores for internalized homophobia reported by sexual minoritized women in prior research on perception accuracy (2.07; Tskhay & Rule, 2017). Finally, 47% of the sample reported a history of diagnosis or treatment for AUD. Existing research points to problematic drinking among sexual minoritized people as a means of coping with sexual stigma (e.g., Kalb et al., 2018); however, the current sample endorsed drinking for enhancement and social reasons more so than drinking to cope (Table 2). Together, these differences between the present sample and samples included in prior research on perception accuracy suggest a different mechanism for the development of problematic drinking. For example, as LGBTQ+ people

become more comfortable in their identities and seek out safe spaces, they are also subject to the normalization of alcohol consumption (e.g., gay bars as primary safe spaces for LGBTQ+ people, Pride parades sponsored by vodka companies). As such, it's possible that sexual minoritized individuals' motives for drinking may initially center on coping with experiences of stigma; however, over time, motives for drinking shift to focus more so on social and enhancement functions.

Finally, given the potential for different mechanisms for the development of problematic drinking among sexual minoritized people, a moderation model may be better suited to testing the relationships among variables in the current study. It is possible that higher levels of experienced enacted stigma may strengthen the relationship between perception accuracy or perceived masculine gender expression and problematic drinking. That is, individuals who are *both* more readily perceived as sexual minoritized and experience higher levels of enacted stigma may be more likely to engage in more problematic drinking than individuals who are only readily perceived or only report higher levels of experienced enacted stigma (Kalb et al., 2018; Lehavot & Simoni, 2011). This conceptualization is consistent with prior research which shows that the more risk factors an individual is subject to, the more likely and more severe their alcohol and other drug use is (Bry et al., 1982; M. D. Newcomb & Felix-Ortiz, 1992).

5 CONCLUSION

The findings of the present study did not support perception accuracy and perceived masculine gender expression as upstream constructs relevant to problematic drinking among sexual minoritized women. However, this study replicated prior research on the link between experiences of enacted stigma and problematic drinking among sexual minoritized people. Further research is necessary to explore upstream processes of the development of problematic

drinking and other negative health outcomes among sexual minoritized people. Such research may highlight upstream points of prevention and intervention which could reduce sexual minority stress and improve health outcomes for sexual minoritized people.

APPENDICES

Appendix A

Demographics Form

Please indicate the length of time you have been "out" to yourself (i.e., how long you've known your sexual orientation is not heterosexual) in months. For example, if you've been out to yourself for two years, please type "24."

Is English your first language?
- Yes
- No

Highest grade in school completed
- 1st grade
- 2nd grade
- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- 1st year college
- 2nd year college
- 3rd year college
- 4th+ year college
- 1 year grad school
- 2 years grad school
- 3 years grad school
- 4+ years grad school

Relationship status
- Married
- In a committed relationship
- In an open relationship
- Dating
- Single (not actively dating)
- Polyamorous (multiple simultaneous committed relationships)
- Other (please specify)

Do you primarily identify as

- Heterosexual
- Homosexual
- Bisexual
- Pansexual
- Asexual
- Other (please describe)

What racial group(s) do you identify with? (You may select multiple answers here, if more than one answer choice applies to you.)

- American Indian/Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Black or African American
- White

What ethnicity do you identify with?

- Hispanic or Latino/a
- Not Hispanic or Latino/a

What is your age? _____

Are you currently a student?

- Yes, part-time student
- Yes, full-time student

Where on the following scale of political orientation would you place yourself?

1 2 3 4 5 6 7 8 9
(Extremely liberal) (Moderate) (Extremely conservative)

Circle below the appropriate category of your own household income last year (before taxes)

01=<$5000

02=$5000 to 9,999

03=$10,000 to 14,999

04=$15,000 to 19,999

05=$20,000 to 24,999

06=$25,000 to 29,999

07=$30,000 to 39,999

08=$40,000 to 49,999

09=$50,000 to 59,999

10=$60,000 to 69,999

11=$70,000 to 79,999

12= > $80,000

Circle below the appropriate category of your family's average household income (before taxes) during the years that you were growing up (< age 18).

01=<$5000	07=$30,000 to 39,999
02=$5000 to 9,999	08=$40,000 to 49,999
03=$10,000 to 14,999	09=$50,000 to 59,999
04=$15,000 to 19,999	10=$60,000 to 69,999
05=$20,000 to 24,999	11=$70,000 to 79,999
06=$25,000 to 29,999	12= > $80,000

What city do you live in currently?

What is your current zip code?

Have you ever been diagnosed with or received treatment for alcohol use disorder?

- Yes
- No

Drinking Motives Questionnaire Revised (DMQ-R)

INSTRUCTIONS: Listed below are 20 reasons people might be inclined to drink alcoholic beverages. Using the five-point scale below, decide how frequently your own drinking is motivated by each of the reasons listed.

	YOU DRINK…	**Almost Never/Never**	**Some of the time**	**Half of the time**	**Most of the time**	**Almost Always/Always**
1.	To forget your worries.	1	2	3	4	5
2.	Because your friends pressure you to drink.	1	2	3	4	5
3.	Because it helps you enjoy a party.	1	2	3	4	5
4.	Because it helps you when you feel depressed or nervous.	1	2	3	4	5
5.	To be sociable.	1	2	3	4	5
6.	To cheer up when you are in a bad mood.	1	2	3	4	5
7.	Because you like the feeling.	1	2	3	4	5
8.	So that others won't kid you about *not* drinking	1	2	3	4	5
9.	Because it's exciting.	1	2	3	4	5
10.	To get high.	1	2	3	4	5
11.	Because it makes social gatherings more fun.	1	2	3	4	5
12.	To fit in with a group you like.	1	2	3	4	5
13.	Because it gives you a pleasant feeling.	1	2	3	4	5

14.	Because it improves parties and celebrations.	1	2	3	4	5
15.	Because you feel more self-confident and sure of yourself.	1	2	3	4	5
16.	To celebrate a special occasion with friends.	1	2	3	4	5
17.	To forget about your problems.	1	2	3	4	5
18.	Because it's fun.	1	2	3	4	5
19.	To be liked.	1	2	3	4	5
20.	So you won't feel left out.	1	2	3	4	5

Internalized Homophobia Scale Revised (IHP-R)

Please use the 5-point response scale to indicate how much you agree with the following statements (from 1 = disagree strongly to 5 = agree strongly).

1. I have tried to stop being attracted to women in general.	1	2	3	4	5
2. If someone offered me the chance to be completely heterosexual, I would accept the chance.	1	2	3	4	5
3. I wish I weren't lesbian/bisexual.	1	2	3	4	5
4. I feel that being lesbian/bisexual is a personal shortcoming for me.	1	2	3	4	5
5. I would like to get professional help in order to change my sexual orientation from lesbian/bisexual to straight.	1	2	3	4	5

Connectedness to the LGBTQ+ Community Scale (CCS)

Please indicate the degree to which you agree with each statement on a scale from 1 (Agree Strongly) to 4 (Disagree Strongly).

1. You feel you're a part of _____'s LGBT community.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
2. Participating in _____'s LGBT community is a positive thing for you.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
3. You feel a bond with the LGBT community.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
4. You are proud of _____'s LGBT community.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
5. It is important for you to be politically active in _____'s LGBT community.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
6. If we work together, gay, bisexual and lesbian people can solve problems in _____'s LGBT community.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
7. You really feel that any problems faced by _____'s LGBT community are also your own problems.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)
8. You feel a bond with other same-gender similar others.	1 (Agree Strongly)	2	3	4 (Disagree Strongly)

Daily Heterosexist Experiences Questionnaire (DHEQ)

Please answer the question "How much has this problem distressed or bothered you during the past 12 months?" for each statement below using the following response categories:
0 = did not happen/not applicable to me
1 = it happened and it bothered me NOT AT ALL
2 = it happened and it bothered me A LITTLE BIT
3 = it happened and it bothered me MODERATELY
4 = it happened and it bothered me QUITE A BIT
5 = it happened and it bothered me EXTREMELY

1. Difficulty finding a partner because you are LGBT
   0 1 2 3 4 5
2. Difficulty finding LGBT friends
   0 1 2 3 4 5
3. Having very few people you can talk to about being LGBT
   0 1 2 3 4 5
4. Watching what you say and do around heterosexual people
   0 1 2 3 4 5
5. Hearing about LGBT people you know being treated unfairly
   0 1 2 3 4 5
6. Hearing about LGBT people you don't know being treated unfairly
   0 1 2 3 4 5
7. Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened to LGBT people you don't know
   0 1 2 3 4 5
8. Being called names such as "fag" or "dyke"
   0 1 2 3 4 5
9. Hearing other people being called names such as "fag" or "dyke"
   0 1 2 3 4 5
10. Hearing someone make jokes about LGBT people
   0 1 2 3 4 5
11. Family members not accepting your partner as a part of the family
   0 1 2 3 4 5
12. Your family avoiding talking about your LGBT identity
   0 1 2 3 4 5
13. Your children being rejected by other children because you are LGBT
   0 1 2 3 4 5
14. Your children being verbally harassed because you are LGBT
   0 1 2 3 4 5
15. Feeling like you don't fit in with other LGBT people
   0 1 2 3 4 5
16. Pretending that you have an opposite-sex partner
   0 1 2 3 4 5
17. Pretending that you are heterosexual
   0 1 2 3 4 5

18. Hiding your relationship from other people
0 1 2 3 4 5
19. People staring at you when you are out in public because you are LGBT
0 1 2 3 4 5
20. Worry about getting HIV/AIDS
0 1 2 3 4 5
21. Constantly having to think about “safe sex”
0 1 2 3 4 5
22. Feeling invisible in the LGBT community because of your gender expression
0 1 2 3 4 5
23. Being harassed in public because of your gender expression
0 1 2 3 4 5
24. Being harassed in bathrooms because of your gender expression
0 1 2 3 4 5
25. Being rejected by your mother for being LGBT
0 1 2 3 4 5
26. Being rejected by your father for being LGBT
0 1 2 3 4 5
27. Being rejected by a sibling or siblings because you are LGBT
0 1 2 3 4 5
28. Being rejected by other relatives because you are LGBT
0 1 2 3 4 5
29. Being verbally harassed by strangers because you are LGBT
0 1 2 3 4 5
30. Being verbally harassed by people you know because you are LGBT
0 1 2 3 4 5
31. Being treated unfairly in stores or restaurants because you are LGBT
0 1 2 3 4 5
32. People laughing at you or making jokes at your expense because you are LGBT
0 1 2 3 4 5
33. Hearing politicians say negative things about LGBT people
0 1 2 3 4 5
34. Avoiding talking about your current or past relationships when you are at work
0 1 2 3 4 5
35. Hiding part of your life from other people
0 1 2 3 4 5
36. Feeling like you don’t fit into the LGBT community because of your gender expression
0 1 2 3 4 5
37. Difficulty finding clothes that you are comfortable wearing because of your gender expression
0 1 2 3 4 5
38. Being misunderstood by people because of your gender expression
0 1 2 3 4 5
39. Being treated unfairly by teachers or administrators at your children’s school because you are LGBT
0 1 2 3 4 5

40. People assuming you are heterosexual because you have children
    0 1 2 3 4 5
41. Being treated unfairly by parents of other children because you are LGBT
    0 1 2 3 4 5
42. Difficulty finding other LGBT families for you and your children to socialize with
    0 1 2 3 4 5
43. Worrying about infecting others with HIV
    0 1 2 3 4 5
44. Other people assuming that you are HIV positive because you are LGBT
    0 1 2 3 4 5
45. Discussing HIV status with potential partners
    0 1 2 3 4 5
46. Being punched, hit, kicked, or beaten because you are LGBT
    0 1 2 3 4 5
47. Being assaulted with a weapon because you are LGBT
    0 1 2 3 4 5
48. Being raped or sexually assaulted because you are LGBT
    0 1 2 3 4 5
49. Having objects thrown at you because you are LGBT
    0 1 2 3 4 5
50. Being sexually harassed because you are LGBT
    0 1 2 3 4 5

Alcohol Use Disorders Identification Test (AUDIT)

Instructions: Circle a response that best applies to you for each question.

1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have 6 or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the past two months have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the past two months have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the past two months have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the past two months have you had a feeling of guilt or remorse during drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the past two months have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

Visibility and Physical Displays of LGBTQ+ Identity Scale

1. Based on the photograph you just saw, what do you think this person's sexual orientation is?
   a) Gay
   b) Straight
   c) Bisexual

2. How stereotypically gay/straight/bisexual is this person?
   1 2 3 4 5 6 7

3. How feminine does this person look?

   1 2 3 4 5 6 7

4. How masculine does this person look?

   1 2 3 4 5 6 7

REFERENCES

Adobe. (2016). *Adobe Express: Graphic Design - Apps on Google Play*. https://play.google.com/store/apps/details?id=com.adobe.spark.post&hl=en

Ambady, N., Hallahan, M., & Conner, B. (1999). Accuracy of judgments of sexual orientation from thin slices of behavior. *Journal of Personality and Social Psychology*, *77*(3), 538–547. https://doi.org/10.1037/0022-3514.77.3.538

Babor, T. F., Higgins-Biddle, J. C., Saunders, J. B., & Monteiro, M. G. (2001). *The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary Care*. 41.

Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement and Evaluation in Counseling and Development*, *46*(1), 3–25.

Baumeister, R. F., Vohs, K. D., Roberts, T.-A., & Fredrickson, B. L. (2007). Objectification Theory. *Essay. In Encyclopedia of Social Psychology*, 631–633.

Bry, B. H., McKeon, P., & Pandina, R. J. (1982). Extent of drug use as a function of number of risk factors. *Journal of Abnormal Psychology*, *91*(4), 273–279. https://doi.org/10.1037/0021-843X.91.4.273

Chrisler, J. C. (2004). Gender Role Development. In C. D. Spielberger (Ed.), *Encyclopedia of Applied Psychology* (pp. 85–90). Elsevier. https://doi.org/10.1016/B0-12-657410-3/00960-0

Cooper, M. L. (1994). Motivations for alcohol use among adolescents: Development and validation of a four-factor model. *Psychological Assessment*, *6*(2), 117–128. https://doi.org/10.1037/1040-3590.6.2.117

Coulter, R. W., Kenst, K. S., & Bowen, D. J. (2014). Research funded by the National Institutes of Health on the health of lesbian, gay, bisexual, and transgender populations. *American Journal of Public Health*, *104*(2), e105–e112.

Craney, R. S., Watson, L. B., Brownfield, J., & Flores, M. J. (2018). Bisexual women's discriminatory experiences and psychological distress: Exploring the roles of coping and LGBTQ community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, *5*(3), 324.

Daeppen, J.-B., Yersin, B., Landry, U., Pécoud, A., & Decrey, H. (2000). Reliability and validity of the Alcohol Use Disorders Identification Test (AUDIT) imbedded within a general health risk screening questionnaire: Results of a survey in 332 primary care patients. *Alcoholism: Clinical and Experimental Research*, *24*(5), 659–665.

D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of Sexual Orientation, Victimization, and Mental Health Among Lesbian, Gay, and Bisexual Older Adults. *Journal of Interpersonal Violence*, *16*(10), 1008–1027. https://doi.org/10.1177/088626001016010003

Diamond, L. M. (2000). Sexual identity, attractions, and behavior among young sexual-minority women over a 2-year period. *Developmental Psychology*, *36*(2), 241.

Ding, J. Y. C., & Rule, N. O. (2012). Gay, Straight, or Somewhere in Between: Accuracy and Bias in the Perception of Bisexual Faces. *Journal of Nonverbal Behavior*, *36*(2), 165–176. https://doi.org/10.1007/s10919-011-0129-y

Drabble, L., Midanik, L. T., & Trocki, K. (2005). Reports of alcohol consumption and alcohol-related problems among homosexual, bisexual and heterosexual respondents: Results from the 2000 National Alcohol Survey. *Journal of Studies on Alcohol*, *66*(1), 111–120.

Eves, A. (2004). Queer Theory, Butch/Femme Identities and Lesbian Space. *Sexualities*, *7*(4), 480–496. https://doi.org/10.1177/1363460704047064

Franklin, K. (1998). *Unassuming motivations: Contextualizing the narratives of antigay assailants.* Sage Publications, Inc.

Franklin, K. (2000). Antigay behaviors among young adults: Prevalence, patterns, and motivators in a noncriminal population. *Journal of Interpersonal Violence*, *15*(4), 339–362.

Fredrickson, B. L., & Roberts, T.-A. (1997). Objectification theory: Toward understanding women's lived experiences and mental health risks. *Psychology of Women Quarterly*, *21*(2), 173–206.

Freeman, J. B., & Ambady, N. (2011). A dynamic interactive theory of person construal. *Psychological Review*, *118*(2), 247.

Freeman, J. B., Johnson, K. L., Ambady, N., & Rule, N. O. (2010). Sexual Orientation Perception Involves Gendered Facial Cues. *Personality and Social Psychology Bulletin*, *36*(10), 1318–1331. https://doi.org/10.1177/0146167210378755

Frost, D. M., & Meyer, I. H. (2012). Measuring community connectedness among diverse sexual minority populations. *Journal of Sex Research*, *49*(1), 36–49.

Goldbach, J. T., Tanner-Smith, E. E., Bagwell, M., & Dunlap, S. (2014). Minority stress and substance use in sexual minority adolescents: A meta-analysis. *Prevention Science*, *15*(3), 350–363.

Hanna-Walker, V., Lawrence, S. E., Clark, A. N., Walters, T. L., & Lefkowitz, E. S. (2023). "It's like an elephant in the room with my family": LGBTQ+ College Students' Identity

Expression During the COVID-19 Pandemic. *Journal of Adolescent Research*, 07435584221149372. https://doi.org/10.1177/07435584221149372

Hatzenbuehler, M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, *135*(5), 707.

Hayes, A. F. (2017). *Introduction to mediation, moderation, and conditional process analysis: A regression-based approach*. Guilford publications.

Herek, G. M. (1986). On heterosexual masculinity: Some psychical consequences of the social construction of gender and sexuality. *American Behavioral Scientist*, *29*(5), 563–577.

Herek, G. M. (2002a). Gender gaps in public opinion about lesbians and gay men. *Public Opinion Quarterly*, *66*(1), 40–66.

Herek, G. M. (2002b). Heterosexuals' attitudes toward bisexual men and women in the United States. *Journal of Sex Research*, *39*(4), 264–274.

Herek, G. M. (2007). Confronting sexual stigma and prejudice: Theory and practice. *Journal of Social Issues*, *63*(4), 905–925.

Herek, G. M. (2009). Hate Crimes and Stigma-Related Experiences Among Sexual Minority Adults in the United States: Prevalence Estimates From a National Probability Sample. *Journal of Interpersonal Violence*, *24*(1), 54–74. https://doi.org/10.1177/0886260508316477

Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*, *67*(6), 945.

Herek, G. M., Gillis, J. R., & Cogan, J. C. (2009). Internalized stigma among sexual minority adults: Insights from a social psychological perspective. *Journal of Counseling Psychology*, *56*(1), 32.

Holahan, C. J., Moos, R. H., Holahan, C. K., Cronkite, R. C., & Randall, P. K. (2001). Drinking to cope, emotional distress and alcohol use and abuse: A ten-year model. *Journal of Studies on Alcohol*, *62*(2), 190–198. https://doi.org/10.15288/jsa.2001.62.190

Hughes, T. L., Johnson, T. P., Steffen, A. D., Wilsnack, S. C., & Everett, B. (2014). Lifetime victimization, hazardous drinking, and depression among heterosexual and sexual minority women. *LGBT Health*, *1*(3), 192–203.

Hughes, T. L., Veldhuis, C. B., Drabble, L. A., & Wilsnack, S. C. (2020). Research on alcohol and other drug (AOD) use among sexual minority women: A global scoping review. *PLoS One*, *15*(3), e0229869.

Hughes, T., McCabe, S. E., Wilsnack, S. C., West, B. T., & Boyd, C. J. (2010). Victimization and substance use disorders in a national sample of heterosexual and sexual minority women and men. *Addiction*, *105*(12), 2130–2140.

IBM Corp. (2019). *IBM SPSS Statistics for Windows, Version 26.0. Armonk, NY: IBM Corp*.

Irigaray, L. (1997). Women on the Market. *The Logic of the Gift: Toward an Ethic of Generosity*, 799–811.

Johnson, D. J. (2022). Critical themes in parental socialization: The state of racial-ethnic and gender socialization. *Research in Human Development*, *19*(1–2), 5–12.

Johnson, K. L., Gill, S., Reichman, V., & Tassinary, L. G. (2007a). Swagger, sway, and sexuality: Judging sexual orientation from body motion and morphology. *Journal of Personality and Social Psychology*, *93*(3), 321.

Johnson, K. L., Gill, S., Reichman, V., & Tassinary, L. G. (2007b). Swagger, sway, and sexuality: Judging sexual orientation from body motion and morphology. *Journal of Personality and Social Psychology*, *93*(3), 321–334. https://doi.org/10.1037/0022-3514.93.3.321

Kalb, N., Roy Gillis, J., & Goldstein, A. L. (2018). Drinking to cope with sexual minority stressors: Understanding alcohol use and consequences among LGBQ emerging adults. *Journal of Gay & Lesbian Mental Health*, *22*(4), 310–326.

Kaniuka, A., Pugh, K. C., Jordan, M., Brooks, B., Dodd, J., Mann, A. K., Williams, S. L., & Hirsch, J. K. (2019). Stigma and suicide risk among the LGBTQ population: Are anxiety and depression to blame and can connectedness to the LGBTQ community help? *Journal of Gay & Lesbian Mental Health*, *23*(2), 205–220.

Kattari, S. K., Whitfield, D. L., Walls, N. E., Langenderfer-Magruder, L., & Ramos, D. (2016). Policing gender through housing and employment discrimination: Comparison of discrimination experiences of transgender and cisgender LGBQ individuals. *Journal of the Society for Social Work and Research*, *7*(3), 427–447.

Keyes, K. M., Grant, B. F., & Hasin, D. S. (2008). Evidence for a closing gender gap in alcohol use, abuse, and dependence in the United States population. *Drug and Alcohol Dependence*, *93*(1–2), 21–29.

Kosciw, J. G., Greytak, E. A., Zongrone, A. D., Clark, C. M., & Truong, N. L. (2018). *The 2017 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools.* ERIC.

Lacan, J. (1977). Ecrits: A Selection. *A. Sheridan, London: Tavistock*, *104*.

Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology*, *79*(2), 159.

Lennings, C. J. (1999). An evaluation of the Leeds dependence questionnaire. *Journal of Child & Adolescent Substance Abuse*, *8*(3), 73–87.

MacKinnon, D. P., Krull, J. L., & Lockwood, C. M. (2000). Equivalence of the Mediation, Confounding and Suppression Effect. *Prevention Science : The Official Journal of the Society for Prevention Research*, *1*(4), 173.

McCabe, S. E., Hughes, T. L., Bostwick, W. B., West, B. T., & Boyd, C. J. (2009). Sexual orientation, substance use behaviors and substance dependence in the United States. *Addiction*, *104*(8), 1333–1345.

McCabe, S. E., Hughes, T. L., West, B. T., Veliz, P., & Boyd, C. J. (2019). DSM-5 Alcohol Use Disorder Severity as a Function of Sexual Orientation Discrimination: A National Study. *Alcoholism: Clinical and Experimental Research*, *43*(3), 497–508. https://doi.org/10.1111/acer.13960

Meyer, I. H. (2003). Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Miller, A. E. (2018). Searching for gaydar: Blind spots in the study of sexual orientation perception. *Psychology & Sexuality*, *9*(3), 188–203. https://doi.org/10.1080/19419899.2018.1468353

Newcomb, M. D., & Felix-Ortiz, M. (1992). Multiple protective and risk factors for drug use and abuse: Cross-sectional and prospective findings. *Journal of Personality and Social Psychology*, *63*(2), 280–296. https://doi.org/10.1037/0022-3514.63.2.280

Newcomb, M. E., Sarno, E. L., Bettin, E., Carey, J., Ciolino, J. D., Hill, R., Garcia, C. P., Macapagal, K., Mustanski, B., & Swann, G. (2020). Relationship education and HIV prevention for young male couples administered online via videoconference: Protocol for a national randomized controlled trial of 2GETHER. *JMIR Research Protocols*, *9*(1), e15883.

Nölke, A.-I. (2018). Making diversity conform? An intersectional, longitudinal analysis of LGBT-specific mainstream media advertisements. *Journal of Homosexuality*, *65*(2), 224–255.

Parco, J. E., & Levy, D. A. (2013). The rise and fall of DADT. *Journal of Homosexuality*, *60*(2–3), 147–151.

Peele, C. (2023, May 23). *Roundup of Anti-LGBTQ+ Legislation Advancing In States Across the Country*. Human Rights Campaign. https://www.hrc.org/press-releases/roundup-of-anti-lgbtq-legislation-advancing-in-states-across-the-country

Rieger, G., Linsenmeier, J. A. W., Gygax, L., Garcia, S., & Bailey, J. M. (2010). Dissecting "Gaydar": Accuracy and the Role of Masculinity–Femininity. *Archives of Sexual Behavior*, *39*(1), 124–140. https://doi.org/10.1007/s10508-008-9405-2

Rule, N. O., Ambady, N., Adams, R. B., & Macrae, C. N. (2008). Accuracy and awareness in the perception and categorization of male sexual orientation. *Journal of Personality and Social Psychology*, 1–15.

Rule, N. O., Ambady, N., & Hallett, K. C. (2009). Female sexual orientation is perceived accurately, rapidly, and automatically from the face and its features. *Journal of Experimental Social Psychology*, *45*(6), 1245–1251. https://doi.org/10.1016/j.jesp.2009.07.010

Schuler, M. S., & Collins, R. L. (2020). Sexual minority substance use disparities: Bisexual women at elevated risk relative to other sexual minority groups. *Drug and Alcohol Dependence*, *206*, 107755.

Shangani, S., Gamarel, K. E., Ogunbajo, A., Cai, J., & Operario, D. (2020). Intersectional minority stress disparities among sexual minority adults in the USA: The role of race/ethnicity and socioeconomic status. *Culture, Health & Sexuality*, *22*(4), 398–412.

Skipsey, K., Burleson, J. A., & Kranzler, H. R. (1997). Utility of the AUDIT for identification of hazardous or harmful drinking in drug-dependent patients. *Drug and Alcohol Dependence*, *45*(3), 157–163.

Stern, C., West, T. V., Jost, J. T., & Rule, N. O. (2013). The politics of gaydar: Ideological differences in the use of gendered cues in categorizing sexual orientation. *Journal of Personality and Social Psychology*, *104*(3), 520–541. https://doi.org/10.1037/a0031187

Sterzing, P. R., Ratliff, G. A., Gartner, R. E., McGeough, B. L., & Johnson, K. C. (2017). Social ecological correlates of polyvictimization among a national sample of transgender, genderqueer, and cisgender sexual minority adolescents. *Child Abuse & Neglect*, *67*, 1–12.

Stockard, J. (2006). Gender socialization. *Handbook of the Sociology of Gender*, 215–227.

Stolier, R. M., & Freeman, J. B. (2016). The neuroscience of social vision. In *Neuroimaging personality, social cognition, and character* (pp. 139–157). Elsevier.

Swank, E., Fahs, B., & Frost, D. M. (2013). Region, social identities, and disclosure practices as predictors of heterosexist discrimination against sexual minorities in the United States. *Sociological Inquiry*, *83*(2), 238–258.

Swank, E., Frost, D. M., & Fahs, B. (2012). Rural location and exposure to minority stress among sexual minorities in the United States. *Psychology & Sexuality*, *3*(3), 226–243.

Szymanski, D. M., Moffitt, L. B., & Carr, E. R. (2011). Sexual objectification of women: Advances to theory and research 1ψ7. *The Counseling Psychologist*, *39*(1), 6–38.

Tskhay, K. O., Feriozzo, M. M., & Rule, N. O. (2013). Facial features influence the categorization of female sexual orientation. *Perception*, *42*(10), 1090–1094. https://doi.org/10.1068/p7575

Tskhay, K. O., & Rule, N. O. (2017). Internalized homophobia influences perceptions of men's sexual orientation from photos of their faces. *Archives of Sexual Behavior*, *46*(3), 755–761.

Vale, M. T., Pasta, P. M., & Bisconti, T. L. (2019). EXPLORING HOW AGE PREDICTS OUTNESS AND INTERNALIZED HOMOPHOBIA IN A LIFESPAN SAMPLE OF SEXUAL MINORITIES. *Innovation in Aging*, *3*(Suppl 1), S304.

Walch, S. E., Ngamake, S. T., Bovornusvakool, W., & Walker, S. V. (2016). Discrimination, internalized homophobia, and concealment in sexual minority physical and mental health. *Psychology of Sexual Orientation and Gender Diversity*, *3*(1), 37.

Walkerdine, V. (1989). Femininity as performance. *Oxford Review of Education*, *15*(3), 267–279.

West, C., & Zimmerman, D. H. (1987). Doing gender. *Gender & Society*, *1*(2), 125–151.

Wilsnack, R. W., Vogeltanz, N. D., Wilsnack, S. C., & Harris, T. R. (2000). Gender differences in alcohol consumption and adverse drinking consequences: Cross-cultural patterns. *Addiction*, *95*(2), 251–265.

Wilsnack, S. C., Hughes, T. L., Johnson, T. P., Bostwick, W. B., Szalacha, L. A., Benson, P., Aranda, F., & Kinnison, K. E. (2008). Drinking and drinking-related problems among heterosexual and sexual minority women. *Journal of Studies on Alcohol and Drugs*, *69*(1), 129–139.

Wilson, S. M., Gilmore, A. K., Rhew, I. C., Hodge, K. A., & Kaysen, D. L. (2016). Minority stress is longitudinally associated with alcohol-related problems among sexual minority women. *Addictive Behaviors*, *61*, 80–83.