The Violent and Nonviolent Victimization Risk and Subsequent Health Outcomes of Black Queer College Students

ABSTRACT

THE VIOLENT AND NONVIOLENT VICTIMIZATION RISK AND SUBSEQUENT HEALTH OUTCOMES OF BLACK QUEER COLLEGE STUDENTS

By

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Black Queer college students represent an understudied group compared to their peers who are Black and who are Queer. Theoretical frameworks of Minority Stress, Gender Minority Stress, Critical Race, and intersectionality theories posit that their racial and Queer intersectional identities place them at a unique crossroads, experiencing double marginalization. As a result, this marginalization increases their likelihood of being victimized and developing subsequent poor health outcomes. Using a quantitative approach with the national Spring 2021 ACHA-NCHA III data, this dissertation examines if Black Queer college students are more likely to experience victimization and adverse health outcomes than their peers. Overall, the findings indicated that Black Queer college students were more likely than their peers to be physically victimized. In addition, Black Queer students were more likely to experience microaggressions and discrimination than their peers. Black Queer students were also more likely to have negative mental and sexual health outcomes compared to their peers. When the effect of victimization and being Black and Queer was considered, it was found that Black Queer students who experienced victimization also were more likely than their peers to have worse physical health outcomes and attempt suicide. These results were evident even when considering additional factors that may

have been related to victimization. These findings suggest a need for targeted policy and interventions involving post-secondary administrators and support staff to implement resources that address the vulnerability of Black Queer college students and seek to reduce their likelihood of victimization. Future research should also delve into other potential reasons for the victimization of this group.

Key words: Victimization, Health Outcomes, Intersectionality, Higher Education

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BY

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ACCEPTANCE

This dissertation was prepared under the direction of the candidate's Dissertation Committee. It has been approved and accepted by all members of that committee, and it has been accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Criminal Justice and Criminology in the Andrew Young School of Policy Studies of Georgia State University.

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Dedication

To my Mom (Krystal), Dad (Skip), bonus parents (John and Sheila), siblings (Michael, Kalela, and Myles), my auntie (Barbara), my nephew (Maverick), my extended family, and my dear friends: Thank you for encouraging me on this journey to keep going and reminding me that I can overcome any obstacles in my way. Your love and support have carried me through my entire academic career, and for this I am truly grateful. I love you.

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Chapter I: Introduction

Queer people of color are no strangers to violence. The 1969 Stonewall riots of Greenwich village are a prime example of this statement, as Black trans woman activist Marsha P. Johnson risked both her life and her freedom to protect her Queer community from bigoted police officers (Rothberg, 2022). In recent years, the victimization of Queer persons of color have garnered a significant amount of attention. In June of 2023, 28-year-old O'Shae Sibley made national headline news for being stabbed to death as he was dancing to the music from Beyonce's Renaissance album (Alfonseca & Proto, 2023). He was targeted because he was an openly Black gay man. Pertaining to the victimization of college students, studies have shown that both Black students (Coulter et al., 2017; Maffini & Dillard, 2022) and Queer students (Conron et al., 2022; Dekeseredy et al., 2020; O'Neill et al., 2022) are more likely to be victimized than their non-Black, heterosexual, and cisgender counterparts. As such, it could be posited that Black Queer college students would experience even further risk of victimization due to the combination of their intersectional identities. These individuals are likely to grapple with the possibility of experiencing violent and nonviolent victimization due to hostile collegiate environments that facilitate racism, homophobia, and transphobia. These constructs stem from various forms of oppression that create certain vulnerabilities and force students to navigate the complexities of their intersectional identities, often without much guidance from supportive resources.

The victimization risk of Black Queer college students is an important subject matter for various reasons, but mainly because this is an understudied group. Black individuals are often grouped into the same category of BIPOC (Black Indigenous People of Color) (U.S. Department of Health and Human Services, 2024). This term has come under immense scrutiny, as it has

been said to erase the unique characteristics of Blackness, rendering these individuals and their experiences as virtually invisible (Deo, 2021). As such, it is imperative that Black Queer college students are seen as a group that should be analyzed on their own due to the individuality (and potential risks) that their identities present.

This dissertation will examine the violent and nonviolent victimization risks of Black Queer college students. The physical and emotional effects of both types of victimization will also be explored. In this dissertation, Queer will be used as an overarching term to describe individuals who subscribe to non-traditional sexual and/or gender identities (i.e. persons who are non-heterosexual or non-cisgender). I will be specific to which identity I am referring when it is necessary. This dissertation will also use the term "peers" to describe fellow college students who are not Black and Queer. Additionally, before discussing the plight of Black students experiencing victimization, it is important to first discuss Blackness not just as a characteristic, but also as a social construct. Black people as a whole do not represent a monolithic culture, and therefore should not be expected to fit under one category. They instead consist of individuals who transcend every continent and every color. As such, just as there are Black Americans, so too are there Caribbean Black persons, Latinx Black persons, and other forms of Blackness reflected in various cultures. There has long been controversy about who is considered to be Black, dating back to the "one drop rule." This rule posited that individuals would be identified as Black if there was "one drop" of Blackness in them (Hickman, 1997). This rule (though illogical today) shaped both policies and societal viewpoints on Blackness and its unintended consequences (Hickman, 1997). For example, biracial children of slaves and White masters would still solely be considered Black despite their connection to White lineage (Jordan, 2014).

The evolution of Black culture allowed for different manners in which Black persons wished to be addressed, ranging from "Negro" to "African American," placing distinct emphasis on an ethnic group that is of African descent (Jordan, 2014). The term "African American," one of the more recent monikers made popular by Reverend Jesse Jackson in the 1980s, was initially highlighted as being a replacement for 'Black' (which at the time was viewed negatively) (Martin, 1991). African Americans have since reclaimed the word "Black" and made it a term of both endearment and empowerment (PBS Digital Studio, 2020). Therefore, "Black" and "African American" will be used in this paper and will be capitalized with respect to their acknowledgement as identities tied to a nation state. It is relevant to make the connection between how these individuals see themselves (self-identity) and how they are seen by others (social identity). Both constructs contribute to the conversation on intersectionality (which will be discussed later), and how they could be aggravating factors of victimization rates.

According to the Education Data Initiative, approximately 13% of American college students identify as Black (Hanson, 2014), while 17% identify as Queer [a sexual and/or gender minority] ("LGBTQ+ Students in Higher Education," 2023). To date, there is no national dataset that measures the population of Black Queer students specifically. While there is a large breadth of research on the victimization of Black college students and the victimization of Queer college students, there is a lack of victimization research on these individuals once the racial/ethnic and sexual/gender intersectional identities are combined. When Black Queer students maintain both of these intersectional identities, they may have a higher likelihood of victimization than their counterparts. This is evident in what research is available on Black Queer students, specifically in the form of intimate partner violence. In their study analyzing rates of intimate partner violence among LGBT college students, Whitfield et al. (2018) found that Black students

specifically were more likely than their non-Black peers to experience both physical and emotional intimate partner violence. The authors were clear in discussing that race as an intersectional identity has the ability to increase sexual minority students' risk of victimization. In relation to discrimination and microaggressions, Black Queer college students in STEM have been found to experience invisibility due to constructs of racism and heteronormativity (Levya et al., 2022). In other words, Black Queer students are ignored because the STEM fields are rooted in Whiteness and heteronormative ideations, causing them to feel invisible due to the differing intersectional identities to which they subscribe (Levya et al., 2022). Although these statements highlight some of the risk that Black Queer students experience in relation to both violent and nonviolent victimization, the current state of the literature does not fully reflect how being Black and Queer may impact various types of victimization and the consequences they may face from these victimization experiences. As such, this dissertation will contribute to the limited literature that is available on Black Queer college students experiencing victimization outside of intimate partner relationships.

It is also relevant to discuss how perceptions of race, sexuality, and gender may impact the type of treatment that Black Queer students receive for various healthcare concerns. For example, both Black persons and Queer persons historically have struggled with trying to find supportive healthcare providers who affirm them in their identities. Bazargan et al. (2021) conducted a study in which they analyzed the likelihood of medical mistrust in the healthcare system among minorities. They found that the odds of Black respondents reporting that they had some aspects of medical mistrust were almost 75% higher than their non-Black counterparts (Bazargan et al., 2021). Queer people are also not exempt from this type of rhetoric, as a 2017 national survey exemplified that between 6-9% of respondents who identified as LGBQ had

experienced some form of discrimination from medical providers (Mirza & Rooney, 2018). Transgender persons experienced an even greater likelihood of enduring this treatment (Mirza & Rooney, 2018). The combination of these identities is posited to increase the risk of victimization and potentially exacerbate health issues in Black Queer college students. Therefore, it is imperative that university medical personnel establish anti-racist and anti-homophobic/transphobic initiatives to support Black Queer students and make them feel more comfortable accessing healthcare services.

Additionally, some Black Queer individuals have even experienced victimization at the hands of those who are intended to provide services and keep them safe. For example, Grant et al. (2011) identified that approximately 22% of transgender persons who sought refuge from violence in homeless shelters were sexually victimized by residents or staff. In addition, Mariah Lopez, a disabled Afro-Latina trans woman living in New York City, endured this treatment from shelter staff and was eventually transferred to another facility as retaliation for speaking out against the abuse (*Lopez v. New York City Dept. of Homeless Services*, 2019). She sued the shelter for violating her rights and won a settlement, which ultimately included the creation of shelters that specifically serve people with non-traditional gender identities (*Lopez v. New York City Dept. of Homeless Services*, 2019). Facilities like these highlight how important it is for Black Queer individuals to have safe and affirming spaces, even when they do not have the financial means to create them.

Finally, it is important to acknowledge that how people are perceived (specifically in relation to race, sexuality, and gender identity) may also contribute to their likelihood of experiencing victimization. Stereotypes and implicit biases are two ways perceptions may manifest into violence, especially for Black persons and individuals with non-traditional sexual

and gender identities (Belisle et al., 2022; Blondeel et al., 2017; Burgess, 2017). In their article that analyzed the connection between racial stereotypes, violence, and aggression, Sturmey and Burgess (2017) discussed that racial and gender stereotypes can lead to the influence of both physical and social injury to oneself and others. In addition, Blondeel et al. (2017) conducted a systematic review of the literature that analyzed whether violence was motivated by perception of sexuality and gender identity. Their findings indicated that there was an elevated occurrence of both physical and sexual violence that was fueled by how individuals with non-traditional sexual and gender identities were perceived (Blondeel et al., 2017). Therefore, it is imperative to not only account for how individuals see themselves, but also how they are perceived by others specifically relating to instances of victimization.

1.1 Purpose of the Study

As previously mentioned, this dissertation seeks to fill the current gap in the literature by analyzing the victimization risk of Black Queer college students in comparison to others. In doing so, it examines more commonly studied victimization types such as physical and sexual assault, but also less examined victimization types such as microaggressions and discrimination. In addition, how these victimization experiences relate to physical and mental health is explored. Current literature discusses that Black college students experience disproportionate rates of violent victimization in comparison to their White peers (Baum & Klaus, 2005). Queer students also endure increased levels of victimization compared to their heterosexual and cisgender counterparts (Conron et al., 2022). However, what is unknown is the effect on victimization risk when these racial and sexual/gender identities intersect. The research available on the general population of Black Queer individuals discusses that they are more likely to experience victimization due to their intersectional identities (Jacobson Lopez et al., 2023; National

Coalition of Anti-Violence Programs, 2017). In other words, individuals who identify as Black and those who identify as Queer would be likely to experience greater risks for victimization once these identities are combined, creating a "double whammy" effect. This same logic will be used to analyze the victimization risk of Black Queer college students.

It is also unknown how victimization physically and emotionally affects these particular individuals. Victimization in general has been linked to negative physical and mental health issues (Stoliker, 2016). The Office for Victims of Crime explicitly discussed that individuals who are victims of crime may suffer from physical injuries and various mental health problems such as distress and problems with productivity in work or school ("Physical and Mental Health," 2020). The research states that both Black individuals (Walker et al., 2023) and Queer individuals (Andersen et al., 2015; Lehavot & Simoni, 2014) are likely to develop health problems as consequences of victimization. Black persons (Jacob et al., 2023) and Queer persons (Mustanski et al., 2016) are also likely to be emotionally harmed, which can manifest into psychological issues such as depression, anxiety, and post-traumatic stress disorder (PTSD). Black Queer individuals experience negative physical and emotional effects that are unique to their intersectional identities (Meyer, 2010; Meyer, 2015). For example, both Black (Nuriddin et al., 2020) and Queer individuals (Mirza & Rooney, 2018) endure discrimination in the medical field, placing them at further risk for both physical and psychological harm. Thus, when these identities intersect, it is plausible these individuals are likely to experience additional consequences.

1.2 Theoretical Frameworks Applied to Black Queer College Student Victimization

Several theoretical perspectives can help to explain the victimization of Black Queer college students. Lifestyle exposure theory (Hindelang et al., 1978), one of the most widely used

victimization theories, discusses that persons with certain social characteristics are more likely to experience victimization because their lifestyles are associated with risky incidents (Hindelang et al., 1978; Madero-Hernandez, 2019; Maxfield, 1987). In other words, it is not the actual lifestyle that makes a person more likely to be victimized, but the risk that presents the opportunity for possible victimization. As a person engages in behaviors and lifestyles that promote risk, the likelihood of victimization increases (Madero-Hernandez, 2019). For example, individuals who regularly go out at night and spend time in public places with mostly strangers would be likely to experience some type of victimization due to the risk that their lifestyle exposes. Motivated offenders are likely to be present in these situations, therefore increasing their risk of being victimized.

For college students, some of these lifestyles could include engaging in alcohol or drug usage, joining fraternities or sororities, or participating in collegiate athletics. This is relevant to discuss, as students who engage in alcohol usage are more likely than others to be both physically and sexually victimized (Caamano-Isorna et al., 2021; Dowdall et al.,1998; Palmer, 1996). In addition, students who use both illicit drugs and marijuana are more likely to experience sexual assault than others (Burke et al., 2022; Shorey et al., 2016). In comparison to their peers who choose not to participate in Greek life organizations, students who pursue Greek life are more likely to experience physical and sexual assault (Mournet et al., 2024). Student athletes also have a greater risk of experiencing physical and/or sexual assault as well (Zogg et al., 2024). Other factors such as being enrolled in school part-time (ACHA, 2021), being in a relationship (Kaukinen, 2014), engaging in risky sex behaviors (World Health Organization, 2017), and living off campus (Hart, 2003) can also help elevate a student's likelihood of victimization.

Black and Queer students may have differential risks of engaging in behaviors that may make them vulnerable to victimization. Although Black students may join traditionally White fraternities and sororities (Patton et al., 2011), most Black students choose to pursue different organizations, such as Black Greek-Letter Organizations, [BGLO's] that offer safe haven from the racial discrimination that often occurs in White Greek life ("Why Historically White Sororities and Fraternities are Racially Problematic in US Universities, 2021). In addition, according to research conducted by Complete College America, Black college students are more likely to be enrolled in school part-time than their White peers (Marcus, 2023). Therefore, it would be reasonable to posit that these individuals would experience an increased risk of victimization due to the aforementioned points referencing enrollment status. In relation to housing arrangements, Queer college students are more likely to live on campus compared to their heterosexual and cisgender counterparts (Conron et al., 2022). However, they are more likely than their non-Queer peers to experience both verbal and violent victimization associated with living on campus (Conron et al., 2022), contradicting the available research about off campus housing being a likely predictor of victimization. The research is explicit in discussing that Queer individuals who live on campus are exposed to a greater risk of victimization than their non-Queer peers who have similar living arrangements (O'Neill et al., 2022). Queer students who lived on campus were more likely to experience physical assault, bullying, and harassment than their non-Queer counterparts [approximately 25% for Queer students vs a little over 11% for non-Queer students] (O'Neill et al., 2022). Queer students living on campus were also more likely to be victimized by housing staff than their heterosexual and cisgender peers (O'Neill et al., 2022). Black and Queer college students may also differentially engage in risky sex behaviors. Research has shown that Black college students have a greater risk of making

poor sexual decisions and having negative sexual health outcomes compared to their non-Black peers (Hall, 2022). College students who have non-traditional sexual identities are also more likely than their heterosexual counterparts to engage in risky sexual activity (Łukaszek, 2022). Poor mental health is also a risk factor for victimization (Green, 2020**),** and both Black students (Russell, 2021) and Queer students (Woodford et al., 2018) are likely to have mental health issues which could be attributed to constructs such as racism (Milam et al., 2022), homophobia (Sumbane & Makua, 2023), and transphobia (Swanbrow Becker et al., 2017). It is important to note that while the research shows that these factors may increase the likelihood of victimization for Black students, Queer students, and college students in general, not all of them have been fully explored specifically in the Black Queer college student population. In addition, identifying risk factors does not constitute as victim-blaming; however, it is relevant to discuss that certain factors of which we have minimal to no control have the ability to place us at risk of victimization.

Black Queer students may experience victimization not just because of their racial, sexual, and/or gender intersectional identities, but because of the risk that their lifestyles may present in relation to these demographic profiles. Separately, the identities increase the chances for victimization; however, their combination allows for an even greater likelihood of victimization due to the further risk that these intersectional identities produce. Black Queer students are likely to navigate their college experience by associating with people who affirm their intersectional identities and give them access to safe spaces (both physically and emotionally) (Jefferies, 2023). Those who feel comfortable would be likely to participate in activities that consist of letting their guard down, such as heavy alcohol usage, which could potentially place them at risk for victimization. Even though Black Queer individuals indulge in

alcohol use less frequently than their White, heterosexual, and cisgender counterparts, they still experience more consequences related to the alcohol usage than the aforementioned group (Schipani-McLaughlin et al., 2022). In addition, students who engage in promiscuous sexual behavior may also place themselves at risk for experiencing victimization, as risky sexual behaviors have been associated with an increased likelihood of sexual violence (World Health Organization, 2017). While research has not evaluated the sexual behaviors of Black Queer college students in depth, it could be posited that these individuals would be at risk of experiencing victimization due to the available research on the separate intersectional identities of both Black and Queer students.

Minority Stress Theory (Meyer, 2003) is another theory relevant to the victimization of Black Queer students, specifically in relation to stress and stigma. This theory was primarily used to explain how stress and psychological issues negatively affect those who identify as minorities. Stress is a factor that is inherent to the human population; however, some individuals have unique stressors and must adapt to them in order to survive (Meyer, 2003). Those who suffer from mental health conditions (Azimi & Daigle, 2017) and persons who are disabled (Holloway et al., 2024) are prime examples of minorities with unique stressors. Individuals who are stigmatized experience increased stress levels due to the effects of their minority status (Meyer, 2003) that can be reflected in social constructs such as racism, homophobia, and transphobia. These aspects of discrimination physically and emotionally reduce the quality of life for those who endure them, therefore placing additional stressors on these groups that their White, heterosexual, and cisgender counterparts do not experience. Specifically, Black persons endure stressors most related to their Blackness due to racism (Jacob et al., 2023), while Queer people grapple with the constructs of homophobia and transphobia as a direct result of the

heteronormative society in which we live (Blumenfield, 1992). Black Queer students consist of two marginalized minority identities, as such, it could be posited that the stressors of both groups would be compounded, creating the "perfect storm/multiplicative effect" of opportunity for victimization to become a likely consequence.

Gender Minority Stress Theory (Testa et al., 2015) builds upon Meyer's (2003) Minority Stress Theory. While Meyer's theory does not explicitly discuss victimization, Testa et al.'s (2015) theory does, emphasizing the link between gender identity and victimization. Testa et al. (2015) contend that individuals who do not subscribe to the traditional gender binary (i.e., male or female) have additional forms of stress compared to their cisgender counterparts. Victimization has the potential to be one of those stressors. Gender expression is also relevant to discuss here, because even if individuals identify as cisgender, they are at risk for victimization if they outwardly present as otherwise (Gordon et al., 2018; Tabler et al., 2021). Therefore, other people's perceptions of an individual's gender identity may have an impact on the likelihood of victimization. As such, it is possible Black Queer students who identified as transgender, non-binary, gender non-conforming, or a non-traditional gender expression would also be at an elevated risk of victimization compared to their cisgender peers. Minority Stress and Gender Minority Stress theories provide a framework specifically for Black Queer student victimization and its subsequent effects. Minority Stress theory discusses that the unique stressors that Black Queer people face as a result of stigma and discrimination may place them at risk for experiencing negative physical and emotional health issues (McConnell, et al., 2019). Gender Minority Stress theory echoes a similar point, discussing that a non-traditional gender identity (and the stressors that accompany it) make an individual more susceptible to experience

victimization. It could also be posited that those instances of victimization may lead to negative health outcomes.

Critical Race Theory (CRT) may also be useful in understanding violent and nonviolent victimization rates of Black persons. Critical Race Theory (CRT) is a post-secondary framework that was developed by scholars in the legal field to help others both understand and identify the racial disparities present in the structure of American society (Crenshaw, 1991). CRT goes further to explain how these disparities are engrained into the very foundation of our laws and policies, many of which contain oppressive economic roadblocks that hamper Black persons' upward mobility in society (Delgado & Stefancic, 1994). CRT implores individuals to think critically on a macro level instead of a micro level, discussing that both racial inequality and inequity do not occur in a vacuum. In other words, it is not prudent to view racism simply as individual acts of discrimination, but as widespread ideologies that serve to subjugate an entire demographic based on premises of racial inferiority (Bell, 1992). Black college students must grapple with these issues, no matter what institution they choose to attend. The post-secondary education system highlights the types of systemic, institutional, and structural racism that has long been a part of American history. With the 2023 reversal of Affirmative Action (Totenberg, 2023) as well as the current attacks on diversity, equity, and inclusion [DEI] (Harper et al., 2024), discrimination and oppression still have the ability to hamper the progress of the Black student. As such, there is still work to be done.

To fully understand the concept of CRT, one must recognize the importance of the term "intersectionality" and its relevant literature. Intersectionality is defined as race, social class, gender identity, and other relevant constructs that "intersect" with one another and eventually overlap (Crenshaw, 1991). In this way, identities are not monolithic. Instead, they exist both

alongside and within each other, intertwining facets of an individual's personality, the life choices that these aspects cause one to make, as well as the consequences that come from said decisions (Crichlow, 2015). Intersectionality can also serve as part of the framework that explains how stigma is possible among marginalized groups.

Black Queer individuals experience stigma because they fall in one or more of these intersectional categories/identities that do not subscribe to general societal norms (Swann et al., 2021). Dr. Kimberlé Crenshaw, one of the individuals who coined the term "intersectionality," acknowledged that discrimination based on both race and gender has been prevalent in all facets of society (Crenshaw, 1991). She noted that it was possible to experience several layers of discrimination based on all aspects of an individual's identity. As such, Black Queer persons reflect this construct, as they inherently represent two cultures who experience oppression and discrimination based on both their race and sexual/gender identity. Intersectional identities make negative physical and emotional effects of victimization likely, as certain racial, sexual, and gender identities experience adverse health outcomes as a result of racism (Paradies et al., 2015), homophobia (Centers for Disease Control and Prevention, 2016), and transphobia (Kattari et al., 2020). Victimization may exacerbate these health issues. Those who do not subscribe to these intersectional identities may still experience negative effects of victimization; however, Black Queer students' experiences may be particularly at risk. In conclusion, understanding if some groups with several layers of marginalized identities are more likely to experience victimization than others is needed. To do so, CRT, Minority Stress, and Gender Minority Stress theories will be used to examine the likelihood of experiencing victimization, especially among Black Queer people.

These topics will be analyzed in the form of a quantitative three-paper dissertation, which will use a sample of Black Queer college students to analyze their risk of both violent and non-violent victimization. The physical and emotional effects of said victimization will also be examined. Paper One delves into the violent victimization risk of Black Queer college students, specifically pertaining to physical assault and sexual victimization. My research seeks to discover not only the percentage of Black Queer students who experience violent and sexual victimization, but also how the combined intersectionality of being Black and Queer has an effect on the victimization they endure. Paper Two explores the victimization risks of Black Queer college students by examining microaggressions and discrimination. In this paper, I also analyze the percentage of Black Queer students who experience microaggressions and discrimination, as well as how the aforementioned intersectional identities contribute to their victimization risk. Finally, Paper Three analyzes the physical and emotional health outcomes that Black Queer students who have been victimized may experience. It also examines if Black Queer students have worse physical and mental health than their peers.

The data for all three papers of my dissertation were collected from the American College Health Association-National College Health Assessment III (ACHA-NCHA). The assessment includes data on colleges and universities throughout the United States. Schools were able to self-select if they wished to participate. Institutions either sampled every student or used random sampling methods (ACHA, 2021). Responses were collected twice a year, with one survey administered in the Fall and one in the Spring. The Spring 2021 ACHA-NCHA III survey, a revised version of this survey, is used. The purpose of this survey is to provide an avenue to analyze the health, well-being, and academic performance of college students.

Using a web-based survey, the Spring 2021 data yielded responses from 96,489 students attending 137 colleges and universities. Public and private two-year and four-year institutions were included in this sample (ACHA, 2021), and the student population of the schools ranged from less than 2,500 students who were enrolled to over 20,000 (ACHA, 2021). It is important to note that while there was a category for HBCU's and other MSI's (minority-serving institutions), none were included in the sample.

Chapter II: The Violent and Sexual Victimization Risk of Black Queer College Students

2.1 Introduction

In the summer of 2023, the United States Supreme Court reversed the decision on Affirmative Action, a policy that allowed for race to be considered in collegiate admissions (Totenberg, 2023). This sparked a wave of Diversity, Equity, and Inclusion offices and programs that were shut down because they no longer complied with the court ruling (Zeeble, 2024). These programs were created to help students of color transition through college by offering pertinent resources for their success; however, their existence violated the premise that these individuals should not have "special privileges" or have offices that focus solely on minority groups, and therefore these programs were expected to be eradicated. Conservative justices hailed this decision as a way to curtail universities using race as a preference in admissions (Totenberg, 2023), but by doing so, it has the potential to hurt the very individuals who it was designed to protect—racial/ethnic minority college students. In relation to Queer college students, various anti-gay and anti-transgender bills have been passed throughout the country (Cowden, 2023), spreading hateful homophobic and transphobic rhetoric perpetuated exclusively by the Christian right under the "religious freedom movement" ("Anti-LGBTQ," n.d.). These ideologies assisted in pressuring some universities to shutter their programs of gender studies and similar subjects due to the risk of losing necessary federal funding (Alonso, 2024). As a result, campuses adhering to these requirements have become hostile environments for Queer college students (Cowden, 2023), further stripping them of the few safe spaces left amidst higher education.

Theoretical components such as Minority Stress theory (Meyer, 2003), Gender Minority Stress theory (Testa et al., 2015), and Critical Race theory (Bell, 1992; Crenshaw, 1991; Delgado & Stefancic, 1994) suggest that individuals who are minorities (racial, sexual, and gender

identities in this case) experience certain stressors that are unique to their minority intersectional identities. These stressors could be a result of constructs such as racism, homophobia, and transphobia that could lead to victimization as a consequence. Research has shown that Black students are more likely to be victimized than their peers of other racial groups (Baum & Klaus, 2005), and Queer students are more likely to be victimized than their heterosexual and cisgender peers (Conron et al., 2022). Naturally, it would be appropriate to posit that the combination of these two identities would elicit further victimization risk, as the possibility of victimization is elevated for these identities separately. However, research has not yet explored the prevalence of victimization of Black Queer college students and compared it to others. As such, the relationship between being Black and Queer and the likelihood of violent victimization risk has yet to be analyzed and understood.

To address this gap, this paper seeks to study if Black Queer college students are more likely than others to experience violent and sexual victimization. Using a national collegiate student dataset, multivariate analyses are conducted to determine the expected odds of Black Queer students who report victimization. These models include characteristics and behaviors that could also possibly elevate victimization risk. This research will assist in discussing programs, policies, and other strategies that could potentially reduce the victimization that these individuals experience while matriculating through their degrees.

2.1.1 Victimization of Black College Students

Black students have a greater risk of experiencing physical assault than their White counterparts (Maffani & Dillard, 2021). They also are more likely than their peers to experience physical assault in intimate partner relationships (An, Welch-Brewer, & Tadese, 2024). Whitfield et al. (2021) analyzed intimate partner violence (IPV) in relation to the intersectional

identities of race, gender, and sexuality and found that Black students specifically experienced more aspects of physical IPV than their peers who were non-Black. IPV victimization rates at primarily White institutions (PWI's) and historically Black colleges and universities (HBCU's) are also relevant to discuss, as studies have shown that Black students attending HBCU's experience more IPV victimization than their peers at PWI's (Field et al., 2015). Rates of IPV at HBCU's reflect twice the number of incidents that occur at PWI's (Field et al., 2015). Barrick et al. (2013) add to this point, as their study on Black women students who were victims of IPV discussed that almost 65% of Black women attending historically Black colleges and universities (HBCU's) had experienced at least one form of IPV in the past year. Almost 18% of those incidents were physical (Barrick et al., 2013).

Black college students also endure greater rates of sexual assault than any other racial group (Coulter et al., 2017), especially when they attend HBCU's (Collington et al., 2020). In their study analyzing the rates of sexual assault among Black college students at HBCU's, Collington et al. (2020) found that approximately 20% of Black students had experienced sexual victimization while matriculating through their collegiate education. Of that 20%, 20% were incapacitated in some way during the assault (Collington et al., 2020). Krebs et al. (2010) also conducted a study where they analyzed the rates of sexual assault among Black women at HBCU's in comparison to White women at PWI's. They found that Black women who attended HBCU's were more likely to experience violent sexual assaults than their White women counterparts who attended PWI's (Krebs et al., 2010).

Gender is relevant in this discussion, as studies show that Black women college students in general are more likely to be sexually victimized than White women students (Wilson, 2019), regardless of the type of institution that they attend. In their study, Zounlome et al. (2019)

analyzed how Black university women conceptualized sexual violence in comparison to non-Black persons. They found that oppression (through the avenues of both racism and sexism) helped to explain why Black women experienced violence like no other group (Zounlome et al., 2019). In relation to collegiate sports, Black athletes are more likely than their peers to experience increased rates of sexual assault (Gurgis et al., 2022). When discussing who is committing these assaults, the offenders are not just restricted to peer groups, as individuals in positions of power/authority have also been accused of committing such acts (Gurgis et al., 2022). The prosecutions of prominent collegiate coaches for sexual abuse lend further credence to this notion ("Justice Department Finds University Failed to Address Allegations of Sexual Abuse of Student Athletes in Maryland," 2024). Black college students are less likely than their peers to report their crimes to campus authorities, especially if they believe that they will be negatively perceived by them (Webb et al., 2021). As such, this reduces their likelihood of seeking campus resources.

2.1.2 Victimization of Queer College Students

Queer college students also have a greater risk of experiencing physical assault than both their heterosexual and cisgender counterparts (Conron et al., 2022; O'Neill et al., 2022). It is important to note that LGBTQ+ students are just as likely to be victims of physical IPV as they are to be offenders (Edwards & Sylaska, 2014), contributing to the victim-offender overlap (DeLong & Reichert, 2019). Gender minority students, specifically those who identify as transgender, have the highest levels of physical victimization (Coulter et al., 2015). This emphasizes the notion that students who do not conform to the traditional gender binary are most likely to be targeted for this type of violent victimization. Queer students during their academic career are more likely to be sexually assaulted than their heterosexual and cisgender peers

(Coulter et al., 2017; DeKeseredy et al., 2020; Eisenberg et al., 2017; Felix et al., 2015). Bisexual women are the most at risk, experiencing greater odds of sexual assaults on college campuses than both heterosexual persons and other sexual minorities (Coulter et al., 2017; Flanders et al., 2022; Johnson et al., 2016**).** Ford and Soto-Marquez (2016) affirmed this statement, discussing that approximately 40% of bisexual women attending post-secondary institutions experienced sexual victimization, compared to the lower victimization rates of their peers. Transgender students are also more likely to be sexually victimized than cisgender students (Coulter et al., 2017; Goldberg, 2018; Griner et al., 2017**;** Hoxmeier, 2016**;** O'Connor et al., 2022). This difference could be for a number of reasons, but it could be that homophobic and transphobic rhetoric lie at the foundation of these types of victimization. Queer students are also less likely to report their assaults than their heterosexual classmates (Eisenberg et al., 2021; O'Connor et al., 2022; Tillewein et al., 2023). These individuals refrain from reporting their victimization for various reasons; however, an inherent mistrust in collegiate support resources and feelings of embarrassment are the most common (Tillewein et al., 2023).

2.1.3 Victimization of Black Queer College Students

Though we know much about the victimization rates of Black people and Queer people, there is still much unknown about the victimization of these groups when combined into one intersectional identity. Although there is minimal research on Black Queer college student victimization specifically, the research that exists finds that Black Queer students experience disproportionate rates of intimate partner violence (Whitfield et al., 2021). Whitton et al. (2021) conducted research exploring how racial disparities have a negative effect on assigned female-at-birth sexual and gender minorities who experienced intimate partner violence. They found that Black assigned female-at-birth persons were more likely than their White counterparts to

experience eight types of intimate partner violence, including but not limited to minor physical and psychological victimization, severe violent physical and psychological victimization, and microaggressions (Whitton et al., 2021). In addition, Fedina et al. (2024) discussed in their study that 36% of Black trans women students experienced unwanted sexual contact victimization. These rates were especially important, as both transgender men and transgender women experienced the greatest percentage of this particular type of victimization.

More research has been done using general population samples. Black Queer persons experience greater rates of both physical assault (Jacobson Lopez et al., 2023) and sexual assault (Meyer, 2022) than White, heterosexual, and cisgender persons. Black gay men have been found to be more at risk for sexual assault than White cisgender women (Meyer, 2022). Black transgender women are also targets for violence, both in intimate partner relationships (Bukowski et al., 2019) and in the workplace (Bryant & Leath, 2022). Black trans women represented approximately 80% of homicides in 2022, with a large percentage of them being perpetrated by intimate partners (Schoenbaum, 2022). In addition, Black trans women who find themselves unhoused after leaving abusive relationships are just as likely to experience physical and sexual assault in the shelters where they are allowed to seek refuge (Grant et al., 2011). It is in these ways that racial and gender identities intersect to create additional aspects of violence that can cause further harm.

2.1.4 Current Study

Researchers have not yet studied Black Queer college student violent and sexual victimization in depth. There is a substantial amount of research on the victimization of Black college students and Queer college students. However, the research on Black Queer college students and their experiences of violent victimization is limited, despite the awareness that

Black Queer people in general have an enhanced risk of victimization that is likely to occur when these two intersectional identities are combined (Jacobson Lopez et al., 2023). Therefore, the overall prevalence of Black Queer college students who are violently victimized is unknown, as well as the potential factors that could cause such victimization. This paper uses the Spring 2021 ACHA-NCHA III data to explore the risk of Black Queer college students experiencing violent and sexual victimization, and if they are at a greater risk of experiencing these types of victimization than their counterparts.

2.1.5 Research Questions and Hypotheses

This paper addresses these research questions pertaining to the violent victimization of Black Queer College students. The questions are listed below:

1. What percentage of Black Queer college students report violent and sexual victimization?
2. Are Black Queer college students at greater risk of reporting violent and sexual victimization compared to other college students?

I hypothesize that:

1. Black Queer college students will report a greater percentage of both violent and sexual victimization than their heterosexual and cisgender peers from different racial groups.
2. Even when controlling for other factors found to be connected to violent and sexual victimization, Black Queer college students will have the greatest risk of violent and sexual victimization.

2.2 Measures

2.2.1 Dependent Variables

Physical Assault. In their study analyzing how multiple intersectional identities impacted the victimization risk of college students, Hancock et al. (2021) used specific measures to inquire

about student experiences of physical assault. It was relevant to use these measures in this paper. Students were asked, “Within the last 12 months, did you experience any of the following? Do not include intimate partner relationships” and were given seven options to choose from, with two that involved physical altercations: “I was in a physical fight,” and “I was physically assaulted.” The physical assault variable assesses if a person was physically assaulted. That I created was based on the statement. This variable was coded as (0) for no [No, I was not physically assaulted within the last 12 months] and (1) for yes [Yes, I was physically assaulted within the last 12 months].

Sexual Victimization. Similar to the physical assault variable, Hancock et al. (2021) and Hayes et al. (2024) also included variables in their study measuring different types of sexual victimization that were not related to intimate partner violence. Building off those works, a sexual victimization measure was created. Students were asked, “Within the last 12 months, did you experience any of the following? Do not include intimate partner relationships” and were given seven options to choose from, with three that involved sexual victimization: “I was sexually touched without my consent,” “Sexual penetration was attempted on me without my consent,” and “I was sexually penetrated or made to penetrate someone without my consent.” The sexual assault variable that I created was based on a combination of these three statements. The variable was coded as (0) for no [No, I did not experience any of these forms of sexual victimization within the last 12 months] and (1) for yes [Yes, I experienced one or more of these forms of sexual victimization within the last 12 months].

2.2.2 Independent Variables

Race/Ethnicity. To measure race and ethnicity, students were asked, “How do you usually describe yourself?” (Pertaining to their race/ethnicity) and were given the option to select

more than one response on the list. The categories included (1) American Indian or Native Alaskan, (2) Asian or Asian American, (3) Black or African American, (4) Hispanic or Latino/a/x, (5) Middle Eastern/North African (MENA) or Arab Origin, (6) Native Hawaiian or Other Pacific Islander Native, (7) White, (8) Biracial or Multiracial, and (9) My identity is not listed above. For this choice, respondents were asked to specify with a write-in option. All written responses were coded to reflect the appropriate category when possible. For responses that were unidentifiable (e.g., human), they were coded as missing. I created a new variable that represents whether or not a person indicated being Black. If respondents chose more than one identity, they were coded as multiracial. Thus, categories are mutually exclusive. The final variable is coded as (0) for non-Black and (1) for Black.

Queer Variable. To assess if a person is Queer, responses to questions about gender and sexual orientation were used. To measure sexuality, students were asked, "Which term best describes your sexual orientation?" They were allowed to select one of the available options and were instructed to write in their sexual identity if it was not listed. The categories included (1) Straight/Heterosexual, (2) Bisexual, (3) Gay, (4) Lesbian, (5) Pansexual, (6) Queer, (7) Questioning, and (8) My identity is not listed above. Written responses that qualified as a form of Straight were included in the Straight category. If the written-in responses reflected an identity other than Straight, they were coded as such. Non-identifiable responses were coded as missing. This variable was then re-coded as (0) for Straight and (1) for non-Straight (i.e., anything that was not explicitly heterosexual).

For gender identity, students were asked, "Which term do you use to describe your gender identity?" They were allowed to select one of the available options, which included (1) Woman or female, (2) Man or male, (3) Trans woman, (4) Trans man, (5) Genderqueer, (6)

Agender, (7) Genderfluid, (8) Intersex, (9) Non-binary, and (10) My identity is not listed above. Students were instructed to write in their gender identity if it was not listed. Written in responses that reflected a Cisgender identity (either male or female) were included in the Cisgender variable. Those that reflected all other options (categories 3-9) were recoded as such. Non-identifiable responses were coded as missing. This variable was then re-coded as (0) for Cisgender and (1) for non-Cisgender. The final Queer Variable consisted of the combination of these two variables, with the values of (0) reflecting those who are non-Queer (Straight and Cisgender), and (1) for Queer (non-Straight and/or non-Cisgender).

Black Queer Variable. A variable to capture if students are both Black and Queer is used. This variable was created by using responses to the race/ethnicity and Queer variables. This variable is coded as (1) for persons who are both Black and Queer and coded as (0) for those who are not both Black and Queer. This variable is used to see if Black Queer students differ from others. I also created a variable that has four categories: (0) non-Black and non-Queer, (1) Black and non-Queer, (2) non-Black and Queer, and (3) Black and Queer. This variable is used to see if Black Queer students are different not just from those who are not Black and Queer but from others as well to see if being Black and Queer elevates risk relative to the other groups.

2.2.3 Variables Related to the Violent Victimization of Black Queer Students

Alcohol Usage. Students in this sample were asked if they used alcohol at all and if they had used alcohol in the last 3 months. The types of alcohol included were Beer, Wine, Liquor, and similar products. Their responses were coded as (0) for no [No, I have never used alcohol and/or I have not used alcohol in the last 3 months] while (1) was coded for yes [Yes, I have used alcohol and/or I have used alcohol in the last 3 months].

Drug Usage. Students were asked if they had used any of the following substances and if they had used them within the last 3 months. The list of substances included Cocaine, Prescription stimulants, Methamphetamine, Inhalants, Sedatives or sleeping pills, Hallucinogens, Heroin, Prescription opioids, and other. The final drug usage variable that I created had responses that were coded as (0) for no [No, I have never used any of these or I have not used any of these substances within the last 3 months] and (1) for yes [Yes, I have used one or more of these substances within the last 3 months].

Marijuana Usage. Respondents were asked to report if they had used cannabis and if they had used it within the last 3 months. The options for cannabis included Marijuana, Weed, Hash, Edibles, Vaped cannabis, and other similar products. The responses were coded as (0) for no [No, I have not used marijuana in the last three months] and (1) for yes [Yes, I have used marijuana within the last 3 months].

Greek Life. Students were asked if they were a member of a social fraternity or sorority, and responses were coded as (0) for no and (1) for yes.

Collegiate Athletics. Respondents were asked if they participated in organized collegiate athletics at any of the following levels [Varsity sports, Club sports, and Intramural sports]. I created a final variable combining all of these options, with these responses coded as (0) for no [No, I have not participated in any of these athletics] and (1) for yes [Yes, I have participated in one or more of these athletics].

Mental Health. Students were asked, "Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions?" They were able to choose any of the available options, which included ADD/ADHD [Attention Deficit/Hyperactivity Disorder], Anxiety, Bipolar and Related Conditions [Bipolar I, II,

Hypomanic Episode], Borderline Personality Disorder and other related personality disorders, Depression, Eating Disorders, Gambling Disorder, Obsessive-Compulsive and related Conditions, Posttraumatic Stress Disorder, Schizophrenia and other psychotic conditions, and Substance use [Alcohol or other drug-related abuse or addiction]. All of these responses were included in the original mental health variable. The responses for the final mental health variable that I created were coded as (0) for no [No, I have never been diagnosed with any of these conditions] and (1) for yes [Yes, I have been diagnosed with one or more of these conditions].

Stress Levels. Students were asked, "Within the last 30 days, how would you rate the overall level of stress you have experienced?" The original responses were (1) for No stress, (2) for low stress, (3) for moderate stress, and (4) for high stress. I created one final stress variable that included the response options: (0) for no to low stress, (1) for moderate stress, and (2) for high stress.

Disability. Students were asked "Do you have any of the following?" and then were instructed to choose from the available list of disabilities. The list included Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, Deaf/Hearing loss, Learning disability, Mobility/Dexterity disability, Blind/low vision, and Speech or language disorder. There was no option for write-in responses. A final disability variable was created that included the values coded as (0) for no [No, I do not have any of these disabilities] and (1) for yes [Yes, I have one or more of these disabilities].

Number of Sexual Partners. Students were asked "Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse?" Students were able to write in responses pertaining to their number of sexual partners.

2.2.4 Demographic Variables

Age. Students were asked, "How old are you in years?" and were able to write in their response.

Enrollment Status. Students were asked, "What is your enrollment status?" and were given the option to choose (1) Full-time, (2) Part-time, and (3) Other. The responses were coded into a final enrollment status variable as (0) for full-time and (1) for part-time/other.

Relationship Status. Students were asked, "What is your relationship status?" and were given the options to choose (1) not in a relationship, (2) in a relationship but not married/partnered, and (3) married/partnered. The final relationship status variable was created and re-coded as (0) for not in a relationship, (1) for in a relationship but not married/partnered, and (2) for married/partnered.

Housing Arrangements. Students were asked, "Where do you currently live?" and were given the options (1) for campus or university housing, (2) Parent/guardian/other family member's home, (3) off campus or other non-university housing, (4) Temporarily staying with a relative, friend, or "couch surfing" until I find housing, (5) I don't currently have a place to live, and (6) Other. Students were then asked to specify and write in a response. Written in responses were coded to match each category. The final housing arrangements variable was re-coded as (0) for on campus/university housing, (1) with a parent/guardian/other family member's home, (2) for off campus or other non-university housing, (3) for shelter/temporary housing/no place [unhoused], and (4) for other.

Region. This variable (the US geographical area in which these institutions resided) was part of the campus demographical data located in the reference group files. These options included (1) Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT), (2) Midwest (IL, IN, IA, KS,

MI, MN, MO, NE, ND, OH, SD, WI), (3) South (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV), (4) West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY), and (5) Outside the US.

Size. This variable (the total enrollment of these institutions) was also part of the campus demographical data located in the reference group files. The options were listed as (1) <2,500 students, (2) 2,500-4,999 students, (3) 5,000-9,999 students, (4) 10,000-19,999 students, and (5) 20,000 students or more.

2.3 Analytic Plan

My analysis plan consists of running bivariate and multivariate analyses using the SPSS and R platforms. The bivariate analysis will use the Chi-square test in SPSS to examine if a greater percentage of Black Queer students experience violent and sexual victimization compared to others. In other words, the tests will use the dependent (violent victimization and sexual victimization) and the additional variables assessing being Black and Queer to analyze if a greater percentage of Black Queer students experience violent victimization than their peers. Bivariate analyses will also be performed to see if Black Queer students are more likely than others to engage in activities and have certain characteristics that could potentially lead to violent victimization. The Chi-square test is appropriate to use because the variables are categorical (except for age, for which a t-test will be performed). I will perform these analyses examining Black Queer college students to others, but also examining how Black Queer college students compare to non-Black and non-Queer, Black and non-Queer, and non-Black and non-Queer groups. The multivariate analysis will use binary logistic regression models in R that will analyze if being Black and Queer predicts violent and sexual victimization risk, while accounting for covariates and controls. Again, I will use both the Black Queer vs. others as well as the Black

Queer vs. the other gender and race groups. The binary logistic regression model is also appropriate because the dependent variable is dichotomous. For the multivariate analyses, I will use robust standard errors since students are clustered within schools. Student groups were clustered in these institutions, meaning that a significant number of students were participating in the survey in one place and via one modality (solely online for this survey). When responses are clustered in certain areas, it causes the standard errors to be heteroskedastic, which could then affect the likelihood of significance for each variable (Williams, 2020). Regression analyses assumes that all cases are independent and do not have an impact on each other; however, this is unlikely when the responses come from a group of people who attend the same institution. In other words, these individuals' responses may be similar than another cluster at a different institution. As such, this is why running the robust standard errors is necessary.

2.4 Findings

The breakdown of characteristics for my sample is listed in Table 1.

Table 1: Chapter II Sample Characteristics (N=84,664)

	%	n	Missing % (n)
Dependent variables			
Physical assault	1.6%	1,364	0.4 (391)
Sexual victimization	4.4%	3,701	1.0 (937)
Independent variables			
Black Queer students	0.7%	588	0
Alcohol usage	61.5%	52,057	0.3 (319)
Drug usage (illicit drugs)	7.6%	6,451	0.4 (376)
Marijuana usage	21.3%	18,060	0.4 (369)
Participation in Greek life	6.2%	5,254	0.2 (143)
Participation in collegiate athletics	12.9%	10,954	2.1 (1,954)
Age	x=23.54 (SD=6.544)		0.6 (550)
Enrollment status			0.3 (309)
Full-time	90.3%	76,461	
Part-time	9.7%	8,203	
Relationship status			0.2 (152)

Table 1: Chapter II Sample Characteristics (continued)

Single	49.8%	42,195	
In a relationship but not married/partnered	38.6%	32,708	
Married/partnered	11.5%	9,761	
Housing Arrangements			1.1 (1,016)
On campus	21.4%	18,110	
Parent/guardian/other family	31.7%	26,826	
Off campus	45.3%	38,386	
Temporary housing/unhoused	0.7%	596	
Other	0.9%	746	
University size			0
Less than 2,500 students	7.2%	6,064	
2,500-4,999 students	3.7%	3,106	
5,000-9,999 students	13.9%	11,802	
10,000-19,999 students	20.8%	17,631	
20,000 or more students	54.4%	46,061	
University region			0
Northeast	15.5%	13,156	
Midwest	21.3%	18,000	
South	8.5%	7,238	
West	54.7%	46,270	
Mental Health	26.7%	22,653	0.7 (693)
Stress levels			0.1 (102)
No/Low stress	19.2%	16,242	
Moderate stress	48.2%	40,801	
High stress	32.6%	27,621	
Disability	16.6%	14,029	2.1 (1,992)
Number of Sexual Partners	x= 3.28 (SD=1.364)		3.5 (3,348)

In my dataset, 1.6% of respondents had been physically assaulted, while 4.4% had experienced sexual victimization. In addition, 0.7% of students identified as Black and Queer. When referencing certain behaviors, 61.5% of students used alcohol, 7.6% used illicit drugs, and 21.3% used marijuana. When discussing mental health and stress levels, 26.7% of students identified that they had mental health issues, and 48.2% indicated that they had moderate stress levels. The average age of respondents was also approximately 23.54 years old. In relation to demographics, 16.3% identified that they had a disability, 90.3% of students attended school

full-time, 49.8% of students were single, and 45.3% of students lived off campus. Finally, 54.4% of students attended schools with student populations of 20,000 or more, and 54.7% of students attended schools in the Western region.

The findings from the bivariate analyses examining the relationship between being Black and Queer and victimization are presented in Table 2.

Table 2. Chi-Square Analysis Examining Physical and Sexual Victimization (N=84,664)

	Black and Queer % (n)	Others % (n)	χ^2
Variables			
Physical Assault	3.2 (19)	1.6 (1345)	9.806*
Sexual Victimization	5.8 (34)	4.4 (3667)	2.820

*p<.001

A greater percentage of students who identified as Black and Queer stated that they had been physically assaulted, in comparison to all other students [3.2% compared to 1.6%, p (χ^2<.001)]. A greater percentage of Black Queer students reported that they had been sexually victimized, in comparison to the other students who reported the same victimization, but this was not significant [5.8% compared to 4.4%]. When all four categories of race and Queerness were evaluated (see Table 3) (Black and Queer, Black and Non-Queer, Non-Black and Queer, and Non-Black and Non-Queer), a greater percentage of students who identified as Black and Queer had been physically assaulted compared to their counterparts [3.2%, p (χ^2<.001)].

Table 3. Chi-Square Analysis Examining Physical and Sexual Victimization Using Multiple Race/Queer Categories (N=84,664)

	Physical Assault % (n)	Sexual Victimization % (n)
Black and Queer	3.2 (19_b)	5.8 (34_a)
Black and Non-Queer	1.7 (38_a)	3.5 (78_b)
Non-Black and Queer	2.2 (439_b)	7.1 (1426_b)
Non-Black and Non-Queer	1.4 (868_b)	3.5 (2163_b)

Table 3: Chi-square Analysis Examining Physical and Sexual Victimization Using Multiple Race/Queer Categories (continued)

χ^2	68.010*	474.799*

The subscripts notate a subset of physical assault and sexual victimization categories where the column proportions do not differ significantly from each other at the .05 level.
*p<.001

However, when the four-category group was examined pertaining to sexual victimization, a greater percentage of Black and Queer students [5.8%, p (χ^2<.001)] experienced sexual victimization than Black and Non-Queer [3.5%, p (χ^2<.001)] and Non-Black and Non-Queer students [3.5%, p (χ^2<.001)]. A greater percentage of Non-Black and Queer students experienced sexual victimization than any other group [7.1%, p (χ^2<.001)].

Table 4 reveals the other factors that could potentially contribute to these individuals experiencing victimization.

Table 4. Chi-Square Analysis Examining Potential Covariates of Victimization (N=84,664)

	Black and Queer % (n)	Others % (n)	χ^2
Variables			
Alcohol Use	60.9 (358)	61.5 (51,699)	.091
Marijuana Use	28.1 (165)	21.3 (17,895)	15.981***
Illicit Drug Use	11.7 (69)	7.6 (6,382)	14.245***
Greek Life	5.1 (30)	6.2 (5,224)	1.239
Collegiate Athletics	8.2 (48)	13.0 (10,906)	11.985***
Mental Health Issues	37.6 (221)	26.6 (22,342)	36.219***
High Stress Level	41.7 (245)	32.6 (27,376)	24.709***
Disability	23.0 (135)	16.5 (13,894)	17.483***
Enrollment Status	9.7 (57)	9.7 (8146)	.000
Relationship Status			62.473***
Single	65.8 (387_a)	49.7 (41,808_a)	
In a relationship, but not married/partnered	28.1 (165_b)	38.7 (32,543_b)	
Married/partnered	6.1 (36_b)	11.6 (9,725_b)	

Table 4: Chi-Square Analysis Examining Potential Covariates of Victimization (continued)

Housing Arrangements			44.091***
On campus	29.8 (175 $_{a,b}$)	21.3 (17,935 $_{a,b}$)	
Parent/guardian/other	32.0 (188$_{c}$)	31.7 (26,638$_{c}$)	
Off campus	36.1 (212$_{c}$)	45.4 (38,174$_{c}$)	
Temporary housing/unhoused	1.9 (11$_{b}$)	0.7 (585$_{b}$)	
Other	0.3 (2 $_{a,c}$)	0.9 (744a$_{,c}$)	
Region			101.826***
Northeast	25.0 (147$_{a}$)	15.5 (13.009$_{a}$)	
Midwest	19.0 (112$_{b}$)	21.3 (17,888$_{b}$)	
South	16.3 (96$_{a}$)	8.5 (7142$_{a}$)	
West	39.6 (233$_{b}$)	54.8 (46,037$_{b}$)	
Enrollment Size			13.375**
<2,500 students	6.6 (39$_{a,b}$)	7.2 (6,025$_{a,b}$)	
2,500-4,999 students	2.6 (15$_{a,b}$)	3.7 (3,091$_{a,b}$)	
5,000-9,999 students	9.7 (57$_{b}$)	14.0 (11,745$_{b}$)	
10,000-19,999 students	21.1 (124$_{a,b}$)	20.8 (17,507$_{a,b}$)	
20,000 or more students	60.0 (353$_{a}$)	54.4 (45,708$_{a}$)	

The subscripts notate a subset of covariate categories where the column proportions do not differ significantly from each other at the .05 level.
***p<0.001, **p<0.01, *p<.05

When analyzing BQ students' rates of marijuana usage, a greater percentage of students who identified as Black and Queer reported using marijuana compared to their counterparts [28.1% versus 21.3%, p (χ^2<.001)]. In addition, a greater percentage of Black Queer students used illicit drugs compared to their peers [11.7% versus 7.6%, p (χ^2<.001)]. Black Queer students also had greater percentages of mental health issues and high stress levels (compared to low stress levels) than their peers [37.6% vs. 26.6%, p (χ^2<.001) and 41.7% vs. 32.6%, p (χ^2<.001)]. A greater percentage of Black Queer students also had a disability compared to their counterparts [23% vs. 16.5%, p (χ^2<.001)]. A smaller percentage of Black Queer students participated in collegiate athletics compared to their peers [8.2% vs. 13.0%, p (χ^2<.001)].

In relation to the demographic variables, a greater percentage of Black Queer students were single [65.8% vs. 49.7%, p (χ^2<.001)], while their peers were more likely to be in a relationship and married/partnered. In addition, a greater percentage of Black Queer students lived on campus [29.8% vs. 21.3%, p (χ^2<.001)], with a parent/guardian/other family member [32% vs. 31.7%, p (χ^2<.001)], and in temporary housing/unhoused [1.9% vs. 0.7%, p (χ^2<.001)] compared to their peers who were more likely to live off campus and in other housing. A greater percentage of Black Queer students lived in the Northeast [25% vs. 15.5%, p (χ^2<.001)] and in the South [16.3% vs. 8.5%, p (χ^2<.001)] compared to their peers who were more likely to live in the Midwest and the West. Finally, a greater percentage of Black Queer students attended institutions with student populations that were 10,000-19,999 [21.1% vs. 20.8%, p (χ^2<.001)] and over 20,000 [60% vs. 54.4%, p (χ^2<.01), while their peers were more likely to attend institutions with student populations less than 10,000. In these analyses, chi-square values were not statistically significant for alcohol usage, Greek life participation, and enrollment status.

Table 5 displays the results of the first t-test, examining the mean age difference for BQ and non-BQ students.

Table 5. T Test Analysis for Average Age of Respondents Comparing Black Queer Students to Others

	n	Mean	SD
Black and Queer	588	23.09	6.048
Others	84,076	23.55	6.547

Table 5: T Test Analysis for Average Age of Respondents Comparing Black Queer Students to Others (continued)

			Significance	95% Confidence Interval of the Difference	
	t	df	Two-sided p	LL	UL
Equal variances assumed	1.669	84,662	.095	-.079	.983

The table indicated that the average age of Black Queer students was approximately 23.09 years old, which was 6 months younger than those who did not identify as Black and Queer (23.55 years old). However, there was no statistically significant difference between these ages(t(84,662)=1.669, p=.095).

Table 6 indicates the results of the second t test, analyzing the mean number of sexual partners for BQ and non-BQ students.

Table 6. T Test Analysis for Average Number of Sexual Partners Comparing Black Queer Students to Others

	n	Mean	SD
Black and Queer	588	.3270	1.364
Others	84,076	.3946	1.320

			Significance	95% Confidence Interval of the Difference	
	t	df	Two-sided p	LL	UL
Equal variances assumed	-1.197	84,662	.231	-.178	.043

The table displayed that the average number of sexual partners for Black Queer students was approximately .3270 partners, which was fewer average sexual partners than those who did

not identify as Black and Queer (.3946 partners), although this difference was not significant (t(84,662)=-1.197, p=.231).

Findings from the binary logistic regression analysis examining the relationship between being Black and Queer and physical assault victimization, including other potential covariates and controls are presented in Table 7.

Table 7. Logistic Regression Model Predicting Physical Assault of College Students

Variables	B	S.E.	Exp (B)
Black and Queer Students	.012	.005	1.012**
Alcohol Usage	-.002	.001	.998**
Illicit Drug Usage	.021	.002	1.021***
Marijuana Usage	-.001	.001	.999
Greek Life	.005	.002	1.005***
Collegiate Athletics	.006	.001	1.006***
Mental Health Issues	.009	.001	1.009***
Stress Levels (low stress level reference)			
Moderate Stress Levels	-.001	.001	.999
High Stress Levels	.009	.001	1.009***
Disability	.009	.001	1.009***
Number of Sexual Partners	.004	.000	1.004***
Age	.000	.000	1.000*
Enrollment Status	.001	.002	1.001
Relationship Status (single reference)			
In a relationship, not married/partnered	-.002	.001	.998**
Married/partnered	-.007	.002	.993***
Housing Arrangements (living on campus reference)			
Living with parent/guardian/other family member	.002	.001	1.002
Living off campus	.002	.001	1.002*
Temporary housing/Unhoused	.039	.005	1.040***
Other housing	.011	.005	1.011**
Region (West reference)			
Northeastern institutions	-.004	.002	.996***
Midwestern institutions	-.005	.002	.995***
Southern institutions	-.003	.001	.997**
School Size (<2,500 reference)			
2,500-4,999 student population	-.001	.003	.999
5,000-9,999 student population	-.004	.002	.996
10,000-19,999 student population	-.004	.002	.996
20,000 or more student population	.001	.002	1.001

Table 7. Logistic Regression Model Predicting Physical Assault of College Students

(continued)

Observations	84,664
Log Likelihood	55,761.870
Akaike Inf. Crit.	-111,469.700

***p<0.001, **p<0.01, *p<.05

As shown, Black Queer students had 1.2% increased expected odds of experiencing physical assault than their peers [OR=1.012] and was significant at the .01 level. Several other factors were significantly related to physical assault. Respondents who engaged in alcohol usage had lower expected odds of experiencing physical assault compared to those who did not drink [OR=.998; p (χ^2<.01)]. Students who used illicit drugs had greater expected odds of experiencing physical assault compared to students who refrained from using these types of substances [OR=1.021; p (χ^2<.001)]. Students who participated in Greek life and collegiate athletics had greater expected odds of experiencing physical assault than those who chose not to engage in these activities [OR=1.005; 1.006; p (χ^2<.001)]. Students who also had mental health issues [OR=1.009; p (χ^2<.001)], high stress levels [OR=1.009; p (χ^2<.001)], had a disability [OR=1.009; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.004; p (χ^2<.001)] had greater expected odds of experiencing physical assault compared to those who did not have these problems or behaviors.

Several demographic variables were also related to physical assault. Age had no effect on the likelihood of physical assault [OR=1.000], and students who lived off campus [OR=1.002; p (χ^2<.05)], had temporary housing (such as sleeping on couches or being unhoused in general) [OR=1.040; p (χ^2<.001)], and lived in other forms of housing [OR=1.011; p (χ^2<.001)] had greater expected odds of experiencing physical assault compared to those who lived on campus.

Respondents who stated that they were in a relationship but not married/partnered [OR=.998; p (χ^2<.01] and married/partnered [OR=993; p (χ^2<.001)] had lower expected odds of experiencing physical assault than those who were single. Students who attended institutions in the Northeastern [OR=.996; p (χ^2<.001)], Midwestern [OR=.995; p (χ^2<.001)], and Southern [OR=.997; p (χ^2<.001)] regions of the US also had lower expected odds of experiencing physical assault than those who attended schools in the West.

The findings from the binary logistic regression analysis examining the relationship between being Black and Queer and experiencing sexual victimization, as well as possible covariates and controls are displayed in Table 8.

Table 8. Logistic Regression Model Predicting Sexual Victimization of College Students

Variables	B	S.E.	Exp (B)
Black and Queer Students	.000	.008	1.000
Alcohol Usage	.010	.002	1.010***
Illicit Drug Usage	.050	.003	1.051***
Marijuana Usage	.018	.002	1.018***
Greek Life	.017	.003	1.017***
Collegiate Athletics	.008	.002	1.008***
Mental Health Issues	.033	.002	1.034***
Stress Levels (low stress level reference)			
Moderate Stress Levels	.006	.002	1.006***
High Stress Levels	.024	.002	1.024***
Disability	.018	.002	1.018***
Number of Sexual Partners	.015	.001	1.015***
Age	-.002	.000	.998
Enrollment Status	.004	.002	1.004*
Relationship Status (single reference)			
In a relationship, not married/partnered	-.015	.002	.985***
Married/partnered	-.019	.003	.981***
Housing Arrangements (living on campus reference)			
Living with parent/guardian/other family member	-.018	.002	.982***
Living off campus	-.006	.002	.994***
Temporary housing/Unhoused	.029	.008	1.029***
Other housing	.015	.008	1.015*
Region (West reference)			

Table 8. Logistic Regression Model Predicting Sexual Victimization of College Students

(continued)

Northeastern institutions	.006	.002	1.006**
Midwestern institutions	.008	.003	1.008***
Southern institutions	.003	.002	1.003
School Size (<2,500 students reference)			
2,500-4,999 student population	.001	.004	1.001
5,000-9,999 student population	.006	.003	1.006**
10,000-19,999 student population	.002	.003	1.002
20,000 or more student population	.000	.003	1.000
Observations	84,664		
Log Likelihood	16,274.830		
Akaike Inf. Crit.	-32,495.670		

***p<0.001, **p<0.01, *p<.05

Black and Queer students did not have a greater expected odds of experiencing sexual victimization [OR=1.000], as there was no effect on the relationship between being Black and Queer and being sexually victimized. Students who engaged in alcohol use [OR=1.010, p (χ^2<.001)], illicit drug use [OR=1.051; p (χ^2<.001)], and marijuana use [OR=1.018; p (χ^2<.001)] had greater expected odds of experiencing sexual victimization compared to those who did not engage in these behaviors. In addition, students who joined Greek organizations [OR=1.017; p (χ^2<.001)], enrolled in school part-time [OR=1.004; p (χ^2<.05)], participated in collegiate athletics [OR=1.008; p (χ^2<.001)], had mental health issues (OR=1.034; p (χ^2<.001), had moderate [OR=1.006; p (χ^2<.001)] and high stress levels [OR=1.024; p (χ^2<.001)] (compared to low stress levels), had a disability [OR=1.018; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.015; p (χ^2<.001)] had greater expected odds of experiencing sexual victimization than those who did not subscribe to these activities or behaviors. Students who had temporary [OR=1.029; p (χ^2<.001)] and other [OR=1.015; p (χ^2<.05)] forms of housing, attended institutions in the Northeast [OR=1.006; p (χ^2<.05)] and the Midwest [OR=1.008; p (χ^2<.001)],

and attended institutions with populations of 5,000-9,999 [OR=1.006; p (χ^2<.01)] also had greater expected odds of experiencing sexual victimization than those who lived on campus, attended schools in the West and had populations of less than 2,500 students. In addition, respondents who stated that they were in a relationship but not married/partnered [OR= .985; p (χ^2<.001], married/partnered [OR=.981; p (χ^2<.001)], and living with a parent/guardian/other family member [OR=.982; p (χ^2<.001)] had lower expected odds of experiencing sexual victimization than those who were single and lived on campus.

Findings from the binary logistic regression analysis examining the relationship between being Black and Queer (and all other groups) and reporting physical assault, including their covariates and controls are presented in Table 9.

Table 9. Logistic Regression Model Predicting Physical Assault of College Students Using Multiple Race/Queer Categories

Variables	B	S.E.	Exp (B)
Non-Black and Non-Queer (reference)			
Non-Black and Queer	.001	.001	1.001
Black and Non-Queer	.004	.003	1.004
Black and Queer	.013	.005	1.013**
Alcohol Usage	-.002	.001	.998**
Illicit Drug Usage	.021	.002	1.021***
Marijuana Usage	-.001	.001	1.000
Greek Life	.005	.002	1.005***
Collegiate Athletics	.006	.001	1.006***
Mental Health Issues	.009	.001	1.009***
Stress Levels (low stress reference)			
Moderate Stress Levels	-.001	.001	1.000
High Stress Levels	.009	.001	1.009***
Disability	.009	.001	1.009***
Number of Sexual Partners	.004	.000	1.004***
Age	.000	.000	1.000*
Enrollment Status	.001	.002	1.001
Relationship Status (single reference)			
In a relationship, not married/partnered	-.002	.001	.998**

Table 9. Logistic Regression Model Predicting Physical Assault of College Students Using Multiple Race/Queer Categories (continued)

Married/partnered	-.007	.002	.993***
Housing Arrangements (living on campus reference)			
Living with parent/guardian/other family member	.002	.001	1.002
Living off campus	.002	.001	1.002*
Temporary housing/Unhoused	.039	.005	1.040***
Other housing	.011	.005	1.011**
Region (West reference)			
Northeastern institutions	-.004	.002	.996***
Midwestern institutions	-.005	.002	.995***
Southern institutions	-.002	.001	.998*
School Size (<2,500 reference)			
2,500-4,999 student population	.000	.003	1.000
5,000-9,999 student population	-.004	.002	.996
10,000-19,999 student population	.000	.002	1.000
20,000 or more student population	.000	.002	1.000
Observations	84,664		
Log Likelihood	55,673.700		
Akaike Inf. Crit.	-111,469.400		

***p<0.001, **p<0.01, *p<.05

When the Black and Queer variables were broken down into the four categories, Black Queer students [OR=1.013; p (χ^2<.01)], had 1.3% increased expected odds of experiencing physical assault compared to the reference group (students who were Non-Black and Non-Queer). In addition, respondents who engaged in alcohol use [OR=.998; p (χ^2<.01)], illicit drug use [OR=1.021; p (χ^2<.001)], participated in Greek life [OR=1.005; p (χ^2<.001)], engaged in collegiate athletics [OR=1.006; p (χ^2<.001)], experienced mental health issues [OR=1.009; p (χ^2<.001)], dealt with high stress levels [OR=1.009; p (χ^2<.001)] (compared to low stress levels), had a disability [OR=1.009; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.004; p (χ^2<.001)] had greater expected odds of experiencing physical assault than their counterparts who did not participate in these activities or have these characteristics or behaviors. In relation to the demographic variables, age had no effect on the likelihood of physical assault

[OR=1.000], and students who lived off campus [OR=1.002; p (χ^2<.05)], in temporary housing [OR=1.040; p (χ^2<.001)], and in other places [OR=1.040; p (χ^2<.01)] had greater expected odds of experiencing physical assault than their peers who lived on campus. Students who attended schools in the Northeastern [OR=.996; p (χ^2<.001)], Midwestern [OR=.995; p (χ^2<.001) , and Southern [OR=.998; p (χ^2<.05)] regions had lower expected odds of experiencing physical assault than those who attended institutions in the West. Students who used alcohol [OR=.998; p (χ^2<.01)], were in a relationship but not married/partnered [OR=.998; p (χ^2<.01)], and who were married/partnered [OR=.993; p (χ^2<.001)] had lower expected odds of experiencing physical assault than their peers who both engaged in and subscribed to differing behaviors.

Findings from the binary logistic regression model examining the relationship between being Black and Queer (and all other groups) and sexual victimization, including their covariates and controls are displayed in Table 10.

Table 10. Logistic Regression Model Predicting Sexual Victimization of College Students Using Multiple Race/Queer Categories

Variables	B	S.E.	Exp (B)
Non-Black and Non-Queer (reference)			
Non-Black and Queer	.012	.002	1.021***
Black and Non-Queer	.008	.004	1.008*
Black and Queer	.003	.008	1.003
Alcohol Usage	.010	.002	1.010***
Illicit Drug Usage	.049	.003	1.050***
Marijuana Usage	.017	.002	1.017***
Greek Life	.018	.003	1.018***
Collegiate Athletics	.009	.002	1.009***
Mental Health Issues	.031	.002	1.031***
Stress Levels (low stress reference)			
Moderate Stress Levels	.005	.002	1.005***
High Stress Levels	.022	.002	1.022***
Disability	.017	.002	1.017***
Number of Sexual Partners	.015	.001	1.015***

Table 10. Logistic Regression Model Predicting Sexual Victimization of College Students Using Multiple Race/Queer Categories (continued)

Age	-.002	.000	.998***
Enrollment Status	.004	.002	1.004*
Relationship Status (single reference)			
In a relationship, not married/partnered	-.015	.002	.985***
Married/partnered	-.018	.003	.982***
Housing Arrangements (living on campus reference)			
Living with parent/guardian/other family member	-.018	.002	.982***
Living off campus	-.006	.002	.994***
Temporary housing/Unhoused	.029	.008	1.029***
Other housing	.015	.008	1.015***
Region (West reference)			
Northeastern institutions	.006	.002	1.006**
Midwestern institutions	.008	.003	1.008***
Southern institutions	.003	.002	1.003
School Size (<2.500 students reference)			
2,500-4,999 student population	.002	.004	1.002
5,000-9,999 student population	.007	.003	1.007**
10,000-19,999 student population	.003	.003	1.003
20,000 or more student population	.000	.003	1.000
Observations	84,664		
Log Likelihood	16,301.450		
Akaike Inf. Crit.	-32,544.900		

***p<0.001, **p<0.01, *p<.05

The results indicated that Black Queer students are not more likely than their peers to be sexually victimized. However, Non-Black and Queer students [OR=1.021; p (χ^2<.001)] and Black and Non-Queer students [OR=1.008; p (χ^2<.05)] had 2.1% increased expected odds and 0.8% increased expected odds of experiencing sexual victimization compared to their Non-Black and Non-Queer peers (those in the reference group). Respondents who used alcohol [OR=1.010; p (χ^2<.001)], illicit drugs [OR=1.050; p (χ^2<.001)], engaged in Greek life [OR=1.018; p (χ^2<.001)], participated in collegiate athletics [OR=1.009; p (χ^2<.001)], experienced mental health problems [OR=1.031; p (χ^2<.001)], experienced moderate [OR=1.005; p (χ^2<.001)] and high stress levels [OR=1.022; p (χ^2<.001)] (compared to low stress levels), stated that they had a

disability [OR=1.017; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.015; p (χ^2<.001]) had greater expected odds of experiencing sexual victimization compared to their peers who did and experienced otherwise. The demographic variables indicated that students who lived in temporary housing (compared to those who lived on campus) [OR=1.029; p (χ^2<.001)], lived in other places (compared to those who lived on campus) [OR=1.015; p (χ^2<.001)], were enrolled part-time (compared to students who were enrolled full-time) [OR=1.004; p (χ^2<.05)], and attending schools in the Northeastern [OR=1.006; p (χ^2<.01)] and Midwestern regions [OR=1.008; p (χ^2<.001)] (compared to students attending institutions in the West) had a greater expected odds of experiencing sexual victimization. Students who attended institutions with populations of 5,000-9,999 [OR=1.007; p (χ^2<.01) also had greater expected odds of experiencing sexual victimization than their peers at institutions with student populations less than 2,500. Age was negatively associated with experiencing sexual victimization [OR=.998; p (χ^2<.001)], meaning that as age decreased, the expected odds of experiencing sexual victimization also decreased. Students who were in a relationship but not married/partnered [OR=.985; p (χ^2<.001)], were married/partnered [OR=.982; p (χ^2<.001)], were living with a parent/guardian/other family member [OR=.982; p (χ^2<.001)], and living off campus [OR=.994; p (χ^2<.001)] had lower expected odds of experiencing sexual victimization compared to their peers who were single or living on campus.

2.5 Discussion

Prior to this research, the relationship between being a Black Queer college student and reporting physical and sexual victimization had not been fully explored. This research is both relevant and timely, as it builds on the previous literature that discusses how Black students and Queer students experience a disproportionate amount of victimization compared to their Non-

Black and Non-Queer counterparts. However, the combination of these identities (which has been posited to result in further victimization) and its subsequent effects have yet to be addressed. This paper had several key findings.

First, the bivariate analyses in Table 2 indicated that a greater percentage of Black Queer students were physically assaulted compared to their peers. However, Black Queer students were not more likely than their peers to be sexually victimized. In addition, when the racial and Queer identities were separated into four categories (See Table 3), a greater percentage of Black Queer students had been physically assaulted compared to Black and Non-Queer students, but this was not different from the other groups. A greater percentage of Black Queer students experienced sexual victimization than those who identified as Black and Non-Queer and Non-Black and Non-Queer; however, a lower percentage of Black Queer students experienced sexual victimization compared to students who were Non-Black and Queer. This contradicted the first hypothesis, which stated that Black Queer students would report greater percentages of sexual victimization compared to their peers.

In addition, bivariate analyses show that Black Queer college students are different from others in key ways. Black Queer students were more likely than their peers to use illicit drugs and marijuana, have poor mental health and high stress levels, and have a disability compared to their counterparts who were not Black and Queer. Black Queer students were also more likely than their peers to be single, live on campus, live with a parent/guardian/other family member, live in temporary housing, live in the Northeast and the South, as well as attend schools with student populations more than 10,000. If students participated in these activities or had these characteristics, then it is possible they would be more likely to experience victimization than their counterparts who did and felt otherwise.

Second, the multivariate analysis revealed that Black Queer students were more likely to experience physical assault than their peers. These findings support my second hypothesis that Black Queer students are more likely than their counterparts to experience being physically victimized even when controlling for additional factors. From a theoretical standpoint, Critical Race and Minority Stress theories may help understand this finding. These theories identify stressors that are unique to Black Queer students that could lead to victimization. For Black women specifically, Critical Race theory delves into how their intersectional identities are often viewed through the lens of racism and sexism that ultimately create hostile environments where violent victimization is likely (Crenshaw, 1991). Previous research also indicates that Black students and Queer students are more likely than their peers to experience violent victimization. When the intersectional identities are combined, Black Queer college students are more at risk than their peers of being violently victimized. When discussing sexual victimization, the analysis indicated that Black Queer students were not more likely to experience sexual victimization, which was contrary to my hypothesis (as the findings were not statistically significant). When the categories were divided into the four groups, Black Queer students had greater expected odds of experiencing physical assault compared to their peers who were not Black and not Queer. Therefore, this portion of the analysis partially supports my second hypothesis that Black Queer students would have greater expected odds of physical assault victimization. However, for sexual victimization, the other two groups (Non-Black and Queer students and Black and Non-Queer students) had greater expected odds of reporting this type of victimization compared to Non-Black and Non-Queer students (the reference group). In other words, Black Queer college students do not have greater expected odds of experiencing sexual victimization compared to the reference group. Significant factors in these models related to victimization included substance

use, participation in social organizations, experiencing mental health issues and high stress levels, having a disability, engaging in risky sexual activity, and various housing and relationship arrangements.

It is expected that Non-Black and Queer and Black and Non-Queer students would be more likely to be sexually victimized than their Non-Black and Non-Queer peers due to the perceived risks associated with these identities. Specifically, Black women students are hypersexualized more than their peers of other racial/ethnic groups, as they have been the targets of society viewing them as "Jezebels" (a reference rooted in racism that describe Black women as promiscuous and overcome by their insatiable sexual desires) (Collins, 2002). Leath et al. (2021) conducted a study in which they analyzed the Jezebel stereotype and whether or not it had an impact on Black women college students' sexual decisions. They found that a greater percentage of Black women students were more likely to reject not just the stereotype, but also the behaviors directly associated with it, such as dressing provocatively and having risky sexual encounters with several partners (Leath et al., 2021). Additionally, a little over one-third of respondents in the study believed that the Jezebel label was connected to acts of sexual violence against Black women. Relating to Queer persons, Sue (2010) introduced oversexualization as a component of his research on microaggressions, highlighting that Queer people are often viewed only as sexual beings instead of individuals with complex personalities. In their study of microaggressions and how they affect Queer college students, Platt et al. (2013) found that students reported themes of oversexualization, as their peers did not believe that they could engage in legitimate relationships that did not solely focus on sex. Research has indicated that oversexualization and objectification are correlated with an increased risk of sexual violence (Gervais et al., 2017). As such,

perceptions of hypersexuality regarding both groups of Black students and Queer students specifically may elevate their risk of experiencing sexual victimization.

It is important to note some possible reasons why I did not find full support for my hypotheses. The results for Black Queer students experiencing sexual victimization were unexpected, as I previously believed that these individuals would be more at risk for this type of victimization than their peers. This finding could be due to a number of factors. One explanation could be that Black Queer students may indeed be more likely to be sexually victimized; however, they may not be aware of what constitutes as sexual victimization. As a result, they may choose the option that reflects not being victimized. Students are more likely to report that they have been victimized in online anonymous surveys than with paper surveys (Hayes et al., 2021), therefore, it is not likely in this case that students are purposely choosing not to report their victimization due to fear of exposure. The time period in which the survey was conducted may also be a factor as to why the analyses would indicate that Black Queer college students would not be more likely to be sexually victimized. The survey for this dissertation was released in 2021, which at the time was single-handedly one of the most dangerous years for Queer persons regarding anti-Queer policies being introduced in the government (Ronan, 2021). Queer individuals of color are especially vulnerable to these types of legislation ("Anti-LGBTQ Discrimination Inflicts Disproportionate Harm on People of Color," 2021). While the responses were anonymous, the general sentiment of harm against Queer persons may have affected how students responded to the survey. Future research is necessary to discover if indeed Black Queer college students are not more likely to be sexually victimized and, if so, why this is the case.

In addition, students were allowed to self-identify not only their race, sexuality, and gender identity, but their victimization as well. This could have posed some concerns because there is

effectively no way to confirm (or deny) how students identified or the experiences that they had—it was simply based on self-reporting, which studies have shown could potentially lead to response bias (Rosenman et al., 2011). The findings could also be related to how the race variable was coded. I coded my variable as Black and then everything else, where I coded respondents who only identified as Black as Black and those who identified as multiracial as such. I sought to focus on students who identified as Black and Queer, which resulted in the decision to code the race variable this way. Those who chose Black and something else were ultimately coded as Non-Black. In essence, they were included, but not in the Black group. Student perception is also relevant to discuss here, as these individuals could have chosen how their race was perceived instead of their actual race, which could have effectively made my data appear to have more Black responses than others (or vice versa). If students were perceived as Black by their peers (and others) but they were not coded as Black, this could potentially explain why the results indicate that other groups who are not Black and Queer had greater odds of experiencing victimization.

While this research was informative, there were also some limitations that need to be addressed. First, there was some missing data in my analyses. To delve deeper into this missing data, I conducted a missing completely at random (MCAR) test in the R platform. If cases are missing completely at random, then the p value will not be statistically significant. After running this test, I found that the cases are in fact not missing completely at random, as the p value was 0. Therefore, given the high statistic value and the low p value, I concluded that the data are not missing completely at random. A number of responses were lost to listwise deletion, meaning that respondents were excluded if there were any variables in my analyses that had missing data for them. Listwise deletion was an appropriate strategy to use in my statistical analyses, because

when datasets have large samples, this method is less of an issue in terms of having sufficient power to detect real effects. While listwise deletion is one way to address missing data, this could be problematic in that the missing data could affect what I found in terms of my results if being missing is connected to victimization or being Black and Queer, leading to conclusions that might otherwise be incomplete or misdirected.

In addition, the sample size of Black Queer students was small compared to the large number of respondents in the entire dataset. Specifically, the Ns were small for several variables, which could mean that I did not have a large enough sample size to detect significance. While this sample of Black Queer students was not too small to complete statistical analyses, it is possible that this sample might not accurately represent the population of Black Queer students on college campuses across the nation. When the identities were broken down into Black sexual minorities and Black gender minorities, this yielded even smaller numbers. More specifically, very few Black students identified as either a sexual minority or a gender minority who also acknowledged being victimized. Although 573 Black students identified as a sexual minority, only 18 had experienced physical assault and 34 had been sexually victimized. In comparison, only 89 Black students identified as a gender minority, with 6 students acknowledging that they had been physical assaulted and only 4 Black gender minority students had experienced sexual victimization. As such, it was necessary to combine the Queer identities in order to have a large enough sample size for analysis. This type of grouping is usually frowned upon by critical scholars, as sexual and gender identities have often been confused as being the same construct (American Psychological Association, n.d.). However, these intersectional identities are in fact very different, and should be referenced separately when able.

It is also important to note that no HBCU's were included in this dataset. This could raise some questions about generalizability, and whether or not the results would be significantly impacted if these factors were incorporated into the study. I would posit that including these institutions would yield not only a higher number of Black Queer students, but also could potentially present different findings about individuals who experience violent and sexual victimization. For example, research has shown that Black women students who attend HBCU's are more likely to experience forced sexual assault than their White women peers at PWI's (Krebs et al., 2011). These individuals are more likely to be incapacitated during their assault (Krebs et al., 2011). In addition, studies have shown that in approximately 90% of HBCU campus sexual assaults, Black women students are more likely to know their offender (Krebs et al., 2011). This research is valuable. Therefore, ensuring that HBCU's are represented in studies centering Black Queer students who are victimized will be a point to consider in future directions of this research.

Various policy implications from this research could help to mitigate the effects of violent victimization on Black Queer college students. First, institutions could take this information and use it to hire culturally competent staff who are sensitive to the needs of this particular community. This may include hiring individuals who either subscribe to these racial and Queer identities themselves, or who are allies to these communities. These individuals could use screening tools to help identify problems that are specific to this group and then work together to find viable solutions to address them. Research has shown that Queer students are less likely to have negative perceptions of their collegiate experiences when they have access to affirming resources (Pitcher et al., 2018). In addition, institutions could require their faculty and staff to complete sensitivity training in order to properly accommodate these individuals and

offer them support. Students are more likely to disclose their victimization if they have faculty who are familiar with victim services and their policies at their universities (Cares et al., 2024). It is not enough to just implement solutions on campus, but to advocate for these strategies outside of the collegiate environment as well. As a result, initiatives between students who attend these institutions and work in the surrounding areas could assist in providing not only a sense of community for Black Queer individuals, but an avenue to create better visibility for this marginalized group (that could potentially lead to decreased rates of victimization).

Future directions for this research would reflect including HBCU's and MSI's into the national ACHA-NCHA dataset so that the rates of violent victimization among Black Queer college students could be analyzed in a more comprehensive scope. Students are likely to experience similar rates of non-consensual sexual contact on HBCU and PWI campuses (Collington et al., 2020); however, studies analyzing sexual assault rates specifically between Black students on both types of campuses have not yet been explored. As such, it could be posited that those who subscribe to both Black and Queer identities would also experience increased rates of victimization. Therefore, it is necessary to include these factors to investigate why this is occurring. In addition, it would be pertinent to explore other risk factors of victimization that are not currently included in the dataset. For example, there are no measures of homophobia, transphobia, or other constructs that cause harm to Queer people every day. These ideologies have the potential to lay foundations for violent victimization, therefore, it would be relevant to include these as a measure in future studies.

2.6 Conclusion

Although this research presented various limitations, the findings still provide information on Black Queer college students and their risk of experienced violent and sexual

victimization. This research is timely and necessary in that it contributes to the gap in the literature that does not previously combine these two types of victimization into one study when doing so. This paper associated being Black and Queer with experiencing victimization even when factoring in other variables that could have potentially been associated with an increased risk of victimization. As previously discussed, there are additional factors that have not yet been considered pertaining to the violent victimization of Black Queer college students, such as racism, homophobia, and transphobia. Therefore, these aspects would best be addressed in future research that supports the literature and theoretical framework surrounding being Black and Queer and the likelihood of experiencing victimization.

Chapter III: Prevalence and Risk of Microaggressions and Discrimination Among Black Queer College Students

3.1 Introduction

"Wow, that's a really good school you're attending. Are you an athlete?"

"I don't think you should tell the family about you being gay. They might not want you around your younger girl cousins."

"You shouldn't make everything about race because it's not a relevant factor."

Microaggressions and discrimination come in all forms, but their main purpose is to demean minorities based on incorrect preconceived notions and stereotypes (Sue, 2007). These attacks can be deliberate or accidental; however, it does not reduce the harm that is felt for those who experience them. Though it is not physical violence, nonverbal assaults can potentially be just as dangerous, as they could threaten to jeopardize an individual's emotional and psychological being and create both short-term and long-term consequences ("Understanding Microaggression and its effect on Mental Health," n.d.). College campuses are breeding grounds for this type of victimization, as students are suddenly exposed to new and unfamiliar environments, competitive attitudes, and individuals with whom they would not normally come into contact. Backgrounds are also relevant to discuss here, as individuals may come from places that are not just unwelcoming, but inherently hostile. Individuals who perpetuate inequality and similar mindsets likely were raised in homes where this was the standard among their family and peers (Blake, 2022). As such, it is not unreasonable to posit that this type of behavior would be considered "normal" to these persons, which could create unsafe spaces for a group of individuals who need them the most—specifically, Black Queer college students.

Minority Stress theory (Meyer, 2003), Gender Minority Stress theory (Testa et al., 2015), Critical Race theory (Bell, 1992; Crenshaw, 1991; Delgado & Stefancic, 1994), and intersectionality theory (Crenshaw, 1992; Crichlow, 2015; Swann et al., 2021) cohesively assist in explaining how minorities are exposed to unique stressors to which their counterparts do not. Some of these stressors could include ideologies such as racism, sexism, classism, homophobia, and transphobia, all of which maintain a strict power dynamic where one group (the minority group) is marginalized. Microaggressions and discrimination are also relevant examples of these aforementioned stressors. These theories also posit that these stressors could have a link to victimization as a potential consequence. Pertaining to college students, research has indicated that Black students are more likely to experience discrimination and microaggressions than their Non-Black peers (*Balancing Act: The Tradeoffs and Challenges Facing Black Students in Higher Education*, 2023). In addition, Queer students are also at increased risk of experiencing microaggressions and discrimination (Campbell-Montalvo et al., 2022; Casey & Levesque, 2018). As such, it would be reasonable to hypothesize that the merging of these intersectional identities could potentially elevate the likelihood of enduring these types of victimization, since they do so separately. While studies have been conducted analyzing the effects of microaggressions and discrimination among Black students and Queer students, few have addressed if there is a connection between experiencing these forms of victimization and being Black and Queer.

To fill this gap in the literature, this paper addresses the question: Are Black Queer college students are more likely than their peers to experience microaggressions and discrimination? Using a national college student dataset, binary logistic regression models are used to examine the expected odds of Black Queer students, compared to others, who are

victimized. These models also present covariates and controls that could potentially increase the likelihood of victimization. Findings from this paper may highlight how Black Queer college are affected by microaggressions and discrimination, as well as provide suggestions on how to decrease their likelihood of experiencing these types of victimization.

3.1.1 Microaggressions and Discrimination Defined

Microaggressions are defined as verbal or non-verbal encounters that portray hostility and negative preconceived notions about stigmatized groups [mostly groups of color] (Sue et al., 2007). They can be either intentional or unintentional; however, they have the potential to adversely affect the physical and/or emotional well-being of individuals who experience them (Williams, 2019). There are three main types of microaggressions—micro assaults, microinvalidation, and microinsults (Sue et al., 2007). Microassaults are overt racial attacks meant to cause harm to someone via slurs and discrimination (Sue et al., 2007). For example, calling a Black person "colored" constitutes a serious and deliberate microassault, as the perpetrator of the comment is fully aware that this term is no longer used to describe these individuals and is outwardly offensive. Microinsults are more covert, relying on subtle communications that are insensitive and demeaning while talking down on a person's cultural background (Sue et al., 2007). A professor explaining to a Black student who made a grammatical error on an assignment that "she did not expect him to know that word" reflects a microinsult. The faculty member is making a statement based on a racist preconceived notion and insinuating that Black people are of lesser intelligence, whether or not she realizes it. Finally, microinvalidations gaslight individuals, attempting to discredit and minimize their real feelings of discrimination to make them feel subhuman (Sue et al., 2007). This is a common tactic that is used when other persons of color compare their own cultural struggles to that of Black people,

emphasizing the notion that Black persons should "get over their feelings of racial inequality and move on." While the original premise of microaggressions involved interactions between Black and non-Black persons (Pierce, 1974), scholars quickly realized that Queer persons could also fall victim to enduring microaggressions (Nadal et al., 2016). Derald Sue discussed this in his research, as he stated that LGBTQ persons experience microaggressions due to the underlying premise of marginalization often caused by anti-Queer religious ideologies related to sin (American Psychological Association, 2023).

Discrimination is defined as the biased treatment of individuals and groups due to various social constructs, including racial/ethnic identity, sexual identity, gender identity, and age (APA, 2022). In other words, it relies on structures that subjugate and oppress populations who are already at risk of marginalization due to their positions in society. Certain populations are especially at risk for experiencing this type of treatment, including those who are young (Moragne-Patterson & Barnett, 2017), enrolled in school part-time (ACHA, 2021), and disabled (Harris, 2017). Discrimination comes in many forms, permeating the medical field, the retail industry, and the criminal justice system (among others). Therefore, it is natural to posit that discrimination is present in the educational system as well. College students with minority racial/ethnic, sexual, and gender identities are at risk for experiencing discrimination, not just from their peers, but from faculty as well (Pusey-Reid et al., 2022). In their article discussing the academic experiences of POC (people of color) students who attend community colleges, Colin et al. (2023) interviewed several minority students who attributed the success of their degree completion to that of supportive faculty. One student made a statement acknowledging that students of color were treated differently than their White counterparts, making their education path substantially more difficult to navigate. As such, it is imperative that students have

resources to deal with microaggressions and discrimination, as they have the potential to negatively affect their physical (Sue et al., 2020), emotional (Bissonette, 2018; Salerno et al., 2023; Samek et al., 2023; Solozano et al., 2000; Torres-Harding et al., 2020), and academic well-being (Morrison et al., 2023).

3.1.2 Microaggressions and Discrimination Among Black College Students

Black college students experience a multitude of microaggressions, specifically in relation to their racial identity, while they are matriculating through their college degrees (Williams et al., 2020). The college environment is relevant to discuss here, particularly when highlighting the distinction between Primarily White Institutions (PWIs) and Historically Black Colleges and Universities (HBCUs). Black students who attend PWI's experience elevated rates of microaggressions, as they are immersed in an environment that prioritizes Whiteness and often diminishes Blackness [in addition to other forms of racial/ethnic diversity] (Jeffries, 2023). Bourke (2016) highlights this point in his article examining the literal and figurative definition of PWI's. He discussed that PWI's do not just enroll more than 50% of White persons, but that they actually have the concept of Whiteness engrained in the structural foundation of their institutions, which may promote mass feelings of discomfort among students of color (Bourke, 2016). As a result, Black students find themselves searching for escapes to this discomfort in the form of clubs and other student organizations (Jeffries, 2023). In his article, Guiffrida (2003) introduced the concept of Black student organizations as an avenue of social integration, stating that these individuals purposely surrounded themselves with other Black students to establish a sense of community. These organizations helped to serve as a buffer to the alienation and sometimes outright hostility that Black students felt from their White peers (Guiffrida, 2003). In essence, these clubs have the potential to be safe spaces where they can openly communicate

about the physical and emotional harm that microaggressions cause and discuss possible ways to cope (Guiffrida, 2003). However, these students must be careful with the organizations that they decide to join, as some may do more harm than good. Studies have shown that students of color who choose to join predominantly White fraternities and sororities experience microaggressions and discrimination due to their racial/ethnic identities (Garcia et al., 2023). In addition, students who have minority racial/ethnic identities experience discrimination and microaggressions while participating in collegiate athletics (Jordan, 2010; Lee et al., 2018; Melendez, 2008). Preconceived notions about their race/ethnicity and racist beliefs have been found to be the underlying causes of these forms of victimization (Jordan, 2010; Lee et al., 2018; Melendez, 2008). Black students are less likely to experience these occurrences at HBCU's, which were founded on the sole purpose of supporting Black students who were initially not even able to attend PWI institutions due to post-Reconstruction and Jim Crow-esque policies requiring segregation (Hill, 1985). As such, it can be said that HBCU's represent the very nature of racial cohesion, which entails Black students having a positive connection between their racial identity and the environment in which they reside (Bentley-Edwards & Chapman-Hilliard, 2015).

The most recent Lumina Foundation and Gallup joint report states that about 21% of Black students endure discrimination in comparison to 15% of all other students (*Balancing Act: The Tradeoffs and Challenges Facing Black Students in Higher Education*, 2023). Black college students are also more likely to experience discrimination at for-profit institutions than in private or public institutions, and even more so if the campuses are not racially diverse (*Balancing Act: The Tradeoffs and Challenges Facing Black Students in Higher Education*, 2023). The implications of these issues are many, including achieving poor grades (Del Toro & Hughes, 2020), leaving school altogether (*Balancing Act: The Tradeoffs and Challenges Facing Black*

Students in Higher Education, 2023), and even experiencing negative emotions such as low self-esteem and a reduced sense of self-worth (Becerra et al., 2020). In addition, students may use negative coping mechanisms to deal with the effects of discrimination, such as heavy alcohol usage (Marconi et al., 2022; Samek et al., 2023; Winberg et al., 2018) and drug usage (Decuir-Gunby et al., 2023; Woodford, Krentzman, & Gattis, 2012).

3.1.3 Microaggressions and Discrimination Among Queer College Students

Queer college students encounter their own unique form of microaggressions and discrimination pertaining to their sexual and gender identities. In the Gallup survey conducted in May of this year, 64% of Americans stated that they believed same-sex relations are morally acceptable, while 33% still believe that Queerness is immoral (Gallup, n.d.), contributing to the underlying culture of microaggressions against Queer persons. In their study analyzing LGBTQ students, their experiences of microaggressions, and the subsequent effect on educational retention, Crane et al. (2020) found that Queer students who experienced microaggressions expressed classroom discomfort and a desire not to return to their institutions (Crane et al., 2020). Queer students studying specific disciplines may be more likely to experience microaggressions (Campbell-Montalvo et al., 2022). Fitzgerald-Russell and Kowalske (2022) conducted a qualitative study analyzing the comfort and safety levels of Queer students who were also STEM majors. They found that LGBTQ students in science departments endured varying degrees of microaggressions but were not aware of how to properly describe them (Fitzgerald-Russell et al., 2022). Transgender students seemed to fare worse, as they were more likely than their sexual minority peers to experience increased amounts of microaggressions that were more severe in nature (Campbell-Montalvo et al., 2022). Pertaining to the discrimination of sexual and gender minorities, almost 60% of lesbian, gay, and bisexual students state that they

experienced discrimination at the college level in comparison to 64% of students who identified as transgender (Casey & Levesque, 2018). In essence, presenting as a non-traditional gender identity placed students at further risk of discrimination. College students may also experience discrimination in college organizations. Evans et al. (2017) conducted a study that analyzed LGBTQ students' perceptions of campus climate and found that LGBTQ students experienced discrimination from "straight-identified organizations," such as Greek fraternities and sororities (Evans et al., 2017).

3.1.4 Microaggressions and Discrimination Among Black Queer College Students

Black Queer students represent a distinctive portion of the collegiate population —one that is likely to experience discrimination and microaggressions due to an overlap of their intersectional identities (racial, sexual, and gender). These individuals not only have to grapple with racist microaggressions and discrimination fueled by racism, but also with exposure to these same issues that are perpetuated by homophobic and transphobic rhetoric. Black Queer students and their experiences with discrimination and microaggressions have not been fully researched. However, Dr. Michael Jefferies sought to fill this gap with his book, *Black and Queer on Campus*. This book, a first of its kind, is a qualitative study on the personal and academic lives of Black Queer college students matriculating through their degrees on public and private PWI and HBCU campuses (Jefferies, 2023).

Jeffries emphasizes the connection between intersectional identities of race, sexuality, and gender identity, discussing that Black Queer students have uniquely distinctive experiences with microaggressions depending on their collegiate environment. He discusses that Black Queer students on PWI campuses are often isolated as a result of experiencing racist stereotypes and microaggressions (Jefferies, 2023). While Queer spaces are usually warm and inviting for

ostracized students, this is not the case for Black Queer students, as the overarching themes of racism yet still permeate this environment (Jefferies, 2023). In contrast, HBCU campuses provide Black Queer students with a supportive environment pertaining to their racial identity. These institutions were in fact founded on the premise that Black students would be able to find their place on campus and eventually out in the world with the tools given to them by the collegiate faculty. However, Jefferies remarked that students on these campuses expressed tension if not outright hostility in relation to their Queer identities. This was mainly due to the longstanding effects of religion as the primary form of both leadership and financial support for these institutions. As such, there is a constant looming threat of intolerance for Black Queer students and their non-traditional sexual and gender identities (Jefferies, 2023).

3.1.5 Current Study

Black Queer college students should be at the forefront of the discussion on microaggressions and discrimination, as it is possible they experience it on both fronts due to identifying as both a minority racial identity and a minority sexual and/or gender identity. However, the current literature has not fully investigated the link between being Black and Queer and experiencing microaggressions and discrimination. Using the Spring 2021 ACHA-NCHA III dataset, this paper seeks to analyze the prevalence of microaggressions and discrimination among Black Queer college students, and whether or not the combination of their racial, sexual, and gender identities may amplify those experiences.

3.1.6 Research Questions and Hypotheses:

1. What percentage of Black Queer college students experience microaggressions and discrimination?

2. Does the intersectionality of race, sexual identity, and gender identity amplify the risk of microaggressions and discrimination that Black Queer college students face?

The hypotheses for each question are:

1. Black Queer college students will experience a greater percentage of microaggressions and discrimination than their heterosexual and cisgender peers from different racial groups.
2. Black Queer college students will experience an increased risk of experiencing microaggressions and discrimination compared to others, even when accounting for other factors related to victimization.

3.2 Measures

3.2.1 Dependent Variables

Microaggressions. Debate et al. (2024) conducted a study in which they analyzed how the combination of certain intersectional identities had an impact on students' mental health via microaggressions. Their measures of microaggressions were used in this paper. Students were asked, "Within the last 12 months, have you had problems or challenges with any of the following?" with microaggression being an option. Microaggression was defined as, "a subtle but offensive comment or action directed at a minority or other non-dominant group, whether intentional or unintentional, that reinforces a stereotype." Responses were coded as (0) for no [No, I have not had any problems or challenges with microaggressions within the last 12 months] and (1) for yes [Yes, I have had problems or challenges with microaggressions within the last 12 months].

Discrimination. Debate et al's (2024) measures of discrimination were also used. Students were also asked, "Within the last 12 months, have you had problems or challenges with

any of the following?" with discrimination as an option. Discrimination was defined as, "the unjust or prejudicial treatment of a person based on the group, class, or category to which the person is perceived to belong." Responses were coded as (0) for no [No, I have not had any problems or challenges with discrimination within the last 12 months] and (1) for yes [Yes, I have had problems or challenges with discrimination within the last 12 months].

3.2.2 Independent Variables

Race/Ethnicity. Students were asked, "How do you describe yourself?" in relation to their race/ethnicity and were allowed to choose more than one option (by writing in their response). The categories included (1) American Indian or Native Alaskan, (2) Asian or Asian American, (3) Black or African American, (4) Hispanic or Latino/a/x, (5) Middle Eastern/North African (MENA) or Arab Origin, (6) Native Hawaiian or Other Pacific Islander Native, (7) White, (8) Biracial or Multiracial, and (9) My identity is not listed above. When the responses were coded, they were placed in the most appropriate group; however, if the responses could not be identified, then they were placed in the missing category. If more than one response was chosen, they were deemed to be multiracial. The variable was finally re-coded as 0 for Non-Black and 1 for Black.

Queer Variable. To measure Queerness (relating to sexual orientation and gender identity), students' responses to two questions were used. Pertaining to sexual orientation, students were asked, "Which term best describes your sexual orientation?" They were instructed to choose one of the options that were listed and write-in their response if their particular sexuality was absent. The categories included (1) Straight/Heterosexual, (2) Bisexual, (3) Gay, (4) Lesbian, (5) Pansexual, (6) Queer, (7) Questioning, and (8) My identity is not listed above. Responses that were a variation of Straight were coded as such (0), and responses that

represented a form of Queerness were coded as non-Straight (1). Any responses that could not be identified were listed as missing.

To inquire about students' gender identity, they were asked, "Which term do you use to describe your gender identity?" The available options included (1) Woman or female, (2) Man or male, (3) Trans woman, (4) Trans man, (5) Genderqueer, (6) Agender, (7) Genderfluid, (8) Intersex, (9) Non-binary, and (10) My identity is not listed above. If their gender identity was not listed, students were then asked to write-in their response. If the responses represented a variation of Cisgender (male or female), then they were coded as such. All other options (groups 3-9) were coded as Non-Cisgender. The final variable was coded as 0 for Cisgender and 1 for Non-Cisgender. The Queer variable was a combination of both Non-Straight and Non-Cisgender variables. The 0 category represented students who were Non-Queer (Straight and Cisgender), while the 1 category represented students who were Queer (Non-Straight or Non-Cisgender).

Black Queer Variable. A variable to capture being both Black and Queer was created. Students who identified as Black and Queer were coded as 1, and students who were not both Black and Queer were coded as 0. A four-category variable was also created to capture additional categories. This variable was coded as (0) non-Black and non-Queer, (1) Black and non-Queer, (2) non-Black and Queer, and (3) Black and Queer.

3.2.3 Variables Related to Black Queer Students Experiencing Microaggressions and Discrimination

Alcohol Usage. Students were asked if they had used alcohol (beer, wine, liquor and similar products) at all and then if they had used alcohol in the last 3 months. Responses were coded as (0) for no [No, I have never used alcohol and/or I have not used alcohol in the last 3

months] while (1) was coded for yes [Yes, I have used alcohol and/or I have used alcohol in the last 3 months].

Drug Usage. Students were asked if they had used any of a list of substances and if they had used them within the last 3 months. The substances included Cocaine, Prescription stimulants, Methamphetamine, Inhalants, Sedatives or sleeping pills, Hallucinogens, Heroin, Prescription opioids, and other. The final variable was coded as (0) for no [No, I have never used any of these or I have not used any of these substances within the last 3 months] and (1) for yes [Yes, I have used one or more of these substances within the last 3 months].

Marijuana Usage. Students were asked if they had used any form of cannabis and if they had used it in the last 3 months. The list of substances included Marijuana, Weed, Hash, Edibles, Vaped cannabis, and other similar products. The final variable was coded as (0) for no [No, I have not used marijuana in the last three months] and (1) for yes [Yes, I have used marijuana within the last 3 months].

Greek Life. Students were asked if they were an affiliated member of a fraternity or sorority, and the available responses included (0) for no and (1) for yes.

Collegiate Athletics. Students were asked in the survey if they participated in any collegiate sports, including Varsity sports, club sports, and intramural sports. The final variable combined all of these activities into one option and was coded as (0) for no [No, I have not participated in any of these athletics] and (1) for yes [Yes, I have participated in one or more of these athletics].

Mental Health. Students were asked, “Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions?” They had several options from which to choose, including ADD/ADHD [Attention Deficit/Hyperactivity

Disorder], Anxiety, Bipolar and Related Conditions [Bipolar I, II, Hypomanic Episode], Borderline Personality Disorder and other related personality disorders, Depression, Eating Disorders, Gambling Disorder, Obsessive-Compulsive and related Conditions, Posttraumatic Stress Disorder, Schizophrenia and other psychotic conditions, and Substance use [Alcohol or other drug-related abuse or addiction]. The final mental health variable was coded as (0) for no [No, I have never been diagnosed with any of these conditions] and (1) for yes [Yes, I have been diagnosed with one or more of these conditions].

Stress Levels. In reference to their stress levels, students were asked, "Within the last 30 days, how would you rate the overall level of stress you have experienced?" The original survey responses were coded as (1) for No stress, (2) for low stress, (3) for moderate stress, and (4) for high stress. The final stress variable is coded as (0) for no to low stress, (1) for moderate stress, and (2) for high stress.

Disability. Students were asked, "Do you have any of the following?" in relation to the disabilities listed. The categories included Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, Deaf/Hearing loss, Learning disability, Mobility/Dexterity disability, Blind/low vision, and Speech or language disorder. The final variable had responses coded as (0) for no [No, I do not have any of these disabilities] and (1) for yes [Yes, I have one or more of these disabilities].

Number of Sexual Partners. Pertaining to their number of sexual partners, students were asked, "Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse?" Students were asked to write-in their responses to identify their number of sexual partners.

3.2.4 Demographic Variables

Age. Students were asked, "How old are you in years?" and were instructed to write in their age.

Enrollment Status. Students were asked, "What is your enrollment status?" and were able to choose the following options: (1) Full-time, (2) Part-time, and (3) Other. The final variable was re-coded for the responses to reflect (0) for full-time and (1) for part-time/other.

Relationship Status. Students were asked, "What is your relationship status?" and were instructed to choose one of the following original options: (0) not in a relationship, (1) in a relationship but not married/partnered, and (2) married/partnered.

Housing Arrangements. Students were asked, "Where do you currently live?", and students were originally given the options of: (1) for campus or university housing, (2) Parent/guardian/other family member's home, (3) off campus or other non-university housing, (4) Temporarily staying with a relative, friend, or "couch surfing" until I find housing, (5) I don't currently have a place to live, and (6) Other. Write-in responses were placed in the categories where they were the most similar, and the final variable was coded as: (0) for on campus/university housing, (1) with a parent/guardian/other family member's home, (2) for off campus or other non-university housing, (3) for shelter/temporary housing/no place [unhoused], and (4) for other.

Region. This variable was located in the reference group files and included collegiate institutions in each region of the United States. The regions included: (1) Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT), (2) Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI), (3) South (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV), (4) West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY), and (5) Outside the US.

Size. This variable assessed the total enrollment of the collegiate institutions that were included in the survey. The sizes included: (1) <2,500 students, (2) 2,500-4,999 students, (3) 5,000-9,999 students, (4) 10,000-19,999 students, and (5) 20,000 students or more.

3.3 Analytic Plan

My analysis plan consists of running bivariate and multivariate analyses using the SPSS platform. The bivariate analysis will use the Chi-square test to examine if a greater percentage of Black Queer students experience microaggression and discrimination compared to others. Analyses will also examine if a greater percentage of Black Queer students engage in activities or possess characteristics potentially related to these types of victimization. The Chi-square test is appropriate to use because the variables are categorical (except for age and risky sex for which t-tests will be performed). I will perform these analyses examining Black Queer college students to others, but also examining how Black Queer college students compare to non-Black and non-Queer, Black and non-Queer, and non-Black and Queer groups. The multivariate analysis will use binary logistic regression models that will analyze if being Black and Queer predicts non-violent victimization risk when controlling for other factors. Again, I will use both the Black Queer vs. others as well as the Black Queer vs. the other gender and race groups. The binary logistic regression model is also appropriate because the dependent variable is dichotomous. For the multivariate analyses, I will use robust standard errors since students are clustered within schools. The student groups were clustered and used one modality (on-line surveys) at each of these institutions. As such, it was necessary to address the heteroskedasticity of the standard errors that could have potentially affected the likelihood of significance for variables in the dataset (Williams, 2020). Since the responses are being collected in the same place, it is likely that they have an impact on each other. In essence, it could be said that the responses may be

similar to another clustered group at another university (hence the need for robust standard errors).

3.4 Findings

Characteristics of my sample are presented in Table 11.

Table 11. Chapter III Sample Characteristics (N=85,228)

	%	n	Missing % (n)
Dependent variables			
Microaggressions	18.1%	15,422	0.4 (341)
Discrimination	11.7%	9,962	0.4 (368)
Independent variables			
Black Queer students	0.7%	592	0
Alcohol usage	61.5%	52,380	0.3 (319)
Drug usage (illicit drugs)	7.6%	6,488	0.4 (376)
Marijuana usage	21.3%	18,164	0.4 (369)
Participation in Greek life	6.2%	5,291	0.2 (143)
Participation in collegiate athletics	12.9%	11,021	2.1 (1,954)
Age	x=23.53; SD=6.540		0.6 (550)
Enrollment status			0.3 (309)
Full-time	90.3%	76,979	
Part-time	9.7%	8,249	
Relationship status			0.2 (152)
Single	49.9%	42,539	
In a relationship but not married/partnered	38.6%	32,889	
Married partnered	11.5%	9,800	
Housing Arrangements			1.1 (1,016)
On campus	21.4%	18,226	
Parent/guardian/other family	31.7%	27,031	
Off campus	45.3%	38,623	
Temporary housing/unhoused	0.7%	601	
Other	0.9%	747	
University Size			0
Less than 2,500	7.2%	6,107	
2,500-4,999	3.7%	3,130	
5,000-9,999	13.9%	11,880	

Table 11. Chapter III Sample Characteristics (continued)

10,000-19,999	20.8%	17,737	
20,000 or more	54.4%	46,374	
University Region			0
Northeast	15.5%	13,245	
Midwest	21.3%	18,112	
South	8.5%	7,284	
West	54.7%	46,587	
Mental Health	27.1%	21,350	0.7 (693)
Stress Levels			0.1 (102)
No/Low stress	19.2%	16,345	
Moderate stress	48.2%	41,098	
High stress	32.6%	27,785	
Disability	16.6%	14,130	2.1 (1,992)
Number of Sexual Partners	x=.3274; SD=1.368		3.5 (3,348)

As shown, 18.1% of students experienced microaggressions, while 11.7% had experienced discrimination. Black Queer students made up 0.7% of the sample. When examining certain activities, 61.5% of students engaged in alcohol use, 7.6% of students used illicit drugs, and 21.3% used marijuana. Students in this sample were approximately 23.53 years old. Additionally, 90.3% of students were enrolled full-time, 49.9% of students were single, and 45.3% of students lived off campus. Slightly more than half (54.4%) of students attended institutions with populations of 20,000 or more, and 54.7% of students attended institutions in the West. Relating to mental health concerns and stress levels, 27.1% of students struggled with mental health issues, and 48.2% of students stated that they had moderate stress levels. Finally, 16.3% of students divulged that they had a disability.

The bivariate analyses examine the relationship between being Black and Queer and experiencing microaggressions and discrimination. The findings are displayed in Table 12.

Table 12. Chi-Square Analysis Examining Microaggressions and Discrimination (N=85,228)

	Black and Queer % (n)	Others % (n)	χ^2
Variables			
Microaggressions	53.7 (318)	17.8 (15,104)	510.385*
Discrimination	34.5 (204)	11.5 (9,758)	299.451*

*p<.001

A greater percentage of Black and Queer students experienced microaggressions, compared to those who are not Black and Queer [53.7% compared to 17.8%, p (χ^2<.001)]. In addition, a greater percentage of Black Queer students experienced discrimination, in comparison to those their peers [34.5% compared to 11.5%, p (χ^2<.001)]. Upon evaluating all four categories of race and Queerness (Black and Queer, Black and Non-Queer, Non-Black and Queer, and Non-Black and Non-Queer) in Table 13, a greater percentage of Black and Queer students experienced microaggressions compared to all other groups, and this finding was statistically significant [53.7%, p (χ^2<.001)].

Table 13. Chi-Square Analysis Examining Microaggressions and Discrimination Using Multiple Race/Queer Categories

	Microaggressions % (n)	Discrimination % (n)
Black and Queer	53.7 (318_d)	34.5 (204_d)
Black and Non-Queer	37.5 (835_c)	26.3 (587_c)
Non-Black and Queer	31.2 ($6{,}324_b$)	17.1 ($3{,}462_b$)
Non-Black and Non-Queer	12.8 (7945_a)	9.2 ($5{,}709_a$)
χ^2	4618.168*	1714.351*

The subscripts notate a subset of physical assault and sexual victimization categories where the column proportions do not differ significantly from each other at the .05 level.
*p<.001

In addition, 34.5% of Black and Queer students endured discrimination, which was also greater than the percentage who experienced discrimination for the other groups. The chi-square was significant at the p<.001 level [34.5%, p (χ^2<.001)].

Table 14 displays the covariate variables that could potentially have an impact on students reporting victimization.

Table 14. Chi-Square Analysis Examining Potential Covariates of Victimization (N=85,228)

	Black and Queer % (n)	Others % (n)	χ^2
Variables			
Alcohol Use	61.0 (361_b)	61.5 ($52{,}019_a$)	.058
Marijuana Use	28.0 (166_b)	21.3 ($17{,}998_a$)	16.092^{***}
Illicit Drug Use	11.8 (70_b)	7.6 ($6{,}418_a$)	15.036^{***}
Greek Life	5.1 (30_a)	6.2 ($5{,}261_a$)	1.332
Collegiate Athletics	8.1 (48_b)	13.0 ($10{,}973_a$)	12.317^{***}
Mental Health Issues	38.2 (226_b)	26.6 ($22{,}480_a$)	40.580^{***}
High Stress Level	42.1 (249_b)	32.5 ($27{,}536_a$)	27.296^{***}
Disability	22.6 (134_b)	16.5 ($13{,}996_a$)	15.809^{***}
Enrollment Status	9.8 (58_a)	9.7 ($8{,}191_a$)	.010
Relationship Status			65.275^{***}
Single	66.2 (392_b)	49.8 ($42{,}147_a$)	
In a relationship, not married/partnered	27.7 (164_b)	38.7 ($32{,}725_a$)	
Married/partnered	6.1 (36_b)	11.5 ($9{,}764_a$)	
Housing Arrangements			48.208^{***}
On campus	30.4 (180_b)	21.3 ($18{,}046_a$)	
Parent/guardian/other	31.8 (188_a)	31.7 ($26{,}843_a$)	
Off campus	35.6 (211_b)	45.4 ($38{,}412_a$)	
Temporary housing/unhoused	1.9 (11_b)	0.7 (590_a)	
Other	0.3 (2_a)	0.9 (745_a)	
Region			101.833^{***}
Northeast	25.0 (148_b)	15.5 ($13{,}097_a$)	
Midwest	19.4 (115_a)	21.3 ($17{,}997_a$)	
South	16.2 (96_b)	8.5 ($7{,}188_a$)	
West	39.4 (233_b)	54.8 ($46{,}354_a$)	
Enrollment Size			13.485^{**}
<2,500 students	6.9 (41_a)	7.2 ($6{,}066_a$)	
2,500-4,999 students	2.5 (15_a)	3.7 ($3{,}115_a$)	
5,000-9,999 students	9.6 (57_b)	14.0 ($11{,}823_a$)	
10,000-19,999 students	20.9 (124_a)	20.8 ($17{,}613_a$)	
20,000 or more students	60.0 (355_b)	54.4 ($46{,}019_a$)	

The subscripts notate a subset of covariate categories where the column proportions do not differ significantly from each other at the .05 level.
***p<0.001, **p<0.01, *p<.05

A greater percentage of Black Queer students used marijuana [28.0% vs. 21.3%, p (χ^2<.001)] and illicit drugs [11.8% vs. 7.6%, p (χ^2<.001)] compared to others. A smaller percentage of Black Queer students played college sports compared to their counterparts [8.1% vs. 13.0%], and this finding was statistically significant [p (χ^2<.001)]. A greater percentage of Black Queer students also reported mental health issues [38.2% vs. 26.6%, p (χ^2<.001)], high stress levels [42.1% vs. 32.5%, p (χ^2<.001)], and having a disability [22.6% vs. 16.5%, p (χ^2<.001)], more so than their counterparts. A greater percentage of Black Queer students reported that they were single [66.2% vs. 49.8%, p (χ^2<.001], while a greater percentage of those who are not Black and Queer were in a relationship and married/partnered. A greater percentage of Black Queer students also lived on campus [30.4% vs. 21.3%, p (χ^2<.001)], lived with a parent/guardian/other family member [31.8% vs. 31.7%, p (χ^2<.001)], and lived in temporary housing or were unhoused [1.9% vs. 0.7%, p (χ^2<.001)]. Their peers were more likely to live off campus and in other forms of housing. A greater percentage of Black Queer students attended institutions in the Northeast [25% vs. 15.5%, p (χ^2<.001)] and the South [16.2% vs. 8.5%, p (χ^2<.001)], while their peers were more likely to attend institutions in the Midwest and the West. Finally, a greater percentage of Black Queer students attended institutions that had an enrollment size of 10,000-19,999 students [20.9% vs. 20.8%, p (χ^2<.01)], and institutions that enrolled 20,000 or more students [60%% vs. 54.4%, p (χ^2<.01)], while their peers were more likely to attend institutions with student populations less than 2,500. 2,500-4,999, and 5,000-9,999. In essence, Black Queer students were more likely to attend institutions in the Northeast and the South, as well as institutions with populations of 10,000 or more.

Table 15 shows the results for the T-test analyzing the average age of respondents for both Black Queer students and those who are not Black and Queer.

Table 15. T Test Analysis for Average Age of Respondents Comparing Black Queer Students to Others

	n	Mean	SD
Black and Queer	592	23.06	6.034
Others	84,636	23.54	6.543

			Significance	95% Confidence Interval of the Difference	
	t	df	Two-sided p	LL	UL
Equal variances not assumed	1.903	600.762	.058	-.015	.963

The table displayed that the average age of Black and Queer respondents was 23.06 years old, placing them about 6 months younger than other students (23.54 years old). This difference was not statistically significant (t(84,636)=1.903, p=.058). Table 16 displays the results for the T-test examining the average number of sexual partners for each group of respondents.

Table 16. T Test Analysis for the Average Number of Sexual Partners Comparing Black Queer Students to Others

	n	Mean	SD
Black and Queer	592	.3953	1.317
Others	84,636	.3269	1.368

			Significance	95% Confidence Interval of the Difference	
	t	df	Two-sided p	LL	UL
Equal variances not assumed	-1.258	599.952	.209	-.175	.038

The average number of sexual partners for Black and Queer students at .3953 persons, which was higher than the number of sexual partners for those who are not Black and Queer

(.3269 persons). However, this difference was also not statistically significant (t(84,636)=-1.258, p=.209).

Findings from the binary logistic regression model analyzing the relationship between being Black and Queer and reporting experiencing microaggressions are presented in Table 17. Various covariates and controls are also presented here.

Table 17. Logistic Regression Model Predicting Microaggressions Among College Students

Variables	B	S.E.	Exp (B)
Black and Queer Students	.325	.015	1.384***
Alcohol Usage	.007	.003	1.007**
Illicit Drug Usage	.037	.005	1.038***
Marijuana Usage	.034	.003	1.035***
Greek Life	-.013	.005	.987**
Collegiate Athletics	-.025	.004	.975***
Mental Health Issues	.080	.003	1.083***
Stress Levels (low stress level reference)			
Moderate Stress Levels	.055	.003	1.057***
High Stress Levels	.131	.004	1.140***
Disability	.052	.004	1.053***
Number of Sexual Partners	.007	.001	1.007***
Age	.001	.000	1.001***
Enrollment Status	-.007	.005	.993
Relationship Status (single reference)			
In a relationship, not married/partnered	-.009	.003	.991***
Married/partnered	-.028	.005	.972***
Housing Arrangements (Living on campus reference)			
Living with parent/guardian/other family member	-.001	.004	.989***
Living off campus	-.006	.004	.994*
Temporary housing/Unhoused	.102	.016	1.107***
Other housing	-.035	.014	.966**
Region (West reference)			
Northeastern institutions	-.031	.005	.969***
Midwestern institutions	-.040	.006	.961***
Southern institutions	-.013	.004	.987***
School Size (<2,500 reference)			
2,500-4,999 student population	-.008	.008	.992
5,000-9,999 student population	-.004	.006	.996
10,000-19,999 student population	.007	.006	1.007
20,000 or more student population	.024	.005	1.024***

Table 17. Logistic Regression Model Predicting Microaggressions Among College Students

(continued)

Observations	85,228
Log Likelihood	-37,273.670
Akaike Inf. Crit.	74,601.340

***p<0.001, **p<0.01, *p<.05

Table 17 indicates that Black Queer students had 38.4% increased expected odds of experiencing microaggressions than those who are not Black and Queer [OR=1.384]. This finding was significant at the p<.001 level. Other factors were significantly related to these students experiencing microaggressions. Students who engaged in alcohol usage [OR=1.007; p (χ^2<.01)], illicit drug usage [OR=1.038; p (χ^2<.001)], and marijuana usage [OR=1.035; p(χ^2<.001)] had greater expected odds of experiencing microaggressions compared to their peers who did not drink or use these other substances. Students who also reported mental health issues [OR=1.083; p (χ^2<.001)], moderate stress levels [OR=1.057; p (χ^2<.001)] or high stress levels [OR=1.140; p (χ^2<.001)] (compared to low stress), having a disability [OR=1.053; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.007; p (χ^2<.001)] had greater expected odds of enduring microaggressions compared to their peers who did not subscribe to these behaviors or participate in these activities. In contrast, students who participated in Greek life [OR=.987; p (χ^2<.01)] and engaged in collegiate athletics [OR=.975; p (χ^2<.001)] had lower expected odds of experiencing microaggressions compared to those who did otherwise.

There are also several demographic variables that were related to students experiencing microaggressions. Age is positively associated with microaggressions [OR=1.001; p (χ^2<.001)], meaning that as age increased, the expected odds of experiencing microaggressions also increased. Students who attended institutions with populations of 20,000 or more students

[OR=1.024; p (χ^2<.001)] had greater expected odds of experiencing microaggressions compared to their peers who attended institutions with less than 2,500 students. Students who were in a relationship, but not married/partnered [OR=.991; p (χ^2<.001)], married/partnered [OR=.972; p (χ^2<.001)], living with a parent/guardian/or other family member [OR=.989; p (χ^2<.001)], living off campus [OR=.994, p (χ^2<.05)], and living in other housing [OR=966; p (χ^2<.01)] had lower expected odds of experiencing microaggressions compared to their peers who were single and living on campus. In addition, students who reported being enrolled at institutions in the Northeast [OR=.969; p (χ^2<.001)], the Midwest [OR=.961; p (χ^2<.001)], and the South [OR=.987; p (χ^2<.001)] had lower expected odds of experiencing microaggressions compared to students who attended institutions in the West and had populations of less than 2,500 students.

The findings from the binary logistic regression model analyzing the relationship between being Black and Queer and experiencing discrimination, as well as possible covariate and controls are presented in Table 18.

Table 18. Logistic Regression Model Predicting Discrimination Among College Students

Variables	B	S.E.	Exp (B)
Black and Queer Students	.209	.013	1.232***
Alcohol Usage	-.011	.002	.989***
Illicit Drug Usage	.033	.004	1.034***
Marijuana Usage	.007	.003	1.007**
Greek Life	.001	.005	1.001
Collegiate Athletics	-.011	.003	.989***
Mental Health Issues	.041	.003	1.042***
Stress Levels (low stress level reference)			
Moderate Stress Levels	.030	.003	1.030***
High Stress Levels	.093	.003	1.097***
Disability	.047	.003	1.048***
Number of Sexual Partners	.006	.001	1.006***
Age	.002	.000	1.002***
Enrollment Status	-.002	.004	.998
Relationship Status (single reference)			

Table 18. Logistic Regression Model Predicting Discrimination Among College Students

(continued)

In a relationship, not married/partnered	-.004	.002	.996
Married/partnered	-.017	.004	.983***
Housing Arrangements (Living on campus reference)			
Living with parent/guardian/other family member	.004	.003	1.004
Living off campus	-.006	.003	.994*
Temporary housing/Unhoused	.107	.013	1.113***
Other housing	-.005	.012	.995
Region (West reference)			
Northeastern institutions	-.017	.004	.983***
Midwestern institutions	-.019	.005	.981***
Southern institutions	-.000	.003	1.000
School Size (<2,500 reference)			
2,500-4,999 student population	.001	.007	1.001
5,000-9,999 student population	.007	.005	1.007
10,000-19,999 student population	.007	.005	1.007
20,000 or more student population	.022	.004	1.022***
Observations	85,228		
Log Likelihood	-22,610.320		
Akaike Inf. Crit.	45,274.630		

***p<0.001, **p<0.01, *p<.05

Table 18 indicates that Black Queer students had 23.2% increased expected odds of experiencing discrimination compared to their peers [OR=1.232]. This finding was significant at the p<.001 level. Several other factors are related to discrimination. Students who engaged in illicit drug usage [OR=1.034; p (χ^2<.001)] and marijuana usage [OR=1.077; p (χ^2<.01)] had greater expected odds of experiencing discrimination compared to their peers who refrained from these habits. Students who reported having mental health issues [OR=1.042; p (χ^2<.001)], moderate stress levels [OR=1.030; p (χ^2<.001)], high stress levels [OR=1.097; p (χ^2<.001)] (compared to low stress levels), having a greater number of sexual partners [OR=1.006; p (χ^2<.001)], and having a disability [OR=1.048; p (χ^2<.001)] had greater expected odds of reporting discrimination compared to their peers who did not have these concerns. Students who

engaged in alcohol usage [OR=.989; p (χ^2<.001)] and played collegiate athletics [OR=.989; p (χ^2<.001)] had lower expected odds of reporting discrimination compared to their peers who did otherwise.

In relation to the demographic variables, age was positively associated with discrimination [OR=1.002; p (χ^2<.001)], meaning that as age increased, the expected odds of experiencing discrimination also increased. Students who were living in temporary housing or unhoused [OR=1.113; p (χ^2<.001)], and attending institutions with populations of 20,000 or more students [OR=1.022; p (χ^2<.001)] had greater expected odds of reporting discrimination than their peers who were living on campus, and attending schools with populations less than 2,500 students. Students who were married or partnered [OR=.983; p (χ^2<.001)] and attending institutions in the Northeast [OR=.983; p (χ^2<.001)] and the Midwest [OR=.981, p (χ^2<.001)] had lower expected odds of reporting discrimination than their peers who were single and attending institutions in the West.

Findings from the binary logistic regression model analyzing the relationship between being Black and Queer (and all other groups) and experiencing microaggressions are presented in Table 19. The potential covariates and controls are also presented here.

Table 19. Logistic Regression Model Predicting Microaggressions Among College Students Using Multiple Race/Queer Categories

Variables	B	S.E.	Exp (B)
Non-Black and Non-Queer (reference)			
Non-Black and Queer	.144	.003	1.155***
Black and Non-Queer	.251	.008	1.285***
Black and Queer	.376	.015	1.456***
Alcohol Usage	.007	.003	1.077**
Illicit Drug Usage	.026	.005	1.026***
Marijuana Usage	.023	.003	1.023***

Table 19. Logistic Regression Model Predicting Microaggressions Among College Students Using Multiple Race/Queer Categories (continued)

Greek Life	-.000	.005	1.000
Collegiate Athletics	-.012	.004	.988***
Mental Health Issues	.057	.003	1.059***
Stress Levels (low stress level reference)			
Moderate Stress Levels	.049	.003	1.050***
High Stress Levels	.119	.004	1.126***
Disability	.040	.004	1.041***
Number of Sexual Partners	.006	.001	1.006***
Age	.001	.000	1.001***
Enrollment Status	-.006	.005	.994
Relationship Status (single reference)			
In a relationship, not married/partnered	-.003	.003	.997
Married/partnered	-.013	.005	.987***
Housing Arrangements (Living on campus reference)			
Living with parent/guardian/other family member	-.005	.004	.995
Living off campus	.000	.004	1.000
Temporary housing/Unhoused	.097	.015	1.102***
Other housing	-.027	.014	.973*
Region (West reference)			
Northeastern institutions	-.023	.004	.977***
Midwestern institutions	-.038	.006	.963***
Southern institutions	-.007	.004	.993*
School Size(<2,500 reference)			
2,500-4,999 student population	.001	.008	1.001
5,000-9,999 student population	.001	.006	1.001
10,000-19,999 student population	.011	.006	1.011**
20,000 or more student population	.028	.005	1.028***
Observations	85,228		
Log Likelihood	-35,855.760		
Akaike Inf. Crit.	71,769.510		

***p<0.001, **p<0.01, *p<.05

Table 19 displays the categories broken down into three groups (Non-Black and Queer, Black and Non-Queer, and Black and Queer), with the Non-Black and Non-Queer category as the reference. As shown, members of these three categories had greater expected odds of experiencing microaggressions compared to Non-Black and Non-Queer students (Non-Black and Queer [1.55; p (χ^2<.001)], Black and Non-Queer [OR=1.285; p (χ^2<.001)], and Black and Queer

[1.456; p (χ^2<.001)]. As such, Black Queer students had 45.6% increased expected odds, Black and Non-Queer students had 28.5% increased expected odds, and Non-Black and Queer students had 15.5% increased expected odds of experiencing microaggressions compared with their Non-Black and Non-Queer peers. Students who used alcohol [OR=1.077; p (χ^2<.01)], illicit drugs [OR=1.026; p (χ^2<.001)], and marijuana [OR=1.023; p (χ^2<.001)] had greater expected odds of experiencing microaggressions compared to those who did not engage in this behavior. In addition, students who had mental health issues [OR=1.059; p (χ^2<.001)], moderate stress levels [OR=1.050; p (χ^2<.001)], high stress levels [OR=1.126; p (χ^2<.001)] (compared to low stress levels), a disability [OR=1.041; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.006, p (χ^2<.001)] had a greater expected odds of experiencing microaggressions than those who did not suffer from these concerns. Students who participated in collegiate athletics [OR=.988; p (χ^2<.001)] had a lower expected odds of experiencing microaggressions than their peers who chose other activities.

Age was positively associated with microaggressions [OR=1.002; p (χ^2<.001)]; therefore, as age increased, the expected odds of experiencing microaggressions also increased. Students who were living in temporary housing or no housing [OR=1.102; p (χ^2<.001)], and enrolled in schools with student populations of 10,000-19,999 [OR=1.011; p (χ^2<.01)] and 20,000 or more students [OR=1.028; p (χ^2<.001)] had greater expected odds of experiencing microaggressions than their peers who were living on campus, and enrolled at institutions with less than 2,500 students. In contrast, students who were married/partnered [OR=.987; p (χ^2<.001)], living in other housing [OR=.973; p (χ^2<.05)], attending institutions in the Northeast [OR=.977; p (χ^2<.001)], the Midwest [OR=.963; p (χ^2<.001)], and in the South [OR=.993, p (χ^2<.05)] had

lower expected odds of experiencing microaggressions than their peers who were single, living on campus, attending schools in the West, and with student populations fewer than 2,500 students.

Finally, the binary logistic regression model examining the relationship between being Black and Queer (and all other groups) and experiencing discrimination is displayed in Table 20. The possible covariates and controls are also displayed in this table.

Table 20. Logistic Regression Model Predicting Discrimination Among College Students Using Multiple Race/Queer Categories

Variables	B	S.E.	Exp (B)
Non-Black and Non-Queer (reference)			
Non-Black and Queer	.052	.003	1.053***
Black and Non-Queer	.172	.007	1.188***
Black and Queer	.230	.013	1.259***
Alcohol Usage	-.010	.002	.990***
Illicit Drug Usage	.029	.004	1.029***
Marijuana Usage	.003	.003	1.003
Greek Life	.005	.005	1.005
Collegiate Athletics	-.006	.003	.994*
Mental Health Issues	.034	.003	1.035***
Stress Levels (low stress level reference)			
Moderate Stress Levels	.029	.003	1.029***
High Stress Levels	.089	.003	1.093***
Disability	.043	.003	1.044***
Number of Sexual Partners	.006	.001	1.006***
Age	.002	.000	1.002***
Enrollment Status	-.001	.004	.999
Relationship Status (single reference)			
In a relationship, not married/partnered	-.000	.002	1.000
Married/partnered	-.010	.004	.990**
Housing Arrangements (Living on campus reference)			
Living with parent/guardian/other family member	.007	.003	1.007**
Living off campus	-.003	.003	.997
Temporary housing/Unhoused	.104	.013	1.110***
Other housing	-.000	.012	1.000

Table 20. Logistic Regression Model Predicting Discrimination Among College Students Using Multiple Race/Queer Categories (continued)

Region (West reference)			
Northeastern institutions	-.013	.004	.987***
Midwestern institutions	-.021	.005	.979***
Southern institutions	.004	.003	1.004
School Size (<2,500 reference)			
2,500-4,999 student population	.004	.007	1.004
5,000-9,999 student population	.009	.005	1.009*
10,000-19,999 student population	.008	.005	1.008*
20,000 or more student population	.023	.004	1.023***
Observations	85,228		
Log Likelihood	-22,140.490		
Akaike Inf. Crit.	44,338.980		

***p<0.001, **p<0.01, *p<.05

When the categories were separated in the four groups, students who were Non-Black and Queer [OR=1.053, p (χ^2<.001)], Black and Non-Queer [OR=1.188, p (χ^2<.001)], and Black and Queer [OR=1.259, p (χ^2<.001)] all had greater expected odds of experiencing discrimination than their Non-Black and Non-Queer peers. In other words, Black Queer students had 25.9% increased expected odds, Black and Non-Queer students had 18.8% increased expected odds, and Non-Black and Queer students had 5.3% increased expected odds of experiencing discrimination relative to their Non-Black and Non-Queer peers. Students who also engaged in illicit drug usage [OR=1.029; p (χ^2<.001)] had greater expected odds of experiencing discrimination compared to their peers who did otherwise. In addition, students who reported that they had mental health issues [OR=1.035; p (χ^2<.001)], moderate stress levels [OR=1.029; p (χ^2<.001)], high stress levels [OR=1.093; p (χ^2<.001)] (compared to low stress levels), a disability [OR=1.044; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.006; p (χ^2<.001)] had greater expected odds of experiencing discrimination compared to their peers who did not have these concerns or participate in these behaviors. In contrast, students who

reported alcohol usage [OR=.990; p (χ^2<.001)] and engaging in collegiate athletics [OR=.994; p (χ^2<.05)] had lower expected odds of experiencing discrimination than their peers who engaged in other behaviors and activities.

Age was positively associated with discrimination [OR=1.002; p (χ^2<.001)]; therefore, as age increased, the expected odds of experiencing discrimination also increased. Students living with a parent/guardian/other family member [OR=1.007; p (χ^2<.01)], living in temporary housing or no housing [OR=1.110; p (χ^2<.001)], and attending institutions with student populations of 5,000-9,999 [OR=1.009; p (χ^2<.05)], 10,000-19,999 [OR=1.008; p (χ^2<.05)], and 20,000 or more [OR=1.023; p (χ^2<.001)] had a greater expected odds of experiencing discrimination compared to their peers who were living on campus, and attending institutions with student populations less than 2,500. Students who were married/partnered [OR=.990; p (χ^2<.01)] and attending institutions in the Northeast [OR=.987; p (χ^2<.001)] and the Midwest [OR=.979; p (χ^2<.001)] had lower expected odds of experiencing discrimination than their peers who were single, attending institutions in the West, and attending institutions with student populations less than 2,500.

3.5 Discussion

Previous literature has discussed how Black Queer students have experienced microaggressions and discrimination while matriculating through their degrees (Jefferies, 2023). However, attempts to analyze additional factors that could contribute to the likelihood of experiencing microaggressions and discrimination, as well as studying specifically how both of these types of victimization can have an effect on Black Queer college students in a national dataset have yet to be explored. This paper had several relevant findings.

First, the bivariate analyses revealed that a greater percentage of Black Queer students had experienced both microaggressions and discrimination than their peers who were not Black and Queer. This analysis supports my first hypothesis that Black Queer students would experience microaggressions and discrimination at increased rates compared to their peers. In addition, when the categories were separated into four different groups (Black and Queer, Black and Non-Queer, Non-Black and Queer, and Non-Black and Non-Queer), a greater percentage of Black and Queer students experienced microaggressions and discrimination. As such, this portion of the analysis also supports my hypothesis. These particular findings are aligned with the previous literature that explains how vulnerable these individuals are to these types of victimizations, as racism in the form of White supremacy is often an underlying factor for Black students enduring microaggressions and discrimination (Jeffries, 2023; Williams et al., 2020), as well as homophobia and transphobia for Queer students who are experiencing these same issues (Campbell-Montalvo et al., 2022; Casey & Levesque, 2018). As such, these findings were expected.

When analyzing the covariates, the results indicated that a greater percentage of Black Queer students participated in activities and had certain characteristics that could increase their likelihood of experiencing victimization (and more so than others). For example, the results show that Black Queer students were more likely to engage in marijuana and illicit drug use, have mental health issues, have high stress levels, and have a disability than their peers. In addition, Black Queer students were more likely than their peers to be enrolled full-time, be single, live on campus, in temporary housing, and be unhoused altogether, attend institutions in the Northeast and the South, and attend institutions with student populations of 10,000 or more.

Second, the multivariate analyses indicated that Black Queer students were more likely to experience both microaggressions and discrimination than their peers who were not Black and Queer. As such, these findings support my second hypothesis, as there was a greater expected odds of these students experiencing both microaggressions and discrimination even when controlling for other factors. This is in line with the literature that discusses Black Queer students as being likely to experience this type of victimization due to the combination of their racial and Queer identities (Jefferies, 2023). As previously discussed, Minority Stress theory, Gender Minority Stress theory, and Critical Race theory discuss that unique stressors and characteristics may make individuals more susceptible to experience victimization (stressors like racism and homophobia/transphobia that may lead to acts of microaggressions and discrimination). These stressors may be even more detrimental when the minority identities of Blackness and Queerness are combined. In support of these theories, Black and Queer students were also more likely than their peers to experience microaggressions or discrimination when I broke down the identities into the four groups (therefore, supporting my second hypothesis). As shown in these models, various factors that could contribute to microaggressions and discrimination included alcohol and substance use, participation in extracurricular campus activities, dealing with mental health issues and elevated stress levels, having a disability, having a certain relationship status and housing arrangement, and attending a school in a particular region where there is a specific enrollment population. In essence, being Black and Queer still mattered even after controlling for other factors that are connected to victimization. As such, this highlights that other factors could explain their high rates of victimization. These factors could be underlying foundations of racism, homophobia, and transphobia that could contribute to these types of victimization. Stereotypes and preconceived notions about Black Queer students could also contribute to

microaggressions and discrimination, especially in places like PWI's where Black Queer students are likely to be the minority (as previously discussed).

While this research had some significant findings, there were still some limitations. First, the measures for microaggressions could be improved, as they do not include specific examples that could help provide clarity to students. These individuals may understand what discrimination looks like; however, they might not be as familiar with microaggressions, how they are used, and how they can be perceived. In the dataset, microaggressions are defined as, "subtle but offensive comments or actions that are directed at a minority or other non-dominant group, whether intentional or unintentional that reinforces a stereotype" (ACHA, 2019). As previously discussed in this paper, there are several types of microaggressions, some of which students may not be aware. If students do not have a clear understanding of microaggressions, this could potentially lead to them either understating or overstating their responses, both of which could result in response bias. Therefore, more concrete explanations of microaggressions should be introduced in research. If the parameters are clearer, then this may help students better understand microaggressions and its constructs, potentially assisting students in realizing that they may have been exposed to this type of victimization.

In addition, the way that I coded the race variable may impact my findings. Students were allowed to choose more than one response for race; however, I coded the variable as Black and then all other responses. As such, I only allotted for students who chose Black as their sole option. This reduced the number of people who were coded solely as Black. Students who chose Black and something else were included and coded as being multiracial, just not in the Black category. The rationale behind coding the race variable this way was simply because I was seeking to have my research focus on students who were Black. Combined with students who

also identified as Queer, Black Queer students made up my group of interest, and therefore represented how variables were coded in my sample. In addition, students who are multiracial may not want to be considered just as Black, therefore the assumption they would is. Finally, students who identify as multiracial may experience victimization differently than my target group. For example, they may have different factors than Black students that place them at risk for victimization, such as differing home lives or cultural backgrounds. As such, research should examine multiracial students to explore the unique characteristics that make them more or less likely to experience victimization. Another limitation surrounds the notion that students were given the options to self-report their racial, sexual, and gender identities. Students could have chosen an identity to which they did not actually subscribe, as there is no way to verify this information due to the survey being anonymous and confidential.

There was also some missing data in my research. To better analyze this missing data, I conducted a missing completely at random (MCAR) test using the R statistical platform. If cases are found to not be missing at random, then the p value would not be statistically significant. I found that my data was not missing completely at random, because the p value was equal to 0. Consequently, based on the high statistical value and the low p value, I discovered that the data were not missing completely at random. Listwise deletion was used to address this missing data. This strategy was a suitable approach for my statistical analyses, as it is less problematic in large datasets where sample size ensures adequate power to detect true effects. If there were no missing responses, I would expect to find more individuals in the sample who potentially had mental health issues. This would be a relevant finding, as research has shown that Black Queer persons specifically are more likely to have mental health issues than their Non-Black and Non-Queer counterparts (Mahowald, 2021). This could potentially increase their likelihood of

experiencing victimization. Therefore, it is possible that being missing in my final sample is related to being Black and Queer and experiencing victimization. Future research should explore other ways to address missing data and to compare the results to these.

My data was also cross-sectional, meaning that it is difficult to establish what happened first—the victimization or the behaviors (such as drug usage or alcohol usage). Therefore, the findings can only be interpreted as correlational. Finally, HBCU's and MSI's (minority-serving institutions) were excluded from the dataset. This is problematic, in that these institutions have significantly large populations of Black students, some of whom may identify as Queer and may also have experienced victimization. As such, research examining Black Queer student victimization should include these institutions. Analyses could also be conducted to examine Black Queer student victimization rates at HBCU's compared to PWI's, which could identify the schools where Black Queer students are more likely to experience victimization and be subjected to emotional harm. There is no research that currently delves into this; therefore, future research is necessary to further explore these points.

This research may have policy implications that could assist in preventing microaggressions and discriminations among Black Queer college students. My research indicated that a large percentage of Black Queer students have high expected odds of experiencing microaggressions and discrimination, and that these are higher than their peers. This insinuates that these particular students are vulnerable to these types of victimization, and there is a need for their universities to take action and provide adequate solutions to prevent these occurrences. Students, faculty, and staff should be educated about what these terms actually mean and how to identify them through adequate training programs. This could help in creating resources that specifically target these individuals who are most likely to be victimized. For

example, the University of Toronto realized that there were increasing concerns of BIPOC students experiencing discrimination and microaggressions. As such, they created sessions that focused on bettering the mental health of minority students and combatting systemic and institutional racism, therefore paving the way for a more inclusive campus climate ("7 Hallmarks of an Anti-Racist Education," n.d.). For the Queer community, campus organizations such as the Alliance for Sexual and Gender Diversity at Georgia State University provide resources such as the Community Connections peer mentoring program and the Queer De-stress fest. These events give Queer students a safe space to express themselves and discuss issues that may lead to stressors in their community, especially stressors like discrimination and microaggressions (Alliance for Sexual and Gender Diversity, n.d.).

Education and preventative programs have also been shown to reduce crime ("Education: A path to a peaceful future," n.d.); as a result, it is necessary to use education as a tool to combat the occurrences of microaggressions and discrimination. Some of this education could include information on Title IX and similar policies (such as the Jean Clery Act), in addition to information that Diversity, Equity, and Inclusion (DEI) offices may offer in new faculty orientations and yearly trainings. While some information may already be included in campus resources (such as sexual assault/sexual harassment prevention programs), it is necessary to provide students and campus personnel with detailed methods on how to identify and address microaggressions and discrimination specifically. Failure to do so could result in high student attrition rates, as well as students initially choosing to attend other universities due to these reports of victimization. In addition, students need to be aware of how to report these situations. Faculty and staff who are properly trained can provide guidance on how to do so and serve as liaisons of support for these individuals. When faculty are informed about campus victimization

resources, this has been shown to increase victimization disclosures (Cares et al., 2024). As a result, this could be instrumental in reducing rates of microaggressions and discrimination.

Future research should also explore the identities of Black Queer students separately, specifically in the form of Black sexual minorities and Black gender minorities. When I created the variable with all four identities, the number of Black sexual and gender minorities who experienced microaggressions and discrimination was significant. In my dataset, 577 Black students identified as a sexual minority, with 311 stating that they had experienced microaggressions and 197 stating that they had experienced discrimination. In addition, 90 Black students subscribed to a non-traditional gender identity, with 59 having experienced microaggressions and 41 having experienced discrimination. These numbers represent between 34%-66% of the samples for both categories and could indicate a real increased risk of victimization for these groups. Other scholars have deemed it is necessary for these identities to be combined in order to have a larger sample size for the data (Baams et al., 2023). These types of actions are discouraged by scholars, as sexuality and gender identity have been incorrectly presented as being similar constructs (American Psychological Association, n.d.). Finally, research should be conducted on other factors that could potentially contribute to Black Queer students experiencing microaggressions and discrimination. Some of these factors could include racism, homophobia, and transphobia, none of which have identifiable variables in the dataset. This type of rhetoric could potentially seek to explain why microaggressions and discrimination are prevalent in this particular group; as such, this should be considered for future research.

3.6 Conclusion

The findings of this study highlight how microaggressions and discrimination occur in the community of Black Queer college students. This paper found that Black and Queer college

students face microaggressions and discrimination even while controlling for other factors that could possibly be linked to elevated victimization risk. Again, future research is necessary to determine potential underlying factors for these types of victimization, such as racism, anti-Queer rhetoric, classism, and other similar constructs. Coupled with the current literature on intersectional identities and the theoretical frameworks of Minority Stress theory, Gender Minority Stress theory, and Critical Race theory, this study could lay the groundwork for additional research that not only identifies the likelihood of Black Queer students experiencing microaggressions and discrimination, but also strives to identify strategies for prevention.

Chapter IV: Physical and Emotional Effects of Victimization on Black Queer College Students

4.1 Introduction

Healthcare in the United States is a pressing issue for minority communities. Black Americans have dealt with increasing mortality rates from diseases such as cancer (Hatfield et al., 2023); however, the effects of the Covid-19 pandemic have also attributed to these numbers (Hill et al., 2022). Apart from the scientific explanations, Black persons have also grappled with medical racism, which has permeated the medical field since the slavery era. During this time, doctors would perform medical procedures on Black women without anesthesia ("Medical Exploitation of Black Women," 2019), which led credence to the notion still applied today in modern medicine that Black people do not feel pain as much as other races (Hoffman et al., 2016). Medical issues for Black Americans are not only felt physically, but financially as well, as approximately 60% of Black people have expressed the inability to afford medical care (Lopes et al., 2024). As another minority group, Queer persons also struggle with the healthcare system. These individuals may have issues affording healthcare expenses (Gates, 2014), but they also have to worry about being denied affirming healthcare due to their sexuality and/or gender identity ("Barriers to Healthcare," n.d.). This denial is especially the case for individuals who identify as transgender, non-binary, or gender non-conforming, as these individuals may come in contact with transphobic healthcare providers who refuse to prescribe certain medications ("Barriers to Healthcare," n.d). Therefore, it is reasonable to posit that these individuals would have poorer health outcomes than their peers.

While constructs such as racism, homophobia, and transphobia may contribute to the issues that minorities face in healthcare, it is also important to note that aspects such as physical

and sexual victimization can elicit a number of health issues, including physical harm. Crime victims specifically endure a myriad of physiological health issues, such as chronic headaches, gastrointestinal problems, and muscle tension ("The Impacts and Consequences of Victimization," 2005). Emotional harm is also prevalent, as these individuals must navigate through feelings of shock, guilt, and shame that may lead to diagnoses of depression, anxiety, and PTSD ("The Impacts and Consequences of Victimization," 2005). Suicidal ideations may also be an emotional response of being victimized (Hollingsworth et al., 2017). Victimization also causes elevated stress levels (Salerno et at., 2023; Stoliker et al., 2016; Torres-Harding et al., 2020). In addition, victims may resort to maladaptive coping mechanisms to deal with their traumatic experiences, such as using alcohol (Ehlke & Kelley, 2018) and illicit drugs (Gutner et al., 2006), which may further undermine health. Certain individuals are at risk for experiencing adverse physical and emotional health consequences as a result of victimization, including but not limited to young college students (Moragne-Patterson et al., 2017; Sinozich et al., 2014), part-time college students (ACHA, 2021), and those with disabilities (Guidry-Tyiska, n.d.).

While research has been conducted examining the effects of race and Queerness on health outcomes, these same effects on the health outcomes of Black Queer college students specifically have yet to be explored. In addition, the relationship between Black Queer students who are victimized and their potential health outcomes has also not been analyzed. To address this subject, this paper seeks to discover if Black Queer students are more likely than their peers to have worse physical and emotional health issues. It also seeks to analyze if Black Queer students who have been victimized may have worse health outcomes than others. Using a nationally representative collegiate dataset, binary logistic regressions are used to predict the expected odds of Black Queer students who experience physical and emotional health problems

compared to their peers. These regressions will also examine additional covariates and control variables that could potentially have an impact on these health outcomes. Whether being victimized exacerbates Black Queer students' health outcomes is also explored.

4.1.1 Consequences of Victimization for Black College Students

Black college students who are violently victimized are at risk for experiencing physical consequences. In their study analyzing sexual assault victimization among Black students attending HBCU's, Collington et al. (2020) found that approximately 17% of Black students who experienced sexual assault suffered physical injuries. College students may also choose to use substances to cope with victimization (Sabrina et al., 2017), and this behavior may cause negative health repercussions. Caamano-Isorna et al. (2021) conducted a study in which they analyzed the rates of alcohol usage among college students who were victims of both physical and sexual assault. They found that Black students' alcohol usage increased over a three-year period in comparison to White students whose alcohol usage decreased (Caamano-Isorna et al., 2021). Alcohol usage has been linked to various health issues such as alcohol poisoning, liver cancer, and high blood pressure ("Drinking too much alcohol can harm your health," n.d.). As such, it could be posited that Black students who engage in alcohol usage to cope with their victimization could experience poor health outcomes. It is important to note that there is not much current research on Black college students who have been violently victimized (not relating to sexual assault). The research that is available centers individuals who are just adults and not college students (Sered, 2015). Therefore, it is difficult to know the true extent to which these students are affected.

Black students also suffer emotional consequences after experiencing violent victimization. In their study analyzing Black college students' perceptions of campus safety in

comparison to their White peers, Maffani and Dillard (2021) found that Black students who experienced both physical and sexual assault were more likely to feel angry, hopeless, and have suicidal ideations. Black women in particular who attended HBCU's and were victims of sexual assault also reported depressive symptoms and more positive screenings of PTSD than those who were nonvictims (Lindquist et al., 2013).

Discrimination and microaggressions, specifically related to racism, add an additional layer of problems for Black students. Racism-related stress (stress that is directly linked to an individual that is a target of racial discrimination) (Sellers & Shelton, 2003) has been associated with a plethora of both physical and psychological problems (Brown & Hargrove, 2018; Williams, 2018). Black students who experience race-related stress through microaggressions have been diagnosed with health outcomes such as high blood pressure, obesity, and reproductive issues (Giscombé & Lobel, 2005; Paradies et al, 2015). Nonviolent victimization also has negative implications on these individuals' mental health, causing Black students to grapple with depression (Milam et al., 2022), anxiety (Penn State Student Affairs, n.d.), and PTSD (Polanco-Roman et al., 2016).

This type of nonviolent victimization may also lead to Black students experiencing negative effects on not just their academic performance (Marconi et al., 2022), but their post-graduation outcomes as well (Salami et al., 2021). For those who decide to continue on with their studies, there is still a risk of the victimization affecting their perceptions on future career options. Black students who experienced microaggressions during college were likely to be more concerned about their post-graduation employment opportunities than those who did not (Salami et al., 2021). However, students who were considered to be low achievers and received social support were less likely to be affected by microaggressions than those who were high achievers

(Salami et al., 2021). The reason for this finding is that high achievers are more likely to be isolated and suffer from the pressures of academia, thus negating whatever benefits social support may initially have provided them (Salami et al., 2021). The students who choose to seek help for these issues through counseling still have increased stress levels, bouts of isolation, and suicidal thoughts even upon completion (Penn State Student Affairs, n.d). As such, it can be posited that microaggressions and discrimination have a lasting negative impact on Black students, significantly jeopardizing their emotional well-being. It is important to note that while most coping mechanisms associated with microaggressions have been deemed negative, some are positive, including attending church, meditating, and connecting with others (DeCuir-Gunby et al., 2023).

4.1.2 Consequences of Victimization for Queer College Students

Less attention has been paid to the potential negative physical and mental health outcomes of violent victimization on Queer college students. However, the literature available on Queer persons in general discusses that anti-Queer victimization is positively correlated with these individuals being diagnosed with cancer, asthma, diabetes, and other illnesses (Lick et al., 2013). As such, it could be posited that Queer college students are also at a substantial risk of experiencing health problems as a result of said violent victimization.

The emotional effects of violent victimization also can be detrimental to Queer students. In comparison with heterosexual women students who were crime victims, gender and sexual minority students experienced exponentially increased PTSD, depression, and disengagement levels (Kammer-Kerwick et al., 2019). Additionally, DeLaney et al. (2020) conducted a study where they analyzed how the sexual victimization of lesbian, gay, bisexual, queer, and asexual college (LGBQA) students was related to emotional and psychological disorders. They found

that LGBQA students who experienced sexual victimization had increased symptoms of depression, PTSD, and alcohol abuse even with high levels of social support (DeLaney et al., 2020). In essence, Queer students struggle with the effects of sexual victimization whether or not they have individuals supporting them.

Microaggressions may cause negative health outcomes, specifically for Queer college students. Woodford et al., (2012) delve into this point, stating that gay, lesbian, and bisexual (GLB) college students who heard the phrase "that's so gay" were likely to experience various health issues such as headaches, problems with their appetites, and other eating habits. Nagata et al. (2021) further emphasize this point in their article analyzing how sexual orientation is correlated with the onset of migraines. They found that individuals who identified as sexual minorities were more likely to experience migraines than their heterosexual counterparts (Nagata et al., 2020). The migraines are exacerbated by the effects of discrimination and stigma that this community endures (Nagata et al., 2021). Experiencing microaggressions and discrimination can also cause Queer students to use various substances as a coping mechanism. Individuals who identify as lesbian, gay, or bisexual (LGB) and experience chronic discrimination are likely to have elevated levels of alcohol usage (Hatzenbuehler et al., 2008). Ylioja et al. (2018) also found that LGBQ students who were targets of microaggressions had increased rates of cigarette smoking. Research has shown that both smoking and alcohol abuse cause a number of health problems including certain cancers, heart and lung diseases, high blood pressure, and strokes (CDC, n.d.; CDC, 2020). As such, one could posit that overtime, these individuals would be more susceptible to these health outcomes due to their regular usage of these substances. The types of discrimination that Queer students experience are also important, as some may elicit different emotional responses. Silverschanz et al. (2008) studied the difference between direct

(experiencing discrimination yourself) and indirect (seeing someone else experience discrimination) forms of covert anti-Queer discrimination and found that both of these forms were associated with Queer students having anxiety. However, depression was linked solely with direct covert discrimination, meaning that those who experienced discrimination themselves were likely to develop depression (Silverschanz et al., 2008).

4.1.3 Consequences of Victimization for Black Queer College Students

Although there is limited research on Black Queer college students and the implications of violent victimization on their physical health, it is possible that their intersectional identities of being Black and Queer make them more susceptible to poor health outcomes. Previous research has shown that both Black students and Queer students are more likely to experience negative health issues than their peers. As such, it can be hypothesized that the combination of these two identities would cause an increase in physical health problems beyond what would occur if possessing just one of these identities.

Critical Race Theory would best help to explain this, as the premise of the theory centers around intersectional identities of people who experience oppression that could ultimately contribute to an individual experiencing victimization. Discrimination is centered around oppressed individuals, where a likely consequence is poor health outcomes (Hackett et al., 2020). Specifically, Black individuals experience physical and emotional health issues from discrimination that are often rooted in racism (Harrell et al., 2011). Queer persons also experience these same issues due to the stigma of their non-traditional sexual and gender identities (Montero et al., 2024). Therefore, it could be posited that Black Queer individuals who experience violent and nonviolent victimization would be at risk for developing negative health issues when their identities are combined. In particular, Black Queer people who both experience

violence themselves and witness it happening to others are more likely than their White, heterosexual, and cisgender counterparts to endure negative health (Jacobson Lopez et al., 2023). Some of these disparities include depression and substance abuse (Jacobson Lopez et al., 2023), which may lead to further negative physical complications.

Black transgender women college students are especially at risk of experiencing negative emotional and psychological effects of violent victimization due to their non-traditional racial, sexual, and gender intersectional identities (Tillewein et al., 2023). Transphobic rhetoric throughout the campus community has the potential to negatively affect the emotional well-being of these individuals (Graham, 2014), resulting in negative mental health diagnoses (Graham, 2014; Tillewein et al., 2023). In addition, Black sexual minority students who attend HBCU's experience homophobic discrimination that could not only lead to emotional consequences (Byrd, 2020), but could also threaten to derail their academic career.

Black Queer students are at risk for experiencing problems associated with the constructs of racism, homophobia, and/or transphobia that present as microaggressions and discrimination. These factors can contribute to negative perceptions of the collegiate environment for these individuals (Barrita et al., 2023). In their article that analyzed psychological distress among LGBTQ+ people of color, Salerno et al. (2023) found that both racist microaggressions and Queer-related stressors increased the likelihood of psychological distress among these persons. Queer-related stressors in this study included family ostracization, closeted identity, internalized homophobia/transphobia, Queer victimization, and the racial effects of heteronormativity (Salerno et al., 2023). Black Queer students who attend post-secondary institutions (whether they are PWI's or HBCU's) also have been found to experience social isolation (Jeffries, 2023). As previously mentioned, Black Queer students at PWI's are socially isolated due to their racial

identities, while Black Queer students attending HBCU's are isolated as a result of their Queer identities. Previous literature discusses that social isolation could potentially contribute to feelings of depression (Giovenco et al., 2022) and suicidal ideations (Macalli et al., 2022), resulting in the further decline of these individuals' mental health.

4.1.4 Current Study

Black Queer college students are an understudied population, especially pertaining to the consequences of their victimization. Although there is some research available on the effects of victimization on Black Queer individuals in general, the physical and emotional effects of victimization on Black Queer college students specifically have not yet been analyzed. As previously discussed, Black people are likely to experience negative physical and emotional health issues that are often rooted in racism, while Queer people may experience physical and emotional consequences as a result of homophobia and/or transphobia. However, it is unclear how Black Queer people specifically are physically and emotionally affected by their victimization. Using the Spring 2021 ACHA-NCHA III dataset, this paper seeks to understand if Black Queer college students have worse physical and emotional health outcomes than their peers, as well as if their victimization predicts worse physical and emotional consequences.

4.1.5 Research Questions and Hypotheses

1. Do Black Queer college students have worse physical and emotional health compared to other college students?
2. Do Black Queer college students who have been victimized have worse physical and emotional health compared to others?

The hypotheses are as follows:

1. Black Queer college students will have worse physical and emotional health compared to other college students.
2. Black Queer college students who have been victimized will have worse physical and emotional health disparities due to the combination of their intersectional identities.

4.2 Measures

4.2.1 Dependent Variables

Physical Health. Students were asked, "Have you received treatment for the following condition(s) by a healthcare or mental health professional within the last 12 months?" They were able to choose from a list of conditions, including Asthma, Cancer, Chronic Pain, Heart and Vascular disorders, Hepatitis B or C, High blood pressure, High cholesterol, Irritable Bowel Syndrome, and Migraine headaches. The final physical health variable combined all of these illnesses into one category of physical health issues. These responses were coded as (0) for no [No, I have not received treatment for any of these following conditions by a healthcare or mental health professional within the last 12 months] and (1) for yes [Yes, I have received treatment for one or more of the following conditions by a healthcare or mental health professional within the last 12 months].

Sexual Health. Sexual health was also measured in this study, as it can be viewed as a form of physical health. Students were asked, "Within the last 12 months, have you been diagnosed by a healthcare professional with any of the following?" There were several types of conditions listed; however, the only options pertaining to sexual health were chlamydia, gonorrhea, and pelvic inflammatory disease (PID). If respondents had another sexual illness that was not listed, they were given the option to choose "other short-term, temporary illness not listed above" and were asked to specify. Those that are unidentifiable are coded as missing

category. The final sexual health variable is coded as (0) for no [No, I have not received treatment for any of these following conditions by a healthcare or mental health professional within the last 12 months], and (1) for yes [Yes, I have received treatment for one or more of the following conditions by a healthcare or mental health professional within the last 12 months].

Mental Health. A measure of mental health was modelled after previous research (Daigle et al., 2024). Students were asked, "Have you ever been diagnosed by a healthcare or mental health professional with any of the following ongoing or chronic conditions?" and could choose any of the available original options, which included ADD/ADHD [Attention Deficit/Hyperactivity Disorder], Anxiety, Bipolar and Related Conditions [Bipolar I, II, Hypomanic Episode], Borderline Personality Disorder and other related personality disorders, Depression, Eating Disorders, Gambling Disorder, Obsessive-Compulsive and related Conditions, Posttraumatic Stress Disorder, Schizophrenia and other psychotic conditions, and Substance use [Alcohol or other drug-related abuse or addiction]. The responses for the final mental health variable were coded as (0) for no [No, I have never been diagnosed with any of these conditions] and (1) for yes [Yes, I have been diagnosed with one or more of these conditions].

Suicidal Ideations. In their study analyzing mental health issues and suicidality among college students, Liu et al. (2019) used various measures to identify whether or not students had attempted suicide. The measures used in this paper mirror those. Students were asked, "Within the last 12 months, have you attempted suicide?" The values were coded as (0) for no [No, I have not attempted suicide within the past 12 months] and (1) for yes [Yes, I have attempted suicide within the last 12 months].

4.2.2 Independent Variables

Race/Ethnicity. Students were asked, "How do you describe yourself?" pertaining to their race/ethnicity. They were permitted to choose more than one option if desired, as well as write in their responses. The categories included (1) American Indian or Native Alaskan, (2) Asian or Asian American, (3) Black or African American, (4) Hispanic or Latino/a/x, (5) Middle Eastern/North African (MENA) or Arab Origin, (6) Native Hawaiian or Other Pacific Islander Native, (7) White, (8) Biracial or Multiracial, and (9) My identity is not listed above. When student responses were coded, they were placed in the group which most closely resembled the response. If the response was unidentifiable, then it was coded as missing. In addition, if students chose more than one response, then they were coded as multiracial. The final race variable was coded as 0 for Non-Black and 1 for Black.

Queer Variable. Queerness in this study represented both sexual orientation and gender identity. Two questions were used to collect student responses pertaining to Queerness. Referring to sexual orientation, students were asked, "Which term best describes your orientation?" Students were asked to choose one of the available categories or write in their response if their category was not present. The categories included (1) Straight/Heterosexual, (2) Bisexual, (3) Gay, (4) Lesbian, (5) Pansexual, (6) Queer, (7) Questioning, and (8) My identity is not listed above. Responses that corresponded to Straight were coded as 0, and all other responses were coded as Non-Straight. Unidentifiable responses were coded as missing.

In reference to gender identity, students were asked, "Which term do you use to describe your gender identity?" Options included (1) Woman or female, (2) Man or male, (3) Trans woman, (4) Trans man, (5) Genderqueer, (6) Agender, (7) Genderfluid, (8) Intersex, (9) Non-binary, and (10) My identity is not listed above. Students were also permitted to write in their

responses. Responses that resembled a form of Cisgender (male or female) were coded appropriately, while all other responses (categories 3-9) were coded as Non-Cisgender. The final gender variable was coded as 0 for Cisgender and 1 for Non-Cisgender. The Queer variable originated from the combination of these two variables (the Non-Straight and Non-Cisgender variables) and was coded as 0 for students who were Non-Queer (Straight and Cisgender) and 1 for Queer students (Non-Straight and Non-Cisgender).

Black Queer Variable. This variable was created to account for students who identified as both Black and Queer or other groups. Students who were not Black and Queer were coded as 0, and students who subscribed to both identities of being Black and Queer were coded as 1. In addition, a four-category variable was created to analyze additional groups and was coded as 0 for Non-Black and Non-Queer, 1 for Black and Non-Queer, 2 for Non-Black and Queer, and 3 for Black and Queer.

4.2.3 Variables Related to Poor Health Outcomes Among Black Queer Students

Alcohol Usage. Students were asked if they had used alcohol at all and, if so, in the last 3 months. They were able to choose from beer, wine, liquor, and other products. Responses were coded as (0) for no [No, I have never used alcohol and/or I have not used alcohol in the last 3 months] while (1) was coded for yes [Yes, I have used alcohol and/or I have used alcohol in the last 3 months].

Drug Usage. Students were asked if they had used any of the substances on the list and if they had used them in the last 3 months. The substances included Cocaine, Prescription stimulants, Methamphetamine, Inhalants, Sedatives or sleeping pills, Hallucinogens, Heroin, Prescription opioids, and other. This variable was coded as (0) for no [No, I have never used any

of these or I have not used any of these substances within the last 3 months] and (1) for yes [Yes, I have used one or more of these substances within the last 3 months].

Marijuana Usage. Students were asked if they had used cannabis in any form, and if they had used it within the last 3 months. The substances included Marijuana, Weed, Hash, Edibles, Vaped cannabis, and other similar products. The final marijuana variable was coded as (0) for no [No, I have not used marijuana in the last three months] and (1) for yes [Yes, I have used marijuana within the last 3 months].

Stress Levels. Students were asked, "Within the last 30 days, how would you rate the overall level of stress you have experienced?" The original survey responses were coded as (1) for No stress, (2) for low stress, (3) for moderate stress, and (4) for high stress. The final stress variable is coded as (0) for no to low stress, (1) for moderate stress, and (2) for high stress.

Disability. Students were asked "Do you have any of the following?" and then were instructed to choose from a list of disabilities. The list included Attention-Deficit/Hyperactivity Disorder, Autism Spectrum Disorder, Deaf/Hearing loss, Learning disability, Mobility/Dexterity disability, Blind/low vision, and Speech or language disorder. There was no option for write-in responses. A final disability variable was created that included the values coded as (0) for no [No, I do not have any of these disabilities] and (1) for yes [Yes, I have one or more of these disabilities].

Number of Sexual Partners. This variable inquired about students' numbers of sexual partners. Students were asked, "Within the last 12 months, with how many partners have you had oral sex, vaginal intercourse, or anal intercourse?" Students were asked to write-in their responses.

Victimization. This variable was created by combining the physical assault, sexual victimization, microaggressions, and discrimination variables into one victimization variable. This was to measure students who had experienced victimization in the last 12 months, and those who had not. The final victimization variable was coded as (0) for No, I have not experienced any of these types of victimization in the last 12 months, and (1) for Yes, I have experienced one or more of these types of victimization in the last 12 months.

4.2.4 Demographic Variables

Age. Students were asked, "How old are you in years?" and were asked to write in their age.

Enrollment Status. Students were asked, "What is your enrollment status?" and were instructed to choose the following options: (1) Full-time, (2) Part-time, and (3) Other. The final variable was re-coded as (0) for full-time and (1) for part-time/other.

Region. This group variable was located in the reference files and included postsecondary institutions in all regions of the United States. These regions included: (1) Northeast (CT, ME, MA, NH, NJ, NY, PA, RI, VT), (2) Midwest (IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI), (3) South (AL, AR, DE, DC, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV), (4) West (AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY), and (5) Outside the US.

Size. This variable examined the total enrollment of students at each institution that was included in the survey. The sizes included: (1) <2,500 students, (2) 2,500-4,999 students, (3) 5,000-9,999 students, (4) 10,000-19,999 students, and (5) 20,000 students or more.

4.3 Analytic Plan

My analytic plan consists of running bivariate and multivariate analyses using both the SPSS and R platforms. The bivariate analysis uses the Chi-square test to examine if a greater percentage of Black Queer students experience poorer physical and emotional health outcomes compared to others. The analysis will examine if a greater percentage of Black Queer students engage in activities and have certain characteristics that could potentially lead to poor health outcomes. The Chi-square test is appropriate to use because the variables are categorical (except for age, for which a t-test will be performed). I will perform these analyses examining Black Queer college students to others, but also examining how Black Queer college students compare to non-Black and non-Queer, Black and non-Queer, and non-Black and Queer groups. The multivariate analysis uses binary logistic regression models that analyze if being Black and Queer predicts poorer health outcomes. Interaction terms between the Black Queer variable and victimization will be included to assess if being Black and Queer and being victimized differentially impacts health. Again, I will use both the Black Queer vs. others as well as the Black Queer vs. the other gender and race groups. The binary logistic regression model is also appropriate because the dependent variable is dichotomous. For the multivariate analyses, I will use robust standard errors since students are clustered within schools. Since the survey population consisted of clustered student groups data collection, it is expected that student responses may have an influence on each other. Heteroskedasticity of the standard errors could potentially occur and impact the statistical significance values in the dataset (Williams, 2020). These responses may be consistent with those collected from another institution, therefore necessitating the use of robust standard errors.

4.4 Findings

Descriptive statistics for my sample are displayed in Table 21.

Table 21. Chapter IV Sample Characteristics (N=84,683)

	%	n	Missing % (n)
Dependent variables			
Physical Health	33.8%	28,606	2.9 (2,717)
Mental Health	26.5%	22,443	0.7 (693)
Sexual Health	1.5%	1,267	0.6 (542)
Suicide	2.0%	1,681	0.6 (545)
Independent variables			
Black Queer students	0.7%	577	0
Victimization	25.1%	21,267	1.4 (1,356)
Alcohol usage	61.7%	52,252	0.3 (319)
Drug usage (illicit drugs)	7.7%	6,519	0.4 (376)
Marijuana usage	21.4%	18,136	0.4 (369)
Age	x=23.49; SD=6.481		0.6 (550)
Enrollment status			0.3 (309)
Full-time	90.4%	76,555	
Part-time	9.6%	8,128	
University Size			0
Less than 2,500	7.3%	6,179	
2,500-4,999	3.7%	3,097	
5,000-9,999	14.1%	11,914	
10,000-19,999	20.8%	17,641	
20,000 or more	54.1%	45,852	
University Region			0
Northeast	8.8%	7,422	
Midwest	21.5%	18,204	
South	15.5%	13,116	
West	54.3%	45,941	
Stress Levels			0.1 (102)
No/Low stress	19.2%	16,281	
Moderate stress	48.3%	40,888	
High stress	32.5%	27,514	
Disability	16.5%	13,993	2.1 (1,992)
Number of Sexual Partners	x=.3265; SD=1.363		3.5 (3,348)

When examining student health outcomes, 33.8% of students experienced physical health issues, 26.5% of students experienced mental health issues, 1.5% of students experienced sexual

health issues, and 2.0% of students had attempted suicide. Black Queer students made up 0.7% of the sample. Additionally, 25.1% of students indicate that they had experienced some form of victimization (physical assault, sexual victimization, microaggressions, or discrimination), 61.7% of students engaged in alcohol use, 7.7% of students used illicit drugs, and 21.4% of students used marijuana. Students in the sample also were approximately 23.49 years old, and 90.4% of students were enrolled full-time in their institutions. Regarding the schools they attended, 54.1% of students attended institutions with populations of 20,000 or more, and 54.3% of students attended schools in the West. In relation to stress levels, 48.3% of students indicated that they had moderate stress levels, Finally, 16.5% of students identified that they had a disability.

The bivariate analyses examine the relationship between being Black and Queer and experiencing poor health outcomes. The chi-square analyses are presented in Table 22.

Table 22. Chi-Square Analysis Examining Student Physical and Emotional Health (N=84,683)

	Black and Queer % (n)	Others % (n)	χ^2
Variables			
Physical Health	40.9 (236)	33.7 (28,370)	13.170***
Mental Health	37.8 (218)	26.4 (22,225)	37.944***
Sexual Health	4.2 (24)	1.5 (1,243)	27.960***
Suicide	3.6 (21)	2.0 (1,660)	8.173**

***p<0.001, **p<0.01, *p<.05

The findings indicate that a greater percentage of Black Queer students experienced physical health issues [40.9% vs. 33.7%, p (χ^2<.001)], mental health issues [37.8% vs. 26.4%, p (χ^2<.001)], sexual health issues [4.2% vs. 1.5%, p (χ^2<.001)], and suicide attempts [3.6% vs. 2.0%, p (χ^2<.01) than those who are not Black and Queer. When analyzing all four categories of racial, sexual, and gender identities (Black and Queer, Black and Non-Queer, Non-Black and

Queer, and Non-Black and Non-Queer) (see Table 23), a greater percentage of Black and Queer students experienced sexual health issues [4.2%] and suicide attempts [3.6%] than all other groups, however, a greater percentage of Non-Black and Queer students experienced physical health issues [41.1%] and mental health issues [45.7%] than all other groups.

Table 23. Chi-Square Analysis Examining Student Physical and Emotional Health Using Multiple Race/Queer Categories (N=84,683)

	Physical Health % (n)	Mental Health % (n)	Sexual Health % (n)	Suicide % (n)
Black and Queer	40.9 (236_b)	37.8 (218_d)	4.2 (24_c)	3.6(21_b)
Black and Non-Queer	32.0 (711_a)	14.9 (331_c)	2.5 ($56_{b,c}$)	1.4 (32_a)
Non-Black and Queer	41.1 ($8,215_b$)	45.7 ($9,135_b$)	2.1 (422_b)	3.2 (644_b)
Non-Black and Non-Queer	31.4 ($19,444_a$)	20.6 ($12,759_a$)	1.2 (765_a)	1.6 (984_a)
χ^2	647.680*	5070.112*	123.195*	218.101*

The subscripts notate a subset of physical assault and sexual victimization categories where the column proportions do not differ significantly from each other at the .05 level.
*p<.001

Black Queer students represented the second largest category of both physical [40.9%] and mental health issues [37.8%]. In other words, Non-Black and Queer students were more likely to have physical and mental health issues, while Black and Queer students were more likely to have sexual health issues and suicide attempts. All of these findings were statistically significant at the p<.001 level.

Table 24 exhibits the analyses for the covariate variables that may affect the health outcomes of Black Queer students (and others).

Table 24. Chi-Square Analysis Examining Potential Covariates of Health Outcomes (N=84,683)

	Black and Queer % (n)	Others % (n)	χ^2
Variables			
Alcohol Use	62.0 (358)	61.7 (51,894)	.029
Marijuana Use	28.4 (164)	21.4 (17,972)	16.946***
Illicit Drug Use	12.1 (70)	7.7 (6,449)	16.072***
High Stress Level	41.8 (241)	32.4 (27,273)	25.534***
Disability	22.9 (132)	16.5 (13,861)	16.999***
Victimization	60.5 (349)	24.9 (20,918)	
Enrollment Status	9.5 (55)	9.6 (8,073)	.003
Region			90.303***
Northeast	16.3 (94_b)	8.7 ($7,328_a$)	
Midwest	19.1 (110_a)	21.5 ($18,094_a$)	
South	24.4 (141_b)	15.4 ($12,975_a$)	
West	40.2 (232_b)	54.3 ($45,709_a$)	
Enrollment Size			14.086**
<2,500 students	6.6 (38_a)	7.3 ($6,141_a$)	
2,500-4,999 students	2.6 (15_a)	3.7 ($3,082_a$)	
5,000-9,999 students	9.5 (55_b)	14.1 ($11,859_a$)	
10,000-19,999 students	21.7 (125_a)	20.8 ($17,516_a$)	
20,000 or more students	59.6 (344_b)	54.1 ($45,508_a$)	

The subscripts notate a subset of covariate categories where the column proportions do not differ significantly from each other at the .05 level.
***p<0.001, **p<0.01, *p<.05

A greater percentage of Black Queer students engaged in both marijuana usage [28.4% vs. 21.4%, p (χ^2<.001) and illicit drug usage [12.1% vs. 7.7%, p (χ^2<.001)]. In addition, a greater percentage of Black Queer students had higher stress levels [41.8% vs. 32.4%, p (χ^2<.001)] (compared to those with lower stress levels), had a disability [22.9% vs. 16.5%, p (χ^2<.001)], and experienced victimization [60.5% vs. 24.9%, p (χ^2<.001)] than their peers. A greater percentage of Black Queer students attended institutions in the Northeast [16.3% vs. 8.7%, p (χ^2<.001)] and the South [24.4% vs. 15.4%, p (χ^2<.001)], while their peers were more likely to attend schools in the Midwest and the West. A greater percentage of Black Queer students also attended schools with student enrollment sizes of 10,000-19,999 [21.7% vs. 20.8%, p (χ^2<.01)] and 20,000 or

more [59.6% vs. 54.1%, p (χ^2<.01)], while their peers were more likely to attend schools with student populations less than 10,000.

The results for the first T-test displaying the average age of student respondents (Black Queer students and all others) in the sample are located in Table 25.

Table 25. T Test Analysis for Differences in Average Age of Respondents for Black Queer Students and Others

	n	Mean	SD
Black and Queer	577	23.18	6.063
Others	84,106	23.49	6.483

			Significance	95% Confidence Interval of the Difference	
	t	df	Two-sided p	LL	UL
Equal variances assumed	1.141	84,681	.254	-.222	.840

This table indicates that Black Queer students were approximately 23.18 years old, which is younger than their counterparts who identified as being about 23.49 years old. The findings were not significant (t(84,681)=1.141, p=.254). Table 26 introduces the second T-test that displays the average number of sexual partners for Black Queer students and others.

Table 26. T Test Analysis for the Difference in Average Number of Sexual Partners for Black Queer Students and Others

	n	Mean	SD
Black and Queer	577	.4021	1.334
Others	84,106	.3260	1.363

Table 26. T Test Analysis for the Difference in Average Number of Sexual Partners for Black Queer Students and Others (continued)

			Significance	95% Confidence Interval of the Difference	
	t	df	Two-sided p	LL	UL
Equal variances not assumed	-1.366	584.284	.173	-.186	.033

The analysis found that Black Queer students had an average number of .4021 sexual partners, which is lower than the average number of sex partners for their peers [.3260 partners]. This finding was also not statistically significant (t(584.284)=-1.366, p=.173).

The findings from the binary logistic regression models examining the relationship between being Black and Queer, experiencing physical health issues, and potentially experiencing victimization are displayed in Table 27. Potential covariates and controls related to poor physical health outcomes are also presented.

Table 27. Logistic Regression Model Examining the Relationship Between Intersectional Identities and Victimization on Physical Health Issues Among College Students

	Model 1 BQ vs. Others	Model 2 4 Category Group	Model 3 Interaction BQ x Victimization	Model 4 Interaction 4 Category x Victimization
Variable				
Black & Queer Students	1.031 (.019)	1.050 (.019)**	.976 (.030)	.987 (.030)
Black & Non-Queer Students	-----	.974 (.001)***	-----	.968 (.013)**
Non-Black & Queer Students	-----	1.064 (.004)***	-----	1.062 (.005)***
Non-Black & Non-Queer Students (reference)	-----	-----	-----	-----
BQ x Victimization	-----	-----	1.096 (.039)**	-----
Non-Black and Queer Vic	-----	-----	-----	1.007 (.008)
Black and Non-Queer Vic	-----	-----	-----	1.017 (.020)
Black and Queer Vic	-----	-----	-----	1.111 (.039)***
Victimization	1.068 (.004)***	1.061 (.004)***	1.067 (.004)***	1.057 (.005)***
Alcohol Use	1.028 (.003)***	1.026 (.003)***	1.028 (003)***	1.026 (.003)***
Illicit Drug Use	1.008 (.006)	1.003 (.006)	1.008 (.006)	1.003 (.006)
Marijuana Use	1.019 (.004)***	1.015 (.004)***	1.019 (.004)***	1.015 (.004)***
Stress Level (low stress reference)				
Moderate Stress Level	1.076 (.004)***	1.071 (.004)***	1.076 (.004)***	1.071 (.004)***
High Stress Level	1.151 (.005)***	1.143 (.005)***	1.151 (.005)***	1.143 (.005)***
Disability	1.145 (.004)***	1.135 (.004)***	1.145 (.004)***	1.135 (.004)***
Number of Sexual Partners	1.006 (.001)***	1.005 (.001)***	1.006 (.001)***	1.005 (.001)***
Age	1.011 (.000)***	1.011 (.000)***	1.011 (.000)***	1.011 (.003)***
Enrollment Status	1.025 (.006)***	1.025 (.006)***	1.025 (.006)***	1.025 (.006)***
Region (West reference)				
Northeastern institutions	1.023 (.006)***	1.027 (.006)***	1.023 (.006)***	1.027 (.006)***
Midwestern institutions	1.005 (.004)	1.007 (.004)*	1.005 (.004)	1.007 (.004)*
Southern institutions	.995 (.005)	.996 (.005)	.995 (.005)	.996 (.005)
School Size (<2,500 reference)				
2,500-4,999 students	.997 (.010)	1.002 (.020)	.997 (.010)	1.001 (.010)
5,000-9,999 students	.995 (.007)	.997 (.007)	.994 (.007)	.997 (.007)
10,000-19,999 students	.981 (.007)***	.983 (.007)**	.980 (.007)***	.983 (.007)**
20,000 or more students	.961 (.009)***	.969 (.006)***	.967 (.006)***	.969 (.006)***
Observations	84,683	84,683	84,683	84,683
Log Likelihood	-54,189.690	-54,054.160	-54,186.940	-54,050.080
Akaike Inf. Crit.	108,417.400	108,150.300	108,413.900	108,148.200

***p<0.001, **p<0.01, *p<.05

Model 1 indicates that Black Queer students did not have greater expected odds of experiencing physical health problems than their peers [OR=1.031], as this finding was not statistically significant. In addition, students who drank alcohol [OR=1.028; p (χ^2<.001)], used marijuana [OR=1.019; p (χ^2<.001)], had moderate [OR=1.076; p (χ^2<.001)] and high

[OR=1.151; p (χ^2<.001)] stress levels (compared to low stress levels), presented with a disability [1.145; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.006; p (χ^2<.001)] had greater expected odds of experiencing health issues than their counterparts who were not victimized and did not subscribe to or engage in these behaviors. Relating to the demographic variables, age was positively associated with experiencing physical health issues [OR=1.011; p (χ^2<.001)], meaning that as age increased, the expected odds of experiencing physical health issues also increased. Additionally, students who were enrolled part-time [OR=1.025; p (χ^2<.001)] and attending institutions in the Northeast [OR=1.023; p (χ^2<.001)] had greater expected odds of experiencing health problems than their peers who were enrolled full-time, and attending institutions in the West. Students who attended institutions with populations of 10,000-19,999 [OR=.981; p (χ^2<.001)], and 20,000 or more [OR=.961; p (χ^2<.001)] had lower expected odds of experiencing health problems than students enrolled at institutions with populations less than 2,500. When the interaction term of being Black and Queer and being victimized was included (see Model 3), Black and Queer student victims [OR=1.096; p (χ^2<.01)] had 9.3% increased expected odds of experiencing physical health issues than their peers in the reference group (all other groups who had not been victimized).

Model 2 presents results of binary logistic regression analyses of the relationship between being Black and Queer (and all other groups) and experiencing poor physical health outcomes. Black and Queer students [OR=1.050; p (χ^2<.01)] and Non-Black and Queer students [OR=1.064; p (χ^2<.001)] had greater expected odds of experiencing physical health issues than their Non-Black and Non-Queer counterparts. In other words, Black and Queer students had 5% increased expected odds, and Non-Black and Queer students had 6.4% increased expected odds of experiencing physical health issues than their Non-Black and Non-Queer peers. However,

students who were Black and Non-Queer [OR=.974; p (χ^2<.001)] had decreased expected odds of experiencing these problems compared to their Non-Black and Non-Queer peers.

Students who used alcohol [OR=1.026; p (χ^2<.001)] and used marijuana [OR=1.015; p (χ^2<.001)] had greater expected odds of experiencing physical health issues than their peers who did not use these substances. In addition, students who had both moderate [OR=1.071; p (χ^2<.001)] and high stress levels [OR=1.143; p (χ^2<.001)], those with a disability [OR=1.135; p (χ^2<.001)], and those who had a greater number of sexual partners [OR=1.005; p (χ^2<.001)] had greater expected odds of experiencing physical health issues compared to their peers who did not have these concerns and did not participate in these behaviors. When referencing the controls, age was positively associated with experiencing physical health issues [OR=1.011; p (χ^2<.001)], meaning that as age increased, the expected odds of experiencing physical health issues also increased. Students who were enrolled part-time [OR=1.025; p (χ^2<.001)], and attending institutions in the Northeast [OR=1.027; p (χ^2<.001)] and the Midwest [OR=1.007; p (χ^2<.05)] had greater expected odds of experiencing physical health problems than their fellow students who were enrolled full-time, and attending institutions in the Western region. Students with enrollment sizes of 10,000-19,999 [OR=.983; p (χ^2<.01)], and 20,000 or more [OR=.969; p (χ^2<.001)] had lower expected odds of experiencing issues in comparison to students who attended institutions with a population less than 2,500. When the interaction term of the four-category variable and victimization were included (see Model 4), Black and Queer students who were victims [OR=1.111; p (χ^2<.001)] faced 11.1% increased expected odds of experiencing physical health issues than their peers in the reference group (all other groups that had not been victimized).

The binary logistic regressions analyzing the relationship between being Black and Queer and experiencing mental health issues are presented in Table 28. Various covariates and controls are also displayed.

Table 28. Logistic Regression Model Examining the Relationship Between Intersectional Identities and Victimization on Mental Health Issues Among College Students

	Model 1 BQ vs. Others	Model 2 4 Category Group	Model 3 Interaction BQ x Victimization	Model 4 4 Category x Victimization
Variable				
Black & Queer Students	1.044 (.017)**	1.102 (.017)***	1.048 (.027)*	1.082 (.027)***
Black & Non-Queer Students	-----	.927 (.009)***	-----	.928 (.012)***
Non-Black & Queer Students	-----	1.198 (.003)***	-----	1.182 (.004)***
Non-Black & Non-Queer Students (reference)	-----	-----	-----	-----
BQ x Victimization	-----	-----	.995 (.035)	-----
Non-Black and Queer Vic	-----	-----	-----	1.045 (.007)***
Black and Non-Queer Vic	-----	-----	-----	1.005 (.018)
Black and Queer Vic	-----	-----	-----	1.040 (.035)
Victimization	1.104 (.003)***	1.079 (.003)***	1.104 (.003)***	1.064 (.004)***
Alcohol Use	1.031 (.003)***	1.025 (.003)***	1.030 (.003)***	1.025 (.003)***
Illicit Drug Use	1.100 (.005)***	1.081 (.005)***	1.100 (.005)***	1.081 (.005)***
Marijuana Use	1.049 (.004)***	1.036 (.004)***	1.049 (.004)***	1.036 (.004)***
Stress Level (low stress reference)				
Moderate Stress Level	1.097 (.004)***	1.085 (.004)***	1.097 (.004)***	1.087 (.004)***
High Stress Level	1.246 (.004)***	1.220 (.004)***	1.246 (.004)***	1.221 (.004)***
Disability	1.257 (.004)***	1.229 (.004)***	1.257 (.004)***	1.228 (.004)***
Number of Sexual Partners	1.017 (.001)***	1.014 (.001)***	1.017 (.001)***	1.014 (.001)***
Age	1.006 (.000)***	1.007 (.000)***	1.006 (.000)***	1.007 (.000)***
Enrollment Status	1.033 (.005)***	1.030 (.005)***	1.033 (.005)***	1.030 (.005)***
Region (West reference)				
Northeastern institutions	1.000 (.005)	1.013 (.005)**	1.003 (.005)	1.013 (.005)**
Midwestern institutions	1.017 (.004)***	1.023 (.004)***	1.017 (.004)***	1.023 (.004)***
Southern institutions	.992 (.004)*	.993 (.004)	.992 (.004)*	.993 (.004)
School Size (<2,500 reference)				
2,500-4,999 students	.997 (.009)	1.009 (.009)	.997 (.009)	1.009 (.009)
5,000-9,999 students	.975 (.007)***	.982 (.006)***	.975 (.007)***	.983 (.006)***
10,000-19,999 students	.957 (.006)***	.964 (.006)***	.957 (.006)***	.965 (.006)***
20,000 or more students	.955 (.008)***	.943 (.006)***	.935 (.006)***	.944 (.006)***
Observations	84,683	84,683	84,683	84,683
Log Likelihood	-45,001.490	-43,542.270	-45,001.480	-43,523.040
Akaike Inf. Crit.	90,040.980	87,126.540	90,042.960	87,094.090

***p<0.001, **p<0.01, *p<.05

In Model 1, Black and Queer students had 4.4% increased expected odds of experiencing mental health issues compared to students who were not Black and Queer [OR=1.044; p

(χ^2<.01)]. In addition, students who were victimized [OR=1.104; p (χ^2<.001)], used alcohol [OR=1.031; p (χ^2<.001)], illicit drugs [OR=1.100; p (χ^2<.001)], and marijuana [OR=1.049; p (χ^2<.001)] had greater expected odds of experiencing poor mental health compared to their peers who were not victimized and did not use these substances. Students who had moderate [OR=1.097; p (χ^2<.001)] and high [OR=1.246; p (χ^2<.001)] stress levels (compared to low stress levels), those with a disability [OR=1.257; p (χ^2<.001)], and those who had a greater number of sexual partners [OR=1.017; p (χ^2<.001)] also had greater expected odds of experiencing mental health problems than their peers who did not have these concerns and did not engage in these behaviors. In relation to the demographics, age was positively associated with experiencing mental health issues [OR=1.006; p (χ^2<.001)], meaning that as age increased, the expected odds of experiencing mental health issues also increased. Students who were enrolled part-time [OR=1.033; p (χ^2<.001)], and attending schools in the Midwestern [OR=1.017; p (χ^2<.01)] regions had greater expected odds of experiencing mental health issues compared to their peers who were enrolled full-time, and attending schools in the West. Students who attended schools in the South [OR=.992; p (χ^2<.05)], attending schools with student populations of 5,000-9,999 [OR=.975; p (χ^2<.001)], 10,000-19,999 [OR=.957; p (χ^2<.001)], and 20,000 or more [OR=.955; p (χ^2<.001)] had lower expected odds of experiencing mental health problems than their counterparts who attended institutions in the West and attended schools with student populations of less than 2,500. When the interaction term of being Black and Queer and experiencing victimization was included (see Model 3), Black and Queer students who had been victimized [OR=.995] were not more likely to experience mental health issues than others, as the term was not statistically significant.

Model 2 displays the four-category group (as well as their covariates) and their relationship to poor mental health outcomes. Black and Queer students [OR=1.102; p (χ^2<.001)] and Non-Black and Queer students [OR=1.198; p (χ^2<.001)] had greater expected odds of experiencing mental health issues than their Non-Black and Non-Queer counterparts. In other words, Black Queer students had 10.2% increased expected odds, and Non-Black and Queer students had 19.8% increased expected odds of experiencing mental health issues than their Non-Black and Non-Queer peers. However, Black and Non-Queer students [OR=.927; p (χ^2<.001)] had decreased expected odds of experiencing mental health problems than their Non-Black and Non-Queer peers. Students who were victimized [OR=1.07979; p (χ^2<.001)], used alcohol [OR=1.025; p (χ^2<.001)], illicit drugs [OR=1.081; p (χ^2<.001)], and marijuana [OR=1.036; p (χ^2<.001)] had greater expected odds of enduring mental health concerns than their peers who did not engage in these behaviors. Pertaining to stress levels and disability status, students who had moderate [OR=1.085; p (χ^2<.001)] and high [OR=1.220; p (χ^2<.001)] stress levels (compared to low stress levels), those with a disability [OR=1.229; p (χ^2<.001)], and those who had a greater number of sexual partners [OR=1.014; p (χ^2<.001)] had greater expected odds of experiencing mental health issues compared to their peers who did not have these issues and did not engage in these behaviors. In addition, age was positively associated with experiencing mental health issues [OR=1.007; p (χ^2<.001)], meaning that as age increased, the expected odds of experiencing mental health issues also increased. Students who were enrolled part-time [OR=1.030; p (χ^2<.001)], and attended institutions in the Northeast [OR=1.013; p (χ^2<.01)] and the Midwest [OR=1.023; p (χ^2<.001)] had greater expected odds of experiencing mental health problems compared to their peers who were enrolled full-time, and attending institutions in the West. Students with enrollment sizes of 5,000-9,999 [OR=.982; p (χ^2<.001)], 10,000-19,999

[OR=.964; p (χ^2<.001)], and 20,000 or more [OR=.943; p (χ^2<.001)] had lower expected odds than their peers with enrollment sizes of less than 2,500 students. When the interaction term with the four-category variable and victimization was included (see Model 4), Black Queer students who were victimized were not more likely to experience mental health issues than the reference group, as the results were not statistically significant. The interaction term for Non-Black and Queer students [OR= 1.045; p (χ^2<.001)] was significant, meaning that the effect of victimization on mental health has a greater impact on Non-Black and Queer students. In other words, Non-Black and Queer student victims had 4.5% increased expected odds of experiencing mental health issues when compared to their Non-Black and Non-Queer counterparts.

Table 29 displays the binary logistic regressions analyzing the relationship between being Black and Queer (and other groups) and experiencing sexual health issues. Covariate and control relationships are also explored.

Table 29. Logistic Regression Model Examining the Relationship Between Intersectional Identities and Victimization on Sexual Health Issues Among College Students

	Model 1 BQ vs. Others	Model 2 4 Category Group	Model 3 Interaction BQ x Victimization	Model 4 4 Category x Victimization
Variable				
Black & Queer Students	1.021 (.005)***	1.023 (.005)***	1.024 (.008)***	1.025 (.008)***
Black & Non-Queer Students	-----	1.014 (.003)***	-----	1.015 (.003)***
Non-Black & Queer Students	-----	1.002 (.001)*	-----	1.003 (.001)***
Non-Black & Non-Queer Students (reference)	-----	-----	-----	-----
BQ x Victimization	-----	-----	.996 (.010)	-----
Non-Black and Queer Vic	-----	-----	-----	.995 (.002)**
Black and Non-Queer Vic	-----	-----	-----	.996 (.005)
Black and Queer Vic	-----	-----	-----	.995 (.010)
Victimization	1.009 (.001)***	1.008 (.001)***	1.009 (.001)***	1.010 (.001)***
Alcohol Use	1.001 (.001)	1.001 (.001)	1.001 (.001)	1.001 (.001)
Illicit Drug Use	1.025 (.002)***	1.025 (.002)***	1.025 (.002)***	1.025 (.002)***
Marijuana Use	1.007 (.001)***	1.007 (.001)***	1.007 (.001)	1.007 (.001)***
Stress Level (low stress reference)				
Moderate Stress Level	1.000 (.001)	1.000 (.001)	1.000 (.001)	1.000 (.001)
High Stress Level	1.001 (.001)	1.001 (.001)	1.001 (.001)	1.001 (.001)

Table 29. Logistic Regression Model Examining the Relationship Between Intersectional Identities and Victimization on Sexual Health Issues Among College Students (continued)

Disability	1.004 (.001)***	1.004 (.001)***	1.004 (.001)***	1.004 (.001)***
Number of Sexual Partners	1.010 (.000)***	1.010 (.000)***	1.010 (.000)***	1.010 (.000)***
Age	1.000 (.000)***	1.000 (.000)***	1.000 (.000)***	1.000 (.000)***
Enrollment Status	1.001 (.001)	1.001 (.001)	1.010 (.001)	1.001 (.001)
Region (West reference)				
Northeastern institutions	.998 (.002)	.998 (.002)	.998 (.002)	.998 (.002)
Midwestern institutions	.999 (.001)	.999 (.001)	.999 (.001)	.999 (.001)
Southern institutions	.996 (.001)***	.995 (.001)***	.996 (.001)***	.995 (.001)***
School Size (<2,500 reference)				
2,500-4,999 students	.998 (.003)	.998 (.003)	.998 (.003)	.998 (.003)
5,000-9,999 students	.997 (.002)*	.997 (.002)	.997 (.002)*	.997 (.002)
10,000-19,999 students	.997 (.002)*	.997 (.002)*	.997 (.002)	.997 (.002)*
20,000 or more students	.998 (.002)	.998 (.002)	.998 (.002)***	.998 (.002)
Observations	84,683	84,683	84,683	84,683
Log Likelihood	59,368.880	59,383.310	59,368.940	59,386.210
Akaike Inf. Crit.	-118,699.800	-118,724.600	-118,697.900	-118,724.400

***p<0.001, **p<0.01, *p<.05

In Model 1, Black and Queer students had 2.1% increased expected odds of experiencing sexual health issues than their counterparts who were not Black and Queer [OR=1.021; p (χ^2<.001)]. Students who were victimized [OR=1.009; p (χ^2<.001)], used illicit drugs [OR=1.025; p (χ^2<.001)], and used marijuana [OR=1.007; p (χ^2<.001)] had greater expected odds of experiencing sexual health problems than their peers who were not victimized and did not use these substances. In addition, students who had a disability [OR=1.004; p (χ^2<.001)] and had a greater number of sexual partners [OR=1.010; p (χ^2<.001)] had greater expected odds of experiencing sexual health issues than their peers who were not disabled and did not engage in these behaviors. In contrast, students who attended schools in the South [OR=.996; p (χ^2<.001)], and attended schools with student populations of 5,000-9,999 [OR=.997; p (χ^2<.05)] and 10,000-19,999 [OR=.997; p (χ^2<.05)] had lower expected odds of experiencing sexual health issues than their peers at institutions with populations less than 2,500. When the interaction term of being

Black and Queer and experiencing victimization was included (see Model 3), Black and Queer students who were victimized were not more likely to experience sexual health issues than the reference group.

Model 2 examines if being Black and Queer (and other groups) has an impact on experiencing sexual health issues. Potential covariates and controls are also displayed. Black and Queer students [OR=1.023; p (χ^2<.001)], Black and Non-Queer students [OR=1.014; p (χ^2<.001)], and Non-Black and Queer students [OR=1.002; p (χ^2<.05)] all had greater expected odds of experiencing sexual health problems compared to their peers who were Non-Black and Non-Queer. Black and Queer students had greater expected odds for experiencing these issues than any other group. In other words, Black Queer students had 2.3% increased expected odds, Black and Non-Queer students had 1.4% increased expected odds, and Non-Black and Queer students had 0.2% increased expected odds of experiencing sexual health issues compared to their Non-Black and Non-Queer peers. Students who were victimized [OR=1.008; p (χ^2<.001)], used illicit drugs [OR=1.025; p (χ^2<.001)], and used marijuana [OR=1.007; p (χ^2<.001)] had greater expected odds of experiencing sexual health issues than their peers who were not victimized and did not engage in these behaviors. In addition, students who had a disability [OR=1.004; p (χ^2<.001)] and had a greater number of sexual partners [OR=1.010; p (χ^2<.001)] had greater expected odds of experiencing sexual health problems than their peers who were not disabled and did not participate in these risky sexual behaviors. Finally, students who attended institutions with populations of 10,000-19,999 [OR=.997; p (χ^2<.05)] had lower expected odds of experiencing sexual health issues than their peers who attended institutions with student populations less than 2,500. When the interaction term combining the four-category variable and those who experienced victimization was included (see Model 4), Black and Queer students who

had been victimized [OR=.995] were not more likely to experience sexual health issues than the reference group. However, the interaction term for Non-Black and Queer students [OR=.995; p (χ^2<.01)] is significant, meaning that the effect of victimization on sexual health issues has a lesser impact on Non-Black and Queer students than on Non-Black and Non-Queer students.

Table 30 presents the binary logistic regression analyses that explore if being Black and Queer (and in other groups) has an impact on suicide attempts.

Table 30. Logistic Regression Model Examining the Relationship Between Intersectional Identities and Victimization on Suicide Attempts Among College Students

	Model 1 BQ vs. Others	Model 2 4 Category Group	Model 3 Interaction BQ x Victimization	Model 4 4 Category x Victimization
Variable				
Black & Queer Students	1.009 (.006)	1.012 (.006)**	1.000 (.009)	1.001 (.009)
Black & Non-Queer Students	-----	.998 (.003)	-----	.998 (.004)
Non-Black & Queer Students	-----	1.009 (.001)***	-----	1.004 (.001)***
Non-Black & Non-Queer Students (reference)	-----	-----	-----	-----
BQ x Victimization	-----	-----	1.015 (.012)	-----
Non-Black and Queer Vic	-----	-----	-----	1.014 (.002)***
Black and Non-Queer Vic	-----	-----	-----	1.003 (.006)
Black and Queer Vic	-----	-----	-----	1.021 (.012)*
Victimization	1.013 (.001)***	1.012 (.001)***	1.013 (.001)***	1.008 (.001)***
Alcohol Use	.997 (.001)***	.997 (.001)***	.997 (.001)***	.997 (.001)***
Illicit Drug Use	1.016 (.002)***	1.015 (.002)***	1.016 (.002)***	1.015 (.002)***
Marijuana Use	1.003 (.001)**	1.003 (.001)*	1.003 (.001)**	1.002 (.001)*
Stress Level (low stress reference)				
Moderate Stress Level	.998 (.001)	.998 (.001)	.998 (.001)	.998 (.001)
High Stress Level	1.011 (.001)***	1.010 (.001)***	1.011 (.001)***	1.011 (.001)***
Disability	1.011 (.001)***	1.010 (.001)***	1.011 (.001)***	1.010 (.001)***
Number of Sexual Partners	1.002 (.000)***	1.002 (.000)***	1.002 (.000)***	1.002 (.000)***
Age	.999 (.000)***	.999 (.000)***	.999 (.000)***	.999 (.000)***
Enrollment Status	1.002 (.002)	1.002 (.002)	1.002 (.002)	1.001 (.002)
Region (West reference)				
Northeastern institutions	.997 (.002)*	.997 (.002)	.997 (.002)*	.997 (.002)
Midwestern institutions	.999 (.001)	.999 (.001)	.999 (.001)	.999 (.002)
Southern institutions	.996 (.001)**	.996 (.001)**	.996 (.001)**	.996 (.001)**
School Size (<2,500 reference)				
2,500-4,999 students	.998 (.002)	.999 (.003)	.998 (.003)	.999 (.003)
5,000-9,999 students	.998 (.002)	.998 (.002)	.998 (.002)	.999 .(003)
10,000-19,999 students	.998 (.002)	.999 (.002)	.998 (.002)	.999 (.002)
20,000 or more students	.997 (.002)***	.997 (.002)	.997 (.002)	.997 (.002)
Observations	84,683	84,683	84,683	84,683

Table 30. Logistic Regression Model Examining the Relationship Between Intersectional Identities and Victimization on Suicide Attempts Among College Students (continued)

Log Likelihood	47,067.690	47,096.490	47,068.460	47,113.660
Akaike Inf. Crit.	-94,097.380	-94,150.980	-94,096.390	-94,179.330

***p<0.001, **p<0.01, *p<.05

In Model 1, Black and Queer students did not have greater expected odds of suicide attempts compared to their peers who were not Black and Queer, as these results were not statistically significant [OR=1.009]. Students who were victimized [OR=1.013; p (χ^2<.001)], used illicit drugs [OR=1.016; p (χ^2<.001)], and used marijuana [OR=1.003; p (χ^2<.01)] had greater expected odds of suicide attempts compared to their peers who were not victimized and did not use these substances. Students who had high stress levels [OR=1.011; p (χ^2<.001)] (compared to low stress levels), had a disability [OR=1.011; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.002; p (χ^2<.001)] also had greater expected odds of suicide attempts than their peers who had low to no stress levels, who did not have a disability, and who had fewer sexual partners. In contrast, students who used alcohol [OR=.997; p (χ^2<.001)], attended institutions in the Northeast [OR=.997; p (χ^2<.05)] and the South [OR=.996; p (χ^2<.01)], and were enrolled at institutions with populations of 20,000 or more [OR=.997; p (χ^2<.001)] had lower expected odds of suicide attempts than their peers who did not drink, attended schools in the West, and attended schools with populations of less than 2,500. When the interaction term of being Black and Queer and experiencing victimization was included (see Model 3), Black Queer students [OR=1.015] who were victimized were not more likely to attempt suicide than the reference group, as the finding was not statistically significant.

Model 2 displays the results of the four-category group and examines if there is an impact on suicide attempts. Black and Queer students [OR=1.012; p (χ^2<.01)] and Non-Black and Queer students [OR=1.009; p (χ^2<.001)] have greater expected odds of suicide attempts than their Non-Black and Non-Queer peers (with Black Queer students having greater odds than all other groups). In other words, Black Queer students had 1.2% increased expected odds and Non-Black and Queer students had 0.9% increased expected odds of suicide attempts compared with their Non-Black and Non-Queer peers. However, Black and Non-Queer students [OR=.998] had lower expected odds of suicide attempts than their Non-Black and Non-Queer peers (although this finding was not statistically significant). Students who were victimized [OR=1.012; p (χ^2<.001)], used illicit drugs [OR=1.015; p (χ^2<.001)], and used marijuana [OR=1.003; p (χ^2<.05)] had greater expected odds of suicide attempts compared to their non-victimized peers who chose to engage in other behaviors. In addition, students who had high stress levels [OR=1.010; p (χ^2<.001)] (compared to low stress levels), had a disability [OR=1.010; p (χ^2<.001)], and had a greater number of sexual partners [OR=1.002; p (χ^2<.001)] had greater expected odds of suicide attempts than their peers who had low to no stress levels, were not disabled, and had fewer sexual partners. In contrast, students who used alcohol [OR=.997; p (χ^2<.001)] and attended schools in the South [OR=.996; p (χ^2<.01)] had lower expected odds of suicide attempts than their peers who did not drink and who attended schools in the West. When analyzing the interaction term combining the four-category variable and experiencing victimization (see Model 4), Black Queer students who had been victimized [OR=1.021; p (χ^2<.05)] were more likely to have suicide attempts than their peers in the reference group. In addition, the interaction term for Non-Black and Queer students was also significant [OR=1.014; p (χ^2<.001)]. In other words,

Black Queer students had 2.1% increased expected odds and Non-Black and Queer students had 1.4% increased expected odds of experiencing suicide attempts than their peers.

4.5 Discussion

Research has exhibited that Black Queer students are likely to experience poor physical and emotional health outcomes resulting from various types of victimization (Hackett et al., 2020; Harrell et al., 2011; Jacobson Lopez et al., 2023; Montero et al., 2024). However, the connection between being Black and Queer and experiencing victimization that may potentially lead to specific health outcomes (while using a national dataset) has not yet been examined. This paper presented several pertinent findings.

First, the bivariate analyses that analyzed two categories of respondents (Black and Queer and everyone else) unveiled that a greater percentage of Black Queer students had physical health issues, mental health issues, sexual health issues, and suicide attempts than their counterparts who were not Black and Queer. This finding supports my initial hypothesis that Black Queer students would have poorer physical and emotional health outcomes than their peers. However, when proportional differences were examined between the four categorical groups, the results indicated that the highest percentage of students who experienced both physical and mental health issues were Non-Black and Queer compared to all other groups. This is a reasonable outcome, considering that Queer students (and Queer people in general) are experiencing volatility across the United States in reference to their non-traditional sexual and gender identities. The Conservative majority in the upcoming election seek to further rescind protections for LGBTQ+ individuals under the premise of Christian principles (Peele, 2023). As such, it is reasonable to assume that these persons would have more negative physical and mental health outcomes than their heterosexual and cisgender counterparts. However, these analyses do

not explain why Black Queer students specifically are not more likely to experience health issues. Some possible reasons are discussed later in this section.

In addition, factors that could potentially be related to poor health outcomes across groups were also explored. The analysis revealed that a greater percentage of Black Queer students used marijuana, used illicit drugs, had high stress levels, were more likely to be victimized, and had a disability than their peers who were not Black and Queer. As such, this research indicates that these individuals may have unique factors that could place them at risk for experiencing negative physical and emotional health issues. This is in line with the previous literature that discusses Black Queer persons as a particularly vulnerable population and how likely they are to experience these poor health outcomes.

Second, the multivariate analyses signaled that Black Queer students were more likely to experience mental health issues and sexual health issues compared to all of their other peers. Therefore, these results support my hypothesis that Black Queer students would have worse health outcomes than all other students, even when other factors were considered. When the interaction terms for both mental health and sexual health were analyzed (and Black Queer students were compared to others), no differences emerged. However, when examining the four-category interaction term, I found significant differences.

Several covariates were also analyzed that could have potentially contributed to poor health outcomes. Students who were victimized, engaged in substance use, and presented with a disability were at risk of having poor physical and emotional health. In addition, students who were older and enrolled in institutions in the Midwest and the South were also likely to have poor health outcomes. While my analyses indicated effects for school variables that impacted all students, it is reasonable to speculate why Black Queer students attending schools in these

particular regions experience worse physical and emotional health. These individuals in particular may be exposed to unique stressors in these areas that could have an effect on their health. Research has shown that Black Queer people in general are particularly at risk for victimization in the South and the Midwest, both areas where religion and racism have a heavy influence on societal norms (Miller, 2020). The "Bible Belt" in the South has produced some of the most opposing views of same-sex behavior (Barton, 2010). The South is also home to extremist groups like the Ku Klux Klan (KKK), whose philosophy focuses in part on the advancement of the White race in the form of racist and homophobic violence against people color (mainly Black persons) and Queer individuals (Zilvar, 2021). Therefore, attending certain institutions may lead to worse health outcomes for students. The results in this paper have shown that students who are victimized are more likely to have worse physical and emotional health issues; therefore, it is reasonable to suggest that potential underlying factors contributing to victimization (such as racism, homophobia, and transphobia) could expose these students to further risk of experiencing negative health outcomes. This possibility should be explored in future research.

This paper also included an interaction term that explored if victimization enhanced these negative health outcomes for Black Queer students (and other groups). In Table 7, the first interaction variable with the binary category of Black Queer students (Black Queer student victims vs. everyone else) revealed that these individuals had worse physical health issues than their peers. In other words, Black Queer students who had also been victimized were more likely than their peers to experience physical health issues. In addition, the four-category interaction variable (Black and Queer, Black and Non-Queer, Non-Black and Queer, and Non-Black and Non-Queer (reference group)] indicated that Black Queer students who were victimized were

especially likely to experience physical health issues. In Table 8, the second binary interaction variable analysis indicated that Black Queer students who were victimized were not more likely than their peers to experience mental health issues. For the four-category interaction variable, Black Queer students who were victimized were also not more likely than their peers to experience mental health issues.

The third binary interaction variable results displayed in Table 9 displayed that Black Queer students who were victimized were not more likely to experience sexual health issues, and the finding was not statistically significant. The model with the four-category interaction variable only identified Non-Black and Queer students who were victimized as being more likely to experience these sexual health issues compared to their peers. Finally, the last binary interaction variable in Table 10 indicated that Black Queer students who were victimized were not more likely than their peers to attempt suicide. Pertaining to the four-category variable, Black Queer students who were victimized were more likely than their peers to have suicide attempts (although Non-Black and Queer students who were victimized also were more likely to have suicide attempts). Therefore, these results partially support my second hypothesis that Black Queer students who were also victimized would experience poorer health outcomes compared to their peers.

It is important to reiterate that the four-category group (with and without the interaction term) indicated that Non-Black and Queer students were more likely than their peers to have physical health issues, mental health issues, and suicide attempts. In other words, this interaction term suggests that poor health is impacted not just by the intersectional identities of race and Queerness, but also by victimization. Queer students (and Queer people in general) have been found to have physical health issues for various reasons, such as not being able to receive

gender-affirming care from inclusive health providers (Dawson et al., 2020). In addition, Queer people have high suicidal ideations that are most likely due to the stressors associated with their Queer identities ("Suicide Risk and Access to Care among LGBTQ College Students," 2022). Thus, my findings are not surprising and reflect possible reasons as to why this particular group is at risk. However, these explanations do not account for why Black Queer students are not more likely than their peers to experience certain poor health outcomes. Black Queer students may have lower rates of suicide attempts because they are likely to establish and become part of communities where people look like them and identify like them (Jeffries, 2023), which is ultimately different from other groups. These communities offer support to these individuals and help promote better mental health and well-being (Jeffries, 2023; Watts et al., 2023). In addition, when race and Queerness were divided into the four categories, students who were Black and Queer were more likely than their peers to experience all forms of health issues (physical, mental, sexual, and suicide attempts), making the point that the intersectional identities of Blackness and Queerness may increase the likelihood of having poor health outcomes.

While this research contributed to the gap in the literature, it presented several limitations. First, the decision to code race into a binary variable in my dataset could have an impact on my results. Students taking the survey were given the option to choose multiple categories for race if desired; however, I chose to code the variable as Black and everyone else. The other responses were included; however, if respondents chose more than one category they were coded as multiracial and ultimately Non-Black. As such, this resulted in a fewer number of students who were coded as being Black. While there are individuals who are biracial and still identify as Black, I did not code them this way because it would be improper to assume that these individuals would want to be considered just Black. This is one of the concerns with

quantitative studies (particularly those that involve surveys), as researchers create finite categories and expect respondents to choose ones which best represent them. While there may be write-in options, researchers still place them in the established categories that are closest to the collected responses. The constructs of race, sexuality, and gender identity often fall victim to these assumptions; therefore, future research should be conducted via qualitative analyses in order to better understand student responses.

In addition, my sample size of Black Queer students was much smaller than I anticipated, especially with having a dataset of almost 100,000 respondents. Although the sample was not too small to conduct analyses, I would posit that Black Queer students making up barely 1% of the sample in a dataset with over 96,000 students is not truly representative of the number of Black Queer students who attend post-secondary institutions in this country. Previous literature discussed that students who are Black represent approximately 13% of the collegiate population (Hanson, 2014), while Queer students represent about 17% of the overall population enrolled in higher education ("LGBTQ Students in Higher Education," 2023); therefore, it is likely that more than 1% of college students identify as Black and Queer; thus, these findings are likely not generalizable to the college student population in the U.S. as a whole. It is also important to discuss that even though my sample of Black Queer students who had poor health outcomes was small, it became even smaller when I created the variable that separated sexuality and gender identity. When analyzed, 87 students identified as being both Black and a gender minority, and 562 identified as being both Black and a sexual minority. Of these 87 students, 2 indicated that they had experienced sexual health issues, and 4 stated that they attempted suicide in the past 12 months. The 562 Black students who also identified as a sexual minority yielded similar small numbers, as 24 students stated that they had experienced sexual health problems, and 21 students

had suicide attempts. While I made the decision to combine the Queer identities to have a larger sample size, it is still relevant to consider these identities separately for future research.

Another limitation in this paper concerned missing data. In order to more effectively analyze the missing data, I performed a missing completely at random (MCAR) test using the R statistical software. If the cases are not missing completely at random, the p value would fail to reach statistical significance. After conducting my analyses, I found that my data were in fact missing completely at random, as the p value was equal to 1. When data are MCAR, it can be said that there are no systematic differences that exist between participants with missing data and those with complete data. Missing data in this paper was addressed via listwise deletion, or excluding the responses that went unanswered. If there had been no missing data, my results may have been different. For example, some individuals may be more likely to be missing than others for reasons connected to my key concepts. Thus, future research may consider additional analyses and treatment of missing cases. As a result, scholars should conduct future research to identify more comprehensive ways to speak to the issues of missing data. In addition, the results of my analyses were cross-sectional, causing some issues with time sequence. In other words, the data does not establish what occurred first—if students already had physical and emotional health issues that were further exacerbated by being victimized, or if these health issues were an outcome of the victimization. As such, the results should solely be understood as being correlational. Another limitation is that HBCU's and MSI's were not included in the dataset, preventing student responses from being collected from these schools. These institutions were created for minorities by minorities; therefore, it is possible that the Black Queer students who attend these institutions may experience different levels of poor health outcomes than their peers

who attend PWI's. As such, including students from all types of schools would be an appropriate subject for future research.

These findings may help inform what types of measures could be in place to improve the health outcomes for Black Queer students. The aforementioned literature and analyses have indicated that Black Queer students (especially those who are victimized) are at risk for having worse physical and emotional health issues than their peers. As a result, universities should identify solutions for prevention. Campus programs that emphasize the importance of physical and mental health could provide ample resources to reduce the disparities in negative health outcomes, specifically for Black Queer students. Having culturally sensitive and competent university personnel (healthcare providers included) who are cognizant of Black Queer issues could help improve both physical and emotional health outcomes for these individuals. It would also be beneficial if institutions could hire Black Queer individuals to provide these resources. This may offer Black Queer students some incentive to utilize them, as they could potentially feel more comfortable working with people who not only look like them, but identify like them as well. In addition, students are required to have some form of health insurance plan while enrolled at their institution, yet there are no incentives for students to use it. Universities should put funding into encouraging students to use health services not just for common colds or other similar issues, but also to screen for pre-existing conditions that could potentially cause serious health problems in the future. As previously discussed, both Black people and Queer people statistically are more likely to have medical issues, therefore it is imperative that these students in particular have access to the necessary exams that could help them properly maintain their health (especially since it could be that these individuals would be more at risk for poor health outcomes with the combination of their Black and Queer intersectional identities). It would be

helpful for future research to focus on how Black Queer students feel about campus healthcare, if they are more or less likely to utilize it, and the reasons behind their perceptions.

Mental health initiatives are also necessary to provide students on college campuses with support and should be priorities for higher administration. Therefore, university administrators should set aside funding and work with Black Queer students to create new (and support existing) student organizations centered around Black and Queer identities. While there are Black campus organizations and Queer campus organizations, students with both identities have discussed that they felt unwelcome in both spaces because they were not tailored to fit them (most often because of homophobia/transphobia in Black organizations and racism in Queer organizations (Jeffries, 2023). This paper has discussed that Black and Queer individuals are vulnerable to experiencing poor health outcomes, as such, it should be a priority for these individuals to have the means to establish a supportive community.

Finally, university faculty and staff (including university medical personnel) should be properly trained on how to handle both physical and emotional health issues on campus. While it is important to ensure that students have spaces to express concerns about their health, these spaces must be safe and inclusive to encourage consistent use. Training materials should also have the input of all individuals at each institution to ensure that the resources are going to provide assistance to persons from all walks of life—including those who identify as Black and Queer. In addition, mental health resources should not be solely for students, but faculty and staff as well. Research has shown that university staff are at risk for emotional issues such as depression, anxiety, and increased stress levels due to the high demands of their positions (Hammoudi Halat et al., 2023). Therefore, these individuals should have affordable access to mental health services to combat these concerns.

Future research should explore additional factors that could possibly have an effect on Black Queer students and their health outcomes. As previously discussed, Black individuals and Queer individuals fall victim to medical discrimination, therefore, it is reasonable to posit that measures representing these constructs (such as racism, sexism, homophobia, and transphobia) should be included in future data analysis. Furthermore, Black Queer students should be studied using qualitative methods to delve deeper into individual student experiences with victimization and health. It is difficult to capture the magnitude of the way these individuals are affected through surveys. Qualitative research also allows for respondents to articulate how they prefer to be addressed (specifically in reference to their racial, sexual, and gender identities). This could yield valuable results that further display the disparities that these individuals face in relation to their health. Also, research should be conducted in specific regions of the United States to compare the differences between health outcomes of Black Queer college students in various geographical locations. Students who attend institutions in the South could potentially have differing concerns than students in the West or the Northeast; therefore, this would be a compelling perspective to explore in additional analysis.

4.6 Conclusion

This study analyzes Black Queer college students who have poor physical and emotional health outcomes in general and as a potential consequence of victimization. The results indicated that Black Queer college students experienced physical health issues, mental health issues, sexual health issues, and suicide attempts even when considering other factors that could potentially have an impact on these concerns. As previously discussed, qualitative research should be conducted in the future to better understand how Black Queer students are affected by these health issues, as well as to gain insight on institutional resources that could improve health

outcomes. These resources should be inclusive and affirming to ensure not only that students feel comfortable accessing them, but also that they are confident enough to use the tools for future preventative measures.

Chapter V: Discussion

This dissertation sought to analyze if being Black and Queer is related to experiencing violent and nonviolent victimization for these students, as well as if being Black and Queer meant that these students would experience poorer health outcomes. In addition, this dissertation analyzed if being Black and Queer had an effect on these students experiencing violent and nonviolent victimization, as well as if being Black and Queer had an effect on these students' health outcomes. Previous literature (though limited) has indicated that Black students and Queer students are likely to experience physical assault, sexual victimization, microaggressions, and discrimination during their collegiate career. However, literature has not discussed if students who are Black and Queer specifically are more likely than their peers to experience these forms of victimization and poor health outcomes, especially when considering other factors such as substance use, mental health and stress levels, housing arrangements, relationship status, geographic region, and university size that may be related. The research also has not analyzed how victimization interacts with Black Queer students to impact health outcomes. In addition, most research has been conducted on Black Queer individuals in the general population, but not on Black Queer students attending postsecondary institutions. Therefore, this dissertation fills a gap in the literature pertaining to the victimization risk of Black Queer college students and their subsequent health outcomes. This dissertation presented several important findings.

In Paper One, I found in my bivariate analyses that a greater percentage of Black Queer students experienced physical assault than their peers who were not Black and Queer. However, Black and Queer students were not more likely than their peers to experience sexual victimization. When the racial and Queer identities were separated into four categories, a greater percentage of Black and Queer students experienced physical assault than all other groups;

however, a greater percentage of Black Queer students experienced sexual victimization than Black and Non-Queer and Non-Black and Non-Queer students (but not more than Non-Black and Queer students). In multivariate analyses, I found that Black Queer students had greater expected odds of experiencing physical assault than students who were Non-Black and Non-Queer. I also found that when the four-category variable was analyzed, Black Queer students had greater expected odds of experiencing physical assault. However, Black Queer students were not more likely than their Non-Black and Non-Queer peers (the reference group) to experience sexual victimization. Therefore, my hypothesis referencing Black Queer students experiencing a greater percentage of violent victimization was partially supported. My hypothesis that Black Queer students would have the greatest risk of violent victimization (even when considering other factors) was also partially supported.

Both the previous literature and theoretical frameworks of Minority Stress theory, Gender Minority Stress theory, and Critical Race theory supported my findings on Black Queer students being more at risk of experiencing physical assault. However, my findings on the sexual victimization of Black Queer people were surprising, as I posited via my theoretical framework and previous research that because Black students and Queer students were more likely than their peers to experience sexual victimization, the combination of both intersectional identities would indicate that Black Queer students would be more likely to be sexually victimized. This was not the case. Theory highlights why these individuals may be more at risk, as these risks are connected to the intersectionalities of race and Queerness. For example, both Minority Stress theory and Critical Race theory emphasize that victimization is a likely consequence of the unique stressors that plague racial, sexual, and gender minorities. Therefore, it is not just the identities that may make victimization more likely, but the risk that is associated with these

individual identities. However, Black Queer students not being more likely to experience sexual victimization may be due to a number of factors, one of which could be related to the time period in which the survey was released. The Human Rights Campaign released data that noted 2021 as the worst year for the introduction of anti-gay and anti-transgender legislation since 2015 (Ronan, 2021). As a result, the anti-Queer rhetoric could have contributed to a sense of fear among the Queer community, which may have impacted student responses. It can also be posited that this was true for Black Queer persons as well, because Queer people of color especially have been found to suffer from these types of policies ("Anti-LGBTQ Discrimination Inflicts Disproportionate Harm on People of Color," 2021). However, these statements are unidentifiable until official analyses can be conducted.

In Paper Two, I found in my bivariate analyses that in support of my hypothesis, a greater percentage of Black Queer students experienced microaggressions and discrimination compared to their peers who were not Black and Queer. This was also true when I broke down the racial and Queer categories into four groups. When discussing my multivariate analyses, Black Queer students also were more likely to experience both microaggressions and discrimination than their counterparts who were not Black and Queer. This also supported my hypothesis, in that Black Queer students would be more likely to experience these forms of victimization even when other factors were considered. In other words, this means that there is essentially something else that could be used to explain why these students are more at risk for experiencing microaggressions and discrimination. I identified that potential explanations could be rooted in constructs such as racism, homophobia, and transphobia, which could fuel verbal rhetoric that could contribute to these forms of victimization.

Paper Three presents a unique set of findings pertaining to the health outcomes of these college students. I found in my bivariate analyses that a greater percentage of Black Queer students had physical health issues, mental health issues, sexual health issues, and suicide attempts than their peers who were not Black and Queer. However, the four-category race and Queer variables displayed that a greater percentage of Non-Black and Queer students experienced physical and mental health issues compared to students in all other groups, which rejects my hypotheses that a greater percentage of Black Queer students would experience all physical and emotional health issues compared to their peers. Possible reasons given were related to the hostility that Queer persons have been experiencing due to their sexual and gender identities. This has been mostly attributed to the Evangelical Christian movement that has inserted itself into mainstream politics and stated that same-sex behavior is immoral, against the will of God, and not worthy of government protections (Peele, 2023). The question remains as to why Black Queer students are not more likely than all other groups to experience physical and mental health issues (especially when previous literature suggests that Black students and Queer students separately are more likely to have these poor health outcomes compared to their peers). One reason for this finding could be that Black Queer students may have better access to medical care through the insurance policies that students are required to have while enrolled at their institutions. In addition, Black Queer students may have increased levels of social support through supportive peer networks and affirming campus organizations that center Black Queer identities. As such, these reasons could potentially reduce the likelihood that Black Queer students would have poor physical and mental health.

In relation to my multivariate analyses, I found that while Black Queer students were more likely than their peers to experience mental and sexual health issues, they were not more

likely than their peers to experience physical health issues and suicide attempts. When introducing the four-category race and Queer variables, I found that Non-Black and Queer students were more likely than any other group to experience physical health issues, mental health issues, and suicide attempts. These analyses reflect the plight of Queer students who struggle with receiving gender-affirming healthcare, which can negatively affect both their physical and mental health (Dawson et al., 2020). In addition, Queer persons also experience suicidal ideations that are often attributed to the issues of homophobia and/or transphobia that they experience due to their Queer identities ("Suicide Risk and Access to Care among LGBTQ College Students," 2022). My analyses determined that there were only differences in the data when Black Queer students are compared to the other three groups versus when it is just Black Queer students being compared to everyone else.

When the variable is divided into four groups, the categories represent a smaller subsection of race and Queer identities, and therefore, are more distinct. As such, this could highlight differences that may not be present when the racial and Queer category is binary. I also ran an interaction term of victimization to examine if students who were Black and Queer and who were victimized would be more at risk of experiencing poor health outcomes. Being victimized operated the same for across groups on the risk for worse health outcomes; however, there were significant differences when using a four-group variable. Again, Non-Black and Queer students who were victimized were more likely than their peers in all categories to have poor physical and mental health outcomes, as well as suicide attempts. Queer persons in general who are victimized are more likely than their non-Queer peers to suffer from physical injuries and emotional consequences such as depression, PTSD, and anxiety (Vasquez, 2019). Research has also shown that victimization can lead to suicidal ideations among Queer individuals (Bouris

et al., 2016). However, this does not explain why Black Queer students who are victimized specifically may not experience worse health outcomes than their peers, and should be studied in future research. The findings partially supported my hypothesis that Black Queer students would have poorer physical and emotional health outcomes than their peers. The results also partially supported my hypothesis that Black Queer students who were victimized would have poorer health outcomes as well.

Overall, it can be said that my dissertation supports my theoretical framework. Black Queer students represent the marginalized intersectional identities that Minority Stress, Gender Minority Stress, and Critical Race theories discuss. While Critical Race theory centers Black identities and Gender Minority Stress theory centers Queer identities, Minority Stress theory presents the opportunity for both Black and Queer identities to be examined relating to the unique stressors that these individuals endure that place them at risk for victimization and poor health outcomes. As such, this dissertation can be used to build on existing tenets of Minority Stress Theory to explore reasons why Black Queer college students specifically may be at risk for these negative outcomes. While some of my findings run counter to the expectations of the theories that guided my dissertation, the results, particularly those regarding violent victimization risk and health outcomes are supportive. Research using these theories should be sure to include relevant variables (such as measures for racism, homophobia, and transphobia, as well as perceptions of victimization due to intersectional identities that could better test their applicability. help make these connections).

Despite the rich contributions that this dissertation gives to the literature, several limitations are present in my research. First, the way that I coded Blackness in my papers may have impacted my results. I coded my race variable as Black and all other races, meaning that a “yes”

to the Black category indicated that the person was Black and no other race or ethnicity. As such, this decreased the number of students who identified as just Black. Students who chose more than one category (that included Black) were identified as multiracial and were placed in that group (and subsequently coded as other). Black Queer students were my targeted sample; therefore, it was important to have the race variable coded in this manner. While this may be a concern, multiracial students may not wish to be coded as just Black or may have differing experiences than their peers. It is worth examining the risks of victimization using alternate coding strategies and to consider how multiracial students may be dissimilar to others in ways related to victimization. The survey used in the study also was formatted for students to self-report not just their intersectional identities of race, sexuality, and gender, but also victimization that they may have experienced. As such, there is the possibility that students may have identified themselves as another race or similar construct than what they truly are. Students also could have understated (or overstated) being victimized or having poor health outcomes. The nature of the survey being anonymous and confidential prevents researchers from being able to verify this information; therefore, this is a relevant limitation. Referencing Paper Two specifically, the definitions of microaggressions were unclear and did not give adequate examples. This could cause an issue with student interpretations, as they may not understand microaggressions and how they present in various situations. This lack of specificity could also unintentionally lead to response bias, as students may incorrectly state that they had experienced this victimization (or incorrectly deny experiencing it). As such, the survey should seek to provide more context on microaggressions so that students can make better informed decisions about disclosing this type of victimization.

These papers also had a small sample of students who identified as Black and Queer compared to the rest of the sample. Black Queer participants did not amount to more than 700 respondents in each paper, while the entire dataset contained more than 96,000 respondents. While I was able to conduct analyses looking at sexuality and gender identity separately, the groups were quite small when considering race and victimization as well. These small numbers resulted in my decision to combine sexuality and gender identity together to create the Queer variable. I acknowledged that critical scholars have identified this as a potential problem; therefore, I indicated that the identities should be kept separate when able. Additionally, my papers had missing data, but MCAR tests and listwise deletion were the methods used to address this. While the third paper exhibited that the data was MCAR, this was not the case for the first two papers. As such, further analysis should focus on using other methods to handle missing data to see if results across models are consistent. It was posited that some respondents may be missing data because they chose not to answer certain questions; however, this is simply speculation and cannot be identified without further research and analyses. My data are cross-sectional, meaning that it is unclear what occurred first—the actual victimization or the behaviors/activities in which students engaged. As such, the results can only be construed as being correlational. Another limitation is that there were no HBCU's or MSI's (minority-serving institutions) included in this dataset, meaning that students who attended these institutions were not able to participate and give their input. Research studying Black Queer students who are victimized should include these types of institutions, as they may have larger populations of students who identify as Black and Queer than other institutions.

My findings also have several policy implications that could potentially help to reduce (and ultimately prevent) the occurrence of several types of victimization and poor health

outcomes that Black Queer students may experience. First, universities should invest in hiring personnel who are sensitive to the needs of this particular community. This hiring could include individuals who identify as Black and/or Queer (or are allies) who are familiar with appropriate screening tools and can not only sympathize with the issues that Black Queer students have, but also offer support in the form of a safe space to provide culturally competent care. These safe spaces may also help Black Queer students feel more comfortable reporting when they have been victimized. Studies have shown that faculty who are properly informed about victimization on campus may increase student disclosures (Cares et al., 2024). Students who also have inclusive and affirming faculty are less likely to have negative perceptions of their experience matriculating (Pitcher et al., 2018). In addition, institutions should also implement mandatory trainings for faculty and staff, so they are aware of how to address the concerns of Black Queer students. These could include Safe Zone trainings, Title IX resources that also promote sexual assault/harassment prevention, and workshops to support newly hired Black and Queer faculty in their transition to employment. These trainings are also on par with educational programs that inform students, faculty, and staff about how to identify and report issues like microaggressions and discrimination. My findings also suggested that Non-Black and Queer students specifically were at risk of experiencing victimization and poor health outcomes; therefore, this community may need particular interventions to reduce the likelihood of these occurrences. It is possible that with the adequate tools, these types of verbal victimization may be prevented.

Institutions should place additional funding in creating campus organizations (or supporting existing ones) that center the identities of Black Queer students. This research has shown that these individuals are at risk for experiencing victimization and poor health; therefore, it is important to focus on Black Queer students specifically and give them an outlet in which to

thrive. Finally, universities should place emphasis on the physical and mental health programs offered on campus. Students should be encouraged not only to thoroughly take advantage of their university health insurance plans, but also to complete annual health and wellness checks every calendar year, perhaps with incentives to do so. These measures could potentially prevent unknown serious complications from arising. In addition, universities should hire medical professionals who are cognizant of both the physical and emotional issues that Black Queer students may express. Healthcare professionals should be properly trained on how to help Black Queer students cope not just with physical injuries, but emotional concerns as well (such as dealing with rejection from family members after coming out or having trouble finding inclusive spaces on campus). Black Queer persons as a whole struggle with receiving gender-affirming healthcare (Bolden, 2024). Therefore, it is imperative that Black Queer students feel safe seeking medical help.

Future research highlights several points that could contribute to the limited literature on the victimization and health outcomes of Black Queer students. First, other risk factors that could potentially lead to victimization in this community should be explored. For example, Critical Race Theory, Minority Stress theory, and Gender Minority Stress theory all underscore that marginalized groups have unique stressors that they endure due to their minority statuses. It is these stressors that may lead to consequences that are ultimately out of their control, such as victimization (which may subsequently lead to negative health outcomes). For Black Queer students, these challenges are often rooted in racism, homophobia, and transphobia; however, there are not currently any items in this dataset to measure these constructs. As such, this avenue of research should be explored.

In addition, future research should consider how certain student and school demographics may impact findings on the victimization and health outcomes of Black Queer college students. Research has shown that first-year women college students are more likely than their fellow students in higher classifications to be sexually victimized (Cranney, 2015). Furthermore, Oswalt et al. (2015) conducted a study analyzing institutional characteristics and their potential connection to the health of college students. They found that in reference to the type of institutions that students attended (public vs. private), college students who attended private schools had worse rates of substance use and mental health issues, while students who attended public schools were more likely to have unprotected sex and be obese. When campus size was considered, students who attended schools with populations of less than 2,500 were more likely to have substance abuse and mental health issues. Finally, schools located in the Northeastern region also were more likely to have students who used substances, had mental health problems, and had trouble sleeping. While these results did not include the impact on student victimization, they did acknowledge that the type of institution can have an effect on students' physical health and the behaviors in which they engage. Future research should use these methods to delve deeper into the victimization risk and health outcomes of Black Queer college students specifically.

Qualitative methods should also be pursued to identify the magnitude to which Black Queer students are affected by victimization, as well as how those instances of victimization could potentially influence their health outcomes. While quantitative analyses are useful in some instances, they do not provide additional context and rationale behind why students respond a certain way. In essence, this type of research could be used to delve deeper into students' experiences, which may offer insight on factors that may make victimization and poor health

outcomes more likely. Qualitative research would also allow students to identify themselves in more ways than were originally included in the survey, which would potentially provide additional context into how race, gender, and sexuality impact victimization risk and health. Future research should also identify other forms of victimization not currently discussed in these papers. Studies have shown that college students are more likely to become victims of property crime than violent crime (Johnson et al., 2009), therefore it would be relevant to research how Black Queer students specifically are affected by this time of victimization. Additionally, research should be conducted in particular regions comparing victimization rates and health outcomes of Black Queer students across the United States. Black Queer students may be subjected to different factors that may make them more or less susceptible to be victimized and have negative physical and emotional health issues in certain areas; therefore, this is worth exploring.

It is also important to discuss how risk can produce victimization, and how this could be particularly problematic for Black Queer college students. As previously discussed, Lifestyle Exposure theory can be used to explain how certain risky lifestyles may lead to victimization. However, it does not indicate how victimization may produce additional risk. Specifically, if Black Queer students are already at risk of experiencing victimization and poor health outcomes (due to their intersectional identities or their lifestyles), then it is possible that the victimization they endure could lead to additional risk (which could then possibly produce more victimization). This creates a potential cycle involving risk that could beget further victimization. Essentially, if there is a way to reduce the negative effects of victimization, then there may be a way to also reduce the likelihood of subsequent victimization.

Perceptions of Blackness and Queerness are also relevant to examine in future research. Surveys should be created that can more accurately describe these intersectional identities. Doing so may give respondents more options to choose from and try to prevent measurement error. In addition, if people are perceived as being a certain race or Queer identity (but actually identify as another), these perceptions could possibly contribute to their increased risk of victimization. As previously discussed, gender expression is an example of this point. Individuals who subscribe to a non-traditional gender expression (such as androgyny or other masculine-presenting appearance) may be perceived as being part of the Queer community, and therefore may be subject to experience violence (whether verbal or non-verbal). This could also be evident with individuals who are perceived as being Black. If their outward appearance or features present as being Black, then they also may be at risk of being victimized.

This dissertation is the first in advocating for a call to research Black Queer college students and their likelihood of experiencing victimization and poor health outcomes. This research is especially important because it highlights the need to study Black Queer students who are victimized through an intersectional lens, specifically relating to their Blackness and their Queerness. Future research should focus on how these particular constructs contribute to victimization; however, it should also seek to identify additional factors that may also increase the likelihood of victimization. These could include but are not limited to socioeconomic status, the presence of mental health issues, previous experiences of victimization, and aspects of social support (or the lack thereof). Future research should also seek to encourage collaborations with other disciplines that could serve to offer differing perspectives on the experiences of Black Queer students. Those most likely to make an impact on this subject are the psychology, sociology, and economic fields.

Finally, research must consider the relevance of homophobia and transphobia specifically in the Black community and how it has created roadblocks for how Black Queer college students navigate their intersectional identities. Jeffries (2023) introduced this discussion from a micro perspective, indicating how some of the Black Queer college students in his research experience familial abandonment and complete disagreement with their lifestyles most often due to religion. Black Queer persons have often been forced to "choose" the identity to which they more closely subscribe due to the premise that they cannot be both (Moss, 2016). This "either/or" mindset is detrimental to the growth and development of Black Queer students in relation to their intersectional identities, and further promotes the unaccepting culture of Queerness in the Black community.

From a macro perspective, the Black Lives Matter (BLM) movement is a prime example of how women with Black Queer intersectional identities were vilified when they were simply advocating for Black people as a whole to achieve social justice. This movement picked up a substantial amount of momentum after the deaths of Michael Brown and Eric Garner, as it focused on Black young boys and men who were being killed by the police (Brittanica, 2024). However, the movement was significantly undermined when the Black community discovered that the BLM organization was founded by three Black Queer women (Hobson, 2016). Individuals even pointed out that Black people as a whole (and not specifically Black men) were included in their mission statement of support (Hobson, 2016). The movement was eventually picked apart and resulted in the founders being accused of engaging in fraudulent practices with the organization's finances (Morrison, 2023), essentially undermining the contributions that were made initially. The lawsuit was later dismissed.

Ultimately, the constructs of homophobia and transphobia are the underlying stressors in the Black Queer community that have contributed to the individual rejection of Black Queer college students from their families, as well as the demise of the BLM movement. This is reflective of what was previously discussed relating to Critical Race theory and Minority/Gender Minority Stress theories involving stressors that could lead to certain consequences. These same stressors are what could potentially lead to these individuals being victimized. In addition, a lack of social support could also create stressors that result in the likelihood of victimization as a consequence. A tenet of Routine Activities theory notes that the lack of a capable guardian could potentially place an individual at risk of experiencing victimization (Cohen et al., 1979). For Black Queer students, these incapable guardians are likely to reject them due to opposing beliefs of their Queerness, therefore presenting a pathway for rejection to subsequently lead to victimization.

Chapter VI: Conclusion

This dissertation examined Black Queer college students and their likelihood of experiencing both violent and nonviolent victimization compared to their peers. In addition, it analyzed if Black Queer students have worse health outcomes than their peers overall and as a possible result of victimization. Future research should focus on qualitative analyses, region-specific data, and additional relevant factors to examine the likelihood of Black Queer college students experiencing victimization and poor health outcomes. This dissertation highlighted a substantial number of aforementioned risks that make Black Queer students more likely than their peers to be negatively affected by victimization. Future research should consider the risks associated with the intersectional identities of race and Queerness and include measures of experienced transphobia, homophobia, and racism to discover what drives the experiences of victimization and poor health.

References

7 hallmarks of an anti-racist education institution. EAB. (n.d.). https://eab.com/resources/infographic/7-hallmarks-anti-racist-education-institution/

Alencar Albuquerque, G., de Lima Garcia, C., da Silva Quirino, G., Alves, M. J., Belém, J. M., dos Santos Figueiredo, F. W., da Silva Paiva, L., do Nascimento, V. B., da Silva Maciel, É., Valenti, V. E., de Abreu, L. C., & Adami, F. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: systematic literature review. *BMC international health and human rights*, *16*, 2. https://doi.org/10.1186/s12914-015-0072-9

Alfonseca, K., & Proto, D. (2023, August 10). *O'Shea Sibley was killed after expressing queer joy by voguing, activists say*. ABC News. https://abcnews.go.com/US/oshea-sibley-killed-after-expressing-queer-joy-voguing/story?id=102129251

Alharbi Y. N. (2020). Current legal status of medical marijuana and cannabidiol in the United States. *Epilepsy & behavior: E&B*, *112*, 107452. https://doi.org/10.1016/j.yebeh.2020.107452

Alliance for Sexual and Gender Diversity. Panther Involvement Network (PIN). (n.d.). https://pin.gsu.edu/organization/alliance-for-sexual-and-gender-diversity

Alonso, J. (2024, April 5). *More students take gender studies, even as it comes under attack*. Inside Higher Ed. https://www.insidehighered.com/news/students/academics/2024/04/05/more-students-take-gender-studies-even-it-comes-under-attack

American College Health Association. American College Health Association-National College Health Assessment, Spring 2021 [computer file]. Silver Spring, MD: American College Health Association [producer and distributor]; 2024-19-04.

American Psychological Association. (n.d.). *Discrimination: What it is and how to Cope*. American Psychological Association. https://www.apa.org/topics/racism-bias-discrimination/types-stress

American Psychological Association. (n.d.). *Sexual orientation and gender diversity*. American Psychological Association. https://www.apa.org/topics/lgbtq

American Psychological Association. (2023, August 30). *Speaking of Psychology: How to combat microaggressions, with Derald Wing Sue, PhD* [Video]. YouTube. https://www.youtube.com/watch?v=5yoPALA-Q1A

An, S., Welch-Brewer, C., & Tadese, H. (2024). Intimate Partner Violence and Help-seeking Behavior Among College Students Attending A Historically Black College and University. Journal of interpersonal violence, 8862605241227982. Advance online publication. https://doi.org/10.1177/08862605241227982

Andersen, J. P., Zou, C., & Blosnich, J. (2015). Multiple early victimization experiences as a pathway to explain physical health disparities among sexual minority and heterosexual individuals. Social science & medicine (1982), 133, 111–119. https://doi.org/10.1016/j.socscimed.2015.03.043

Anti-LGBTQ Discrimination Inflicts Disproportionate Harm on People of Color. National Center for Lesbian Rights. (2021, June). https://www.nclrights.org/about-us/press-release/research-brief-documents-the-shockingly-disproportionate-harms-discrimination-inflicts-on-lgbtq-people-of-color/

Anti-LGBTQ. Southern Poverty Law Center. (n.d.). https://www.splcenter.org/fighting-hate/extremist-files/ideology/anti-lgbtq

Azimi, A. M., & Daigle, L. E. (2021). Mental Health and Victimization: Does Risky Lifestyle Matter? Journal of interpersonal violence, 36(1-2), 103–131. https://doi.org/10.1177/0886260517724255

Baams, L., & Kaufman, T. M. L. (2023). Sexual Orientation and Gender Identity/Expression in Adolescent Research: Two Decades in Review. *The Journal of Sex Research*, *60*(7), 1004–1019. https://doi.org/10.1080/00224499.2023.2219245

Balancing Act: The tradeoffs and challenges facing Black students in higher education. Lumina Foundation. (2023, February 9). https://www.luminafoundation.org/resource/balancing-act-the-tradeoffs-and-challenges-facing-black-students-in-higher-education/

Barrick, K., Krebs, C. P., & Lindquist, C. H. (2013). Intimate Partner Violence Victimization Among Undergraduate Women at Historically Black Colleges and Universities (HBCUs). Violence Against Women, 19(8), 1014-1033. https://doi.org/10.1177/1077801213499243

Barriers to Health Care. National LGBT Cancer Network. (n.d.). https://cancer-network.org/cancer-information/cancer-and-the-lgbt-community/barriers-to-health-care

Barrita, A., Hixson, K., Kachen, A., Wong-Padoongpatt, G., & Krishen, A. (2023). Centering the margins: A moderation study examining cisgender privilege among LGBTQ+ BIPoC college students facing intersectional microaggressions. Psychology of Sexual Orientation and Gender Diversity. Advance online publication. https://doi.org/10.1037/sgd0000636

Barton, B. (2010). "Abomination"—Life as a Bible Belt gay. *Journal of Homosexuality, 57*(4), 465–484. https://doi.org/10.1080/00918361003608558

Baum, K., & Klaus, P. (2005). (rep.). *Violent Victimization of College Students 1995-2002* (pp. 1–7). Retrieved April 19, 2024, from https://bjs.ojp.gov/library/publications/violent-victimization-college-students-1995-2002.

Bazargan, M., Cobb, S., & Assari, S. (2021). Discrimination and Medical Mistrust in a Racially and Ethnically Diverse Sample of California Adults. *Annals of family medicine*, *19*(1), 4–15. https://doi.org/10.1370/afm.2632

Becerra, M.B., Arias, D., Cha, L. and Becerra, B.J. (2021), "Self-esteem among college students: the intersectionality of psychological distress, discrimination and gender", *Journal of Public Mental Health*, Vol. 20 No. 1, pp. 15-23. https://doi.org/10.1108/JPMH-05-2020-0033

Belisle, J., Payne, A., & Paliliunas, D. (2022). A Sociobehavioral Model of Racism against the Black Community and Avenues for Anti-Racism Research. *Behavior analysis in practice*, *15*(4), 1134–1150. https://doi.org/10.1007/s40617-022-00702-y

Bell, D. (1992). Racial realism. *Connecticut Law Review, 24*(2), 363-380.

Bentley-Edwards, K. L., & Chapman-Hilliard, C. (2015). Doing race in different places: Black racial cohesion on Black and White college campuses. *Journal of Diversity in Higher Education, 8*(1), 43–60. https://doi.org/10.1037/a0038293

Bissonette, D., & Szymanski, D. M. (2019). Minority stress and LGBQ college students' depression: Roles of peer group and involvement. Psychology of Sexual Orientation and Gender Diversity, 6(3), 308–317. https://doi.org/10.1037/sgd0000332

Blake, J. (2022, January 2). *They grew up surrounded by racism. but early on they chose a different path*. CNN. https://www.cnn.com/2022/01/01/us/white-people-overcoming-racist-backgrounds-blake-cec/index.html

Blondeel, K., de Vasconcelos, S., García-Moreno, C., Stephenson, R., Temmerman, M., & Toskin, I. (2018). Violence motivated by perception of sexual orientation and gender identity: a systematic review. *Bulletin of the World Health Organization*, *96*(1), 29–41L. https://doi.org/10.2471/BLT.17.19725

Blumenfeld, W. J. (1992). *Homophobia: how we all pay the price*. Boston: Beacon Press.

Bolden, A. (2024, June 28). *Seeking inclusive care*. California Health Care Foundation. https://www.chcf.org/blog/seeking-inclusive-care-black-trans-gender-nonconforming-patients/

Bouris, A., Everett, B. G., Heath, R. D., Elsaesser, C. E., & Neilands, T. B. (2016). Effects of Victimization and Violence on Suicidal Ideation and Behaviors Among Sexual Minority and Heterosexual Adolescents. *LGBT health*, *3*(2), 153–161. https://doi.org/10.1089/lgbt.2015.0037

Bourke, B. (2016). Meaning and implications of being labelled a predominantly white institution. *College and University, 91*(3), 12-18,20-21. Retrieved from https://www.proquest.com/scholarly-journals/meaning-implications-being-labelled-predominantly/docview/1819910716/se-2

Britannica, T. Editors of Encyclopaedia (2024, August 3). Black Lives Matter. Encyclopedia Britannica. https://www.britannica.com/topic/Black-Lives-Matter

Browne, D.C, Clubb, P.A., Wang, Y., & and Wagner, F. (2009). Drug Use and High-Risk Sexual Behaviors Among African American Men Who Have Sex With Men and Men Who Have Sex With Women. American Journal of Public Health 99, 1062_1066, https://doi.org/10.2105/AJPH.2007.133462

Brown, T. H., & Hargrove, T. W. (2018). Psychosocial Mechanisms Underlying Older Black Men's Health. The journals of gerontology. Series B, Psychological sciences and social sciences, 73(2), 188–197. https://doi.org/10.1093/geronb/gbx091

Bryant, L., & Leath, S. (2022). Spilling the tea: Transmisogynoir and workplace sexual harassment against Black Trans Women. Medium. Retrieved from https://medium.com/national-center-for-institutional-diversity/spilling-the-tea-transmisogynoir-and-workplace-sexual-harassment-against-black-trans-women-ab7c0d951771

Bukowski, L. A., Hampton, M. C., Escobar-Viera, C. G., Sang, J. M., Chandler, C. J., Henderson, E., Creasy, S. L., & Stall, R. D. (2019). Intimate Partner Violence and Depression among Black Transgender Women in the USA: The Potential Suppressive Effect of Perceived Social Support. *Journal of urban health: bulletin of the New York Academy of Medicine*, *96*(5), 760–771. https://doi.org/10.1007/s11524-019-00355-3

Burke, L., Dawson, K., Flack, W. F., O'Higgins, S., McIvor, C., & MacNeela, P. (2023). Alcohol, drug use and experiences of sexual violence victimisation among first-year college students in ireland. Journal of Sexual Aggression. Advance online publication. https://doi.org/10.1080/13552600.2023.2216221

Byrd, K. (2020). LGBTQ Student Experiences On Historically Black College And University Campuses. *Dissertations, Theses, and Masters Projects*. William & Mary. Paper 1593091486. http://dx.doi.org/10.25774/w4-rqhk-0y03

Caamano-Isorna, F., Adkins, A., Moure-Rodríguez, L., Conley, A. H., & Dick, D. (2021). Alcohol Use and Sexual and Physical Assault Victimization Among University Students:

Three Years of Follow-Up. Journal of interpersonal violence, 36(7-8), NP3574–NP3595. https://doi.org/10.1177/0886260518780413

Campbell-Montalvo, R., Malaykhan, M., Smith, C. A. S., Hughes Miller, M., Puccia, E., Mayberry, M., Skvoretz, J., & Wao, H. (2022). Sexual and gender minority undergraduates' relationships and strategies for managing fit in STEM. PloS one, 17(3), e0263561. https://doi.org/10.1371/journal.pone.0263561

Cares, A. C., Madero-Hernandez, A., Bostaph, L. G., & Fisher, B. S. (2024). College Faculty Experiences With Student Disclosures of Victimization. *Journal of interpersonal violence*, 8862605241243347. Advance online publication.

Casey, L., & Mann Levesque, E. (2018, April 18). *LGBTQ students face discrimination while education department walks back oversight*. Brookings. https://www.brookings.edu/articles/lgbtq-students-face-discrimination-while-education-department-walks-back-oversight/

Centers for Disease Control and Prevention. (n.d.). *Drinking too much alcohol can harm your health. learn the facts*. Centers for Disease Control and Prevention. https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Centers for Disease Control and Prevention. (2020, April 28). *Health effects*. Centers for Disease Control and Prevention. https://www.cdc.gov/tobacco/basic_information/health_effects/index.htm

Centers for Disease Control and Prevention. (2016, February 29). *Stigma and discrimination affects gay and bisexual men's health*. Centers for Disease Control and Prevention. https://www.cdc.gov/msmhealth/stigma-and-discrimination.htm

Cohen, L. E., & Felson, M. (1979). Social Change and Crime Rate Trends: A Routine Activity Approach. American Sociological Review, 44, 588-608. http://dx.doi.org/10.2307/2094589

Colin, E., Lopez, D., & Spaulding, S. (2023, February). *Present-day experiences of students of color at Community Colleges*. Urban Institute. https://www.urban.org/projects/structural-racism-explainer-collection/present-day-experiences-students-color-community

Collington, D., Carter, M., Tolliver, A., & Turner-Musa, J. (2019). Sexual Assault Among College Students Attending a Historically Black College/University. American journal of undergraduate research, 15(4), 37–45. https://doi.org/10.33697/ajur.2019.004

Collins P. H. (2002). *Black feminist thought: Knowledge, consciousness, and the politics of empowerment*. Routledge. https://doi.org/10.4324/9780203900055

Conron, K.J., O'Neill, K.K., Goldberg, A.E., & Guardado, R. (2022). Experiences of LGBTQ people in four-year colleges and programs. The Williams Institute.

Coulter, R. W., Blosnich, J. R., Bukowski, L. A., Herrick, A. L., Siconolfi, D. E., & Stall, R. D. (2015). Differences in alcohol use and alcohol-related problems between transgender- and nontransgender-identified young adults. Drug and alcohol dependence, 154, 251–259. https://doi.org/10.1016/j.drugalcdep.2015.07.006

Coulter, R. W. S., Mair, C., Miller, E., Blosnich, J. R., Matthews, D. D., & McCauley, H. L. (2017). Prevalence of Past-Year Sexual Assault Victimization Among Undergraduate Students: Exploring Differences by and Intersections of Gender Identity, Sexual Identity, and Race/Ethnicity. Prevention science : the official journal of the Society for Prevention Research, 18(6), 726–736. https://doi.org/10.1007/s11121-017-0762-8

Cowden, M. (2023, September 18). *Anti-LGBTQ+ Policies Make Higher Ed Less Safe*. Inside Higher Ed. https://www.insidehighered.com/opinion/views/2023/09/18/anti-lgbtq-policies-make-higher-ed-less-safe-opinion

Crane, P. R., Swaringen, K. S., Rivas-Koehl, M. M., Foster, A. M., Le, T. H., Weiser, D. A., & Talley, A. E. (2022). Come Out, Get Out: Relations Among Sexual Minority Identification, Microaggressions, and Retention in Higher Education. Journal of interpersonal violence, 37(9-10), NP8237–NP8248. https://doi.org/10.1177/0886260520967126

Cranney S. (2015). The Relationship Between Sexual Victimization and Year in School in U.S. Colleges: Investigating the Parameters of the "Red Zone". *Journal of interpersonal violence*, *30*(17), 3133–3145. https://doi.org/10.1177/0886260514554425

Crenshaw, K. (1991). Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color. *Stanford Law Review*, *43*(6), 1241–1299. https://doi.org/10.2307/1229039

Crichlow, W. (2015). Critical Race Theory: A strategy for framing discussions around social justice and democratic education. Higher Education in Transformation Conference, Dublin, Ireland, pp.187-201, DOI: 10.21427/vq8w-v522

Daigle, L. E., Felix, S. N., Muñoz, R. B., Hancock, K. P., Oesterle, D. W., & Gilmore, A. K. (2024). Examining the Risks of Multiple Types of Interpersonal Victimization for Transgender and Gender Non-Conforming College Students. *Journal of Interpersonal Violence*, *0*(0). https://doi.org/10.1177/08862605241254139

Dawson, R., & Leong, T. (2020, November). *Not up for debate: LGBTQ people need and deserve tailored sexual and reproductive health care*. Guttmacher Institute.

https://www.guttmacher.org/article/2020/11/not-debate-lgbtq-people-need-and-deserve-tailored-sexual-and-reproductive-health

DeBate, R., Bleck, J., Thompson, E. L., & Kline, N. (2024). Examining Mental Health Among Multiply Minoritized College Students. *Health Behavior Research*, *7*(3). https://doi.org/10.4148/2572-1836.1227

DeCuir-Gunby, J. T., McCoy, W. N., & Gibson, S. M. (2023). The Compounding Impact of Racial Microaggressions: The Experiences of African American Students in Predominantly White Institutions. *Teachers College Record*, *125*(5), 43-55. https://doi.org/10.1177/01614681231181798

Dekeseredy, W., Schwartz, M., Semprevivo, L., & Nolan, J. (2020). Polyvictimization in a College Lesbian, Gay, Bisexual, Transgender, and Queer Community: The Influence of Negative Peer Support. *Violence and Gender, 8*. doi: 10.1089/vio.2020.0040.

DeLaney, E. N., Williams, C. D., Mosley, D. V., Hawn, S. E., & Dick, D. M. (2022). The Associations Between Sexual Victimization and Health Outcomes Among LGBQA College Students: Examining the Moderating Role of Social Support. *Journal of Interpersonal Violence*, *37*(11-12), NP10393-NP10417. https://doi.org/10.1177/0886260520978179

Delgado, R., & Stefancic, J. (1994). *Critical Race Theory: An Annotated Bibliography 1993, A Year of Transition Bibliography*, 66 U. Colo. L. Rev. 159. https://scholarship.law.ua.edu/fac_articles/545

DeLong, C., & Reichert, J. (2019). The victim-offender overlap: Examining the relationship between victimization and offending. Illinois Criminal Justice Information Authority.

Del Toro, J., & Hughes, D. (2020). Trajectories of Discrimination across the College Years: Associations with Academic, Psychological, and Physical Adjustment Outcomes. *Journal of youth and adolescence*, *49*(4), 772–789. https://doi.org/10.1007/s10964-019-01147-3

Deo, M. E. (2021). *Why BIPOC fails*. *Virginia Law Review Online*, 107. Thomas Jefferson School of Law Research Paper No. 3858825. https://ssrn.com/abstract=3858825

Dowdall, G. W., Crawford, M., & Wechsler, H. (1998). Binge Drinking Among American College Women: A Comparison of Single-Sex and Coeducational Institutions. *Psychology of Women Quarterly, 2*2(4), 705-715. https://doi.org/10.1111/j.1471-6402.1998.tb00186.x

Dunbar, M. S., Sontag-Padilla, L., Ramchand, R., Seelam, R., & Stein, B. D. (2017). Mental Health Service Utilization Among Lesbian, Gay, Bisexual, and Questioning or Queer College Students. *The Journal of Adolescent Health: official publication of the Society for Adolescent Medicine, 61*(3), 294–301. https://doi.org/10.1016/j.jadohealth.2017.03.008

Education: A path to a peaceful future. Global Partnership for Education. (2024, January 24). https://www.globalpartnership.org/content/education-path-peaceful-future

Edwards, K. & Sylaska, K. (2014). "Intimate partner violence among LGBTQ+ college students." *The Carsey School of Public Policy at the Scholars' Repository*. 210. https://scholars.unh.edu/carsey/210

Ehlke, S. J., & Kelley, M. L. (2019). Drinking to Cope Motivations as a Mediator of the Relationship Between Sexual Coercion Victimization and Alcohol Use Among College Women: The Role of Depressive Symptoms. *Violence Against Women, 25*(6), 721-742. https://doi.org/10.1177/1077801218796334

Eisenberg, M. E., Lust, K., Mathiason, M. A., & Porta, C. M. (2021). Sexual Assault, Sexual Orientation, and Reporting Among College Students. *Journal of Interpersonal Violence, 36*(1-2), 62-82. https://doi.org/10.1177/0886260517726414

Evans, R., Nagoshi, J. L., Nagoshi, C., Wheeler, J., & Henderson, J. (2017). Voices from the stories untold: Lesbian, gay, bisexual, trans, and queer college students' experiences with campus climate. Journal of Gay & Lesbian Social Services: The Quarterly Journal of Community & Clinical Practice, 29(4), 426–444. https://doi.org/10.1080/10538720.2018.1378144

Garcia, C. E., Duran, A., & Goodman, M. A. (2023). Examining Responses to a Racist Event in a Sorority and Fraternity Life Community: A Case Study. *Journal Committed to Social Change on Race and Ethnicity (JCSCORE)*, *9*(1), 118–154. https://www.jstor.org/stable/48732756

Fedina, L., Bender, A.E., Royer, M. *et al.* 3-month prevalence of unwanted sexual contact victimization in a national sample of college students: differences by race, gender identity, and sexual identity. *BMC Public Health* **24**, 572 (2024). https://doi.org/10.1186/s12889-024-18018-7

Felix, S. N., Hoyle, J., Posick, C., Miller, B.L., & Stogner, J. (2015). "Deconstructing the LGBT-Victimization Association: The Case of Sexual Assault and Alcohol-Related Problems." *Journal of Family Strengths*, *15* (1): Children at Risk Institute. https://digitalcommons.georgiasouthern.edu/crimjust-criminology-facpubs/262

Field, C. J., Kimuna, S. R., & Lang, M. N. (2015). The Relation of Interracial Relationships to Intimate Partner Violence by College Students. Journal of Black Studies, 46(4), 384-403. https://doi.org/10.1177/0021934715574804

Fitzgerald-Russell, M. L., & Kowalske, M. G. (2023). LGBTQ+ Science Students' Experiences, Perceptions, and Feelings of Discrimination in Their Science Departments. Journal of Homosexuality, 1–26. https://doi.org/10.1080/00918369.2023.2252964

Flanders, C. E., Anderson, R. E., & Tarasoff, L. A. (2020). Young Bisexual People's Experiences of Sexual Violence: A Mixed-Methods Study. *Journal of bisexuality*, *20*(2), 202–232. https://doi.org/10.1080/15299716.2020.1791300

Ford, J., & Soto-Marquez, J. G. (2016). Sexual assault victimization among straight, gay/lesbian, and bisexual college students. *Violence and Gender, 3*(2), 107–115. https://doi.org/10.1089/vio.2015.0030

Gallup. (n.d.). *LGBTQ+ Rights*. Gallup. https://news.gallup.com/poll/1651/gay-lesbian-rights.aspx

Gates, G. J. (2014, August 26). *In U.S., LGBT more likely than Non-LGBT to be uninsured*. Gallup.com. https://news.gallup.com/poll/175445/lgbt-likely-non-lgbt-uninsured.aspx

Gervais, S. J., & Eagan, S. (2017). Sexual objectification: The common thread connecting myriad forms of sexual violence against women. *American Journal of Orthopsychiatry, 87*(3), 226–232. https://doi.org/10.1037/ort0000257

Giovenco, D., Shook-Sa, B. E., Hutson, B., Buchanan, L., Fisher, E. B., & Pettifor, A. (2022). Social isolation and psychological distress among southern U.S. college students in the era of COVID-19. *PloS one, 17*(12), e0279485. https://doi.org/10.1371/journal.pone.0279485

Giscombé, C. L., & Lobel, M. (2005). Explaining disproportionately high rates of adverse birth outcomes among African Americans: the impact of stress, racism, and related factors in

pregnancy. *Psychological bulletin, 131*(5), 662–683. https://doi.org/10.1037/0033-2909.131.5.662

Goldberg, A. E. (2018). Transgender students in higher education. The Williams Institute: UCLA School of Law.

Gordon, A. R., Conron, K. J., Calzo, J. P., White, M. T., Reisner, S. L., & Austin, S. B. (2018). Gender Expression, Violence, and Bullying Victimization: Findings From Probability Samples of High School Students in 4 US School Districts. *The Journal of school health, 88*(4), 306–314. https://doi.org/10.1111/josh.12606

Graham, L. F. (2014). Navigating community institutions: Black transgender women's experiences in schools, the criminal justice system, and churches. *Sexuality Research & Social Policy: A Journal of the NSRC, 11(*4), 274–287. https://doi.org/10.1007/s13178-014-0144-y

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. National Center for Transgender Equality and National Gay and Lesbian Task Force.

Green, E. (2020). *Mental illness and violence: Is there a link?* Illinois Criminal Justice Information Authority.

Griner, S. B., Vamos, C. A., Thompson, E. L., Logan, R., Vázquez-Otero, C., & Daley, E. M. (2020). The Intersection of Gender Identity and Violence: Victimization Experienced by Transgender College Students. *Journal of interpersonal violence*, *35*(23-24), 5704–5725. https://doi.org/10.1177/0886260517723743

Guidry-Tyiska, C. (n.d.). Working with victims of crime with disabilities. https://www.ncjrs.gov/ovc_archives/factsheets/disable.htm

Gurgis, J. J., Kerr, G., & Darnell, S. (2022). 'Safe Sport Is Not for Everyone': Equity-Deserving Athletes' Perspectives of, Experiences and Recommendations for Safe Sport. *Frontiers in psychology, 13*, 832560. https://doi.org/10.3389/fpsyg.2022.832560

Gutner, C. A., Rizvi, S. L., Monson, C. M., & Resick, P. A. (2006). Changes in coping strategies, relationship to the perpetrator, and posttraumatic distress in female crime victims. *Journal of traumatic stress, 19*(6), 813–823. https://doi.org/10.1002/jts.20158

Hamed, S., Bradby, H., Ahlberg, B.M. *et al.* (2022). Racism in healthcare: a scoping review. *BMC Public Health 22*, 988. https://doi.org/10.1186/s12889-022-13122-y

Hammoudi Halat, D., Soltani, A., Dalli, R., Alsarraj, L., & Malki, A. (2023). Understanding and Fostering Mental Health and Well-Being among University Faculty: A Narrative Review. *Journal of clinical medicine*, *12*(13), 4425. https://doi.org/10.3390/jcm12134425

Hancock, K. P., & Daigle, L. E. (2021). Double jeopardy?: Exploring the intersectionality of sexual/gender group membership, racial/ethnic group membership, and victimization risk. *Journal of Ethnicity in Criminal Justice*, *19*(2), 140–162. https://doi.org/10.1080/15377938.2021.1942373

Hanson, M. (2024, January 10). *College enrollment statistics [2023]: Total + by demographic*. Education Data Initiative. https://educationdata.org/college-enrollment-statistics

Harper, S., Chang, M. J., Cole, E. R., Davis, L. P., Garces, L. M., Gales, J. G., Jenkins, T. S., Kimbrough, W. M., Park, J. J., Saenz, V. B., Smith, S. M., & Wolf-Wendel, L. (2024). (rep.). *Truths about DEI on College Campuses* (pp. 1–64). Retrieved April 19, 2024, from https://race.usc.edu/2024/03/19/2517/.

Harrell, C. J., Burford, T. I., Cage, B. N., Nelson, T. M., Shearon, S., Thompson, A., & Green, S. (2011). Multiple Pathways Linking Racism to Health Outcomes. *Du Bois review: social science research on race*, *8*(1), 143–157. https://doi.org/10.1017/S1742058X11000178

Harris, L. (2017). Exploring the Effect of Disability Microaggressions on Sense of Belonging and Participation in College Classrooms. *All Graduate Theses and Dissertations, Spring 1920 to Summer 2023*. 6712. https://digitalcommons.usu.edu/etd/6712

Hart, T. C. (2003). (rep.). *Violent Victimization of College Students* (pp. 1–8). Retrieved April 19, 2024, from https://bjs.ojp.gov/library/publications/violent-victimization-college-students.

Hatfield, J., Tyson, A., & Lopez, M. H. (2023, December 21). *5 facts about Black Americans and health care* . Pew Research Center. https://www.pewresearch.org/short-reads/2023/12/21/5-facts-about-black-americans-and-health-care/

Hatzenbuehler, M. L., Corbin, W. R., & Fromme, K. (2008). Trajectories and determinants of alcohol use among LGB young adults and their heterosexual peers: results from a prospective study. *Developmental psychology, 44*(1), 81–90. https://doi.org/10.1037/0012-1649.44.1.81

Hayes, B. E., Daigle, L. E., & Muñoz, R. B. (2024). Sexual victimization of autistic college students. *Psychology of Violence*, *14*(3), 174–183. https://doi.org/10.1037/vio0000509

Hayes, B. E., & O'Neal, E. N. (2021). Differences in Nonresponse Bias and Victimization Reports Across Self-Administered Web-Based and Paper-and-Pencil Versions of a Campus Climate Survey. Violence Against Women, 27(12-13), 2451-2476. https://doi.org/10.1177/10778012211019049

Herkama, S., Turunen, T., Sandman, N. et al. Sleeping Problems Partly Mediate the Association between Victimization and Depression among Youth. *J Child Fam Stud 28*, 2477–2486 (2019). https://doi.org/10.1007/s10826-018-1249-3

Hershner, S., Jansen, E. C., Gavidia, R., Matlen, L., Hoban, M., & Dunietz, G. L. (2021). Associations Between Transgender Identity, Sleep, Mental Health and Suicidality Among a North American Cohort of College Students. *Nature and science of sleep*, *13*, 383–398. https://doi.org/10.2147/NSS.S286131

Hickman, C. B. (1997). The Devil and the One Drop Rule: Racial Categories, African Americans, and the U.S. Census. *Michigan Law Review*, *95*(5), 1161–1265. https://doi.org/10.2307/1290008

Hill, L., & Artiga, S. (2022, August 22). *Covid-19 cases and deaths by Race/ethnicity: Current data and changes over time*. KFF. https://www.kff.org/racial-equity-and-health-policy/issue-brief/covid-19-cases-and-deaths-by-race-ethnicity-current-data-and-changes-over-time/

Hill, S.T. (1985). *The traditionally Black institutions of higher education, 1860 to 1982* (pp.1-131). National Center for Education Statistics. Retrieved April 19, 2024, from https://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=84308.

Hindelang, M. J., Gottfredson, M. R., & Garofalo, J. (1978). *Victims of personal crime: an empirical foundation for a theory of personal victimization*. Ballinger Pub. Co.

Hobson, J. (2016). *Are All the Women Still White?: Rethinking Race, Expanding Feminisms*. SUNY Press. https://doi.org/10.1515/9781438460611

Hoffman, K. M., Trawalter, S., Axt, J. R., & Oliver, M. N. (2016). Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between

blacks and whites. *Proceedings of the National Academy of Sciences of the United States of America*, *113*(16), 4296–4301. https://doi.org/10.1073/pnas.1516047113

Hollingsworth, D. W., Cole, A. B., O'Keefe, V. M., Tucker, R. P., Story, C. R., & Wingate, L. R. (2017). Experiencing racial microaggressions influences suicide ideation through perceived burdensomeness in African Americans. *Journal of Counseling Psychology, 64*(1), 104–111. https://doi.org/10.1037/cou0000177

Holloway, J. M., Klein, T., Wiersma-Mosley, J. D., Jozkowski, K. N., Terrell, A., & James, L. (2024). Experiences of sexual assault and rape among college students with disabilities. *Journal of American college health : J of ACH, 72*(3), 761–767. https://doi.org/10.1080/07448481.2022.2057190

Hoxmeier, J. C. (2016). Sexual assault and relationship abuse victimization of transgender undergraduate students in a national sample. *Violence and Gender, 3*(4), 202–207. https://doi.org/10.1089/vio.2016.0008

Jacob, G., Faber, S. C., Faber, N., Bartlett, A., Ouimet, A. J., & Williams, M. T. (2023). A Systematic Review of Black People Coping With Racism: Approaches, Analysis, and Empowerment. *Perspectives on Psychological Science, 18*(2), 392-415. https://doi.org/10.1177/17456916221100509

Jacobson López, D., Chandler, C., Whitfield, D. L., Adams, B., Burdick, J., & Friedman, M. R. (2023). "Take It Out on the Floor": Experiences of Violence Among Black LGBT House and Ball Community Youth in a Rust Belt City. *Journal of interpersonal violence*, *38*(3-4), 3950–3978. https://doi.org/10.1177/08862605221113025

Jeffries, M. P. (2023). *Black and Queer on campus*. New York University Press.

Johnson, L. M., Matthews, T. L., & Napper, S. L. (2016). Sexual orientation and sexual assault victimization among US college students. *The Social Science Journal, 53*(2), 174–183. https://doi.org/10.1016/j.soscij.2016.02.007

Johnson, M., & Kercher, G. (2009). (rep.). *Property Victimization of College Students* (pp. 1–32). Huntsville, Texas: Crime Victims' Institute.

Jordan, T. A. (2010). The Impact of Racial Microaggressions on Black Athletes: Implications for Counseling and Sport Psychology. *Electronic Theses and Dissertations*. 110. https://digitalcommons.georgiasouthern.edu/etd/110

Jordan, W. D. (2014). Historical Origins of the One-Drop Racial Rule in the United States. *Journal of Critical Mixed-Race Studies*, 1(1). http://dx.doi.org/10.5070/C811013867 Retrieved from https://escholarship.org/uc/item/91g761b3

Justice Department finds university failed to address allegations of sexual abuse of student athletes in Maryland. Office of Public Affairs. (2024, March 18). https://www.justice.gov/opa/pr/justice-department-finds-university-failed-address-allegations-sexual-abuse-student-athletes

Kammer-Kerwick, M., Wang, A., McClain, T., Hoefer, S., Swartout, K. M., Backes, B., & Busch-Armendariz, N. (2021). Sexual Violence Among Gender and Sexual Minority College Students: The Risk and Extent of Victimization and Related Health and Educational Outcomes. *Journal of interpersonal violence*, *36*(21-22), 10499–10526. https://doi.org/10.1177/0886260519883866

Kang H. (2013). The prevention and handling of the missing data. *Korean journal of anesthesiology*, *64*(5), 402–406. https://doi.org/10.4097/kjae.2013.64.5.402

Kattari, S. K., Kattari, L., Johnson, I., Lacombe-Duncan, A., & Misiolek, B. A. (2020). Differential Experiences of Mental Health among Trans/Gender Diverse Adults in Michigan. *International journal of environmental research and public health*, *17*(18), 6805. https://doi.org/10.3390/ijerph17186805

Kaukinen C. (2014). Dating violence among college students: the risk and protective factors. *Trauma, violence & abuse*, *15*(4), 283–296. https://doi.org/10.1177/1524838014521321

Krebs, C. P., Lindquist, C. H., & Barrick, K. (2011). (rep.). *The Historically Black College and University Campus Sexual Assault Study* (pp. 1–93). Research Triangle Institute. Retrieved May 7, 2024.

Leath, S., Jerald, M. C., Perkins, T., & Jones, M. K. (2021). A Qualitative Exploration of Jezebel Stereotype Endorsement and Sexual Behaviors Among Black College Women. Journal of Black Psychology, 47(4-5), 244-283. https://doi.org/10.1177/0095798421997215

Lee, S., Bernstein, M. B., Etzel, E. F., Gearity, B. T., & Kuklick, C. R. (2018). Student-Athletes' Experiences with Racial Microaggressions in Sport: A Foucauldian Discourse Analysis. *The Qualitative Report, 23*(5), 1016-1043. https://doi.org/10.46743/2160-3715/2018.3095

Lehavot, K., & Simoni, J. M. (2011). Victimization, smoking, and chronic physical health problems among sexual minority women. *Annals of behavioral medicine : a publication of the Society of Behavioral Medicine*, *42*(2), 269–276. https://doi.org/10.1007/s12160-011-9289-6

Leyva, L. A., McNeill, R. T., Balmer, B. R., Marshall, B. L., King, V. E., & Alley, Z. D. (2022). Black Queer Students' Counter-Stories of Invisibility in Undergraduate STEM as a

White, Cisheteropatriarchal Space. *American Educational Research Journal*, *59*(5), 863-904. https://doi.org/10.3102/00028312221096455

LGBTQ+ Students in Higher Education. Postsecondary National Policy Institute. (2023, November). https://pnpi.org/factsheets/lgbtq-students-in-higher-education/

Lick, D. J., Durso, L. E., & Johnson, K. L. (2013). Minority Stress and Physical Health Among Sexual Minorities. *Perspectives on psychological science : a journal of the Association for Psychological Science*, *8*(5), 521–548. https://doi.org/10.1177/1745691613497965

Lindquist, C. H., Barrick, K., Krebs, C., Crosby, C. M., Lockard, A. J., & Sanders-Phillips, K. (2013). The context and consequences of sexual assault among undergraduate women at Historically Black Colleges and Universities (HBCUs). *Journal of interpersonal violence*, *28*(12), 2437–2461. https://doi.org/10.1177/0886260513479032

Liu, C. H., Stevens, C., Wong, S. H. M., Yasui, M., & Chen, J. A. (2019). The prevalence and predictors of mental health diagnoses and suicide among U.S. college students: Implications for addressing disparities in service use. *Depression and anxiety*, *36*(1), 8–17. https://doi.org/10.1002/da.22830

Lopes, L., Montero, A., Presiado, M., & Hamel, L. (2024, March 1). *Americans' challenges with health care costs*. KFF. https://www.kff.org/health-costs/issue-brief/americans-challenges-with-health-care-costs/

Lopez v. N.Y.C. Dept. of Homeless Servs., 17-CV-3014 (VEC) (OTW) (S.D.N.Y. Aug. 2, 2019)

Macalli, M., Kinouani, S., Texier, N., Schück, S., & Tzourio, C. (2022). Contribution of perceived loneliness to suicidal thoughts among French university students during the COVID-19 pandemic. *Scientific reports*, *12*(1), 16833. https://doi.org/10.1038/s41598-022-21288-z

Madero-Hernandez, A. (2024). Lifestyle Exposure Theory of Victimization. In The Encyclopedia of Women and Crime (eds F.P. Bernat and K. Frailing). https://doi.org/10.1002/9781118929803.ewac0334

Maffini, C. S., & Dillard, K. C. (2022). Safe & sound? Perceptions of campus safety for Black college students. *Race Ethnicity and Education*, *25*(1), 2–17. https://doi.org/10.1080/13613324.2021.1997972

Mahowald, L. (2021, July 13). *Black LGBTQ individuals experience heightened levels of discrimination*. Center for American Progress. https://www.americanprogress.org/article/black-lgbtq-individuals-experience-heightened-levels-discrimination/

Marconi, A., Washington, R., Reeves, M., Bradley, Q., Ayala, A., & Griggs, C. (2022). Examining racial microaggressions and alcohol use among marginalized populations at a predominately white institution. *Journal of American college health : J of ACH*, 1–10. Advance online publication. https://doi.org/10.1080/07448481.2022.2098027

Martin, B.L. (1991). From Negro to Black to African American: The Power of Names and Naming. *Political Science Quarterly, 106*, 83.

Matos, M., & Gonçalves, M. (2019). Sleep and women intimate partner victimization: prevalence, effects and good practices in health care settings. *Sleep science (Sao Paulo, Brazil)*, *12*(1), 35–42. https://doi.org/10.5935/1984-0063.20190057

Maxfield, M. G. (1987). Lifestyle and Routine Activity Theories of Crime: Empirical Studies of Victimization, Delinquency, and Offender Decision-Making. *Journal of Quantitative Criminology*, *3*(4), 275–282. http://www.jstor.org/stable/23365565

Medical exploitation of Black women. Equal Justice Initiative. (2019, August 29). https://eji.org/news/history-racial-injustice-medical-exploitation-of-black-women

Melendez, M. C. (2008). Black football players on a predominantly White college campus: Psychosocial and emotional realities of the Black college athlete experience. *Journal of Black Psychology, 34*, 423–451.

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

Meyer, D. (2010). Evaluating the severity of hate-motivated violence: Intersectional differences among LGBT hate crime victims. *Sociology, 44*(5), 980–995. https://doi.org/10.1177/0038038510375737

Meyer, D. (2015). *Violence against queer people: Race, class, gender, and the persistence of anti-LGBT discrimination.* Rutgers University Press.

Meyer, D. (2022). *Violent Differences: The Importance of Race in Sexual Assault against Queer Men* (1st ed.). University of California Press. https://doi.org/10.2307/j.ctv2vr8v3q

Milam, A. J., Brown, I., Edwards-Johnson, J., McDougle, L., Sousa, A., & Furr-Holden, D. (2022). Experiences of Discrimination, Institutional Responses to Seminal Race Events, and Depressive Symptoms in Black U.S. Medical Students. *Academic medicine : journal of the Association of American Medical Colleges*, *97*(6), 876–883. https://doi.org/10.1097/ACM.0000000000004638

Miller, H. H., & Miskimon, K. (2021, March 4). *Microaggressions and Microinterventions in the classroom*. Microaggressions and Microinterventions in the Classroom | College of

Education, Health, and Human Sciences. https://cehhs.fsu.edu/microaggressions-and-microinterventions-classroom

Miller, S. (2020). *Nearly 1 in 3 LGBTQ people live in the south. here's how LGBTQ activists of color are transforming the area*. USA Today. https://www.usatoday.com/story/news/nation/2020/07/14/lgbtq-people-color-transforming- lives-south/5410501002/

Mineo, L. (2021, June 3). *Racial wealth gap may be a key to other inequities*. Harvard Gazette. https://news.harvard.edu/gazette/story/2021/06/racial-wealth-gap-may-be-a-key-to-other-inequities/

Mirza, S. A., & Rooney, C. (2018, January 18). *Discrimination prevents LGBTQ people from accessing health care*. Center for American Progress. https://www.americanprogress.org/article/discrimination-prevents-lgbtq-people-accessing-health-care/

Montero, A., Hamel, L., Artiga, S., & Dawson, L. (2024). LGBT adults' experiences with discrimination and health care disparities: Findings from the KFF Survey of Racism, Discrimination, and Health. Kaiser Family Foundation. https://www.kff.org/report-section/lgbt-adults-experiences-with-discrimination-and-health-care-disparities-findings/

Moragne-Patterson, Y. K. & Barnett, T. M. (2017) Experiences and Responses to Microaggressions on Historically White Campuses: A Qualitative Interpretive Meta-Synthesis, *The Journal of Sociology & Social Welfare*: Vol. 44: Iss. 3, Article 2. DOI: https://doi.org/10.15453/0191-5096.3855

Morrison, A. (2023, June 29). *Fraud lawsuit against Black Lives Matter Foundation dismissed in California*. AP News. https://apnews.com/article/black-lives-matter-fraud-lawsuit-donations-ruling-da8e7b25a5f2b1dc806af4d44a179078

Morrison, N., Zaman, T., Webster, G., Sorinola, O., & Blackburn, C. (2023). 'Where are you *really* from?': a qualitative study of racial microaggressions and the impact on medical students in the UK. *BMJ open*, *13*(5), e069009. https://doi.org/10.1136/bmjopen-2022-069009

Moss, D.D. (2016). Experiences of being a Black Queer Male: Identity politics, education, and work. *Urban Education Research and Policy Annuals, 4*(1). Loyola University Chicago.

Mournet, A. M., Kellerman, J. K., Krall, H. R., & Kleiman, E. M. (2024). Investigation into the relationships between Greek life, experiences of violence, and suicidal thoughts and behaviors among undergraduate students. *Journal of American college health : J of ACH*, 1–9. Advance online publication. https://doi.org/10.1080/07448481.2024.2337005

Mustanski, B., Andrews, R., & Puckett, J. A. (2016). The Effects of Cumulative Victimization on Mental Health Among Lesbian, Gay, Bisexual, and Transgender Adolescents and Young Adults. *American journal of public health*, *106*(3), 527–533. https://doi.org/10.2105/AJPH.2015.302976

Nadal, K. L., Whitman, C. N., Davis, L. S., Erazo, T., & Davidoff, K. C. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *Journal of Sex Research, 53*(4-5), 488–508. https://doi.org/10.1080/00224499.2016.1142495

Nagata, J. M., Ganson, K. T., Tabler, J., Blashill, A. J., & Murray, S. B. (2020). Disparities Across Sexual Orientation in Migraine Among US Adults. *JAMA neurology*, *78*(1), 117–118. Advance online publication. https://doi.org/10.1001/jamaneurol.2020.3406

Nuriddin, A., Mooney, G., & White, A. I. R. (2020). Reckoning with histories of medical racism and violence in the USA. *Lancet (London, England)*, *396*(10256), 949–951. https://doi.org/10.1016/S0140-6736(20)32032-8

O'Connor, J., Ganson, K. T., Ladonice, S., & Cardenas, I. (2023). Patterns of Violence Victimization and Disclosure Among Transgender/Gender Nonconforming and Cisgender Latinx College Students. *Journal of interpersonal violence*, *38*(7-8), 6017–6037. https://doi.org/10.1177/08862605221127217

O'Neill, K.K., Conron, K.J., Goldberg, A.E., & Guardado, R. (2022). Experiences of LGBTQ People in four-year colleges and graduate programs. The Williams Institute: UCLA School of Law.

Oswalt, S. B., Lederer, A. M., & Schrader, L. T. (2015). Institutional characteristics and the connection to college student health. *American journal of health behavior*, *39*(4), 475–486. https://doi.org/10.5993/AJHB.39.4.4

Palmer, C.J. (1996). Violence and other forms of victimization in residence halls: Perspectives of resident assistants. *Journal of College Student Development, 37*, 268-278.

Paradies, Y., Ben, J., Denson, N., Elias, A., Priest, N., Pieterse, A., Gupta, A., Kelaher, M., & Gee, G. (2015). Racism as a Determinant of Health: A Systematic Review and Meta-Analysis. *PloS one*, *10*(9), e0138511. https://doi.org/10.1371/journal.pone.0138511

Patton, L.D., Bridges, B.K., & Flowers, L.A. (2011). Effects of Greek affiliation on African American students' engagement: Differences by college racial composition. *College Student Affairs Journal, 29*(2). 113-123.

PBS Digital Studio. (2020, November 16). *Origin of Everything. Why Do We Say "African American?"* [Video]. PBS. https://www.pbs.org/video/why-do-we-say-african-american-i6o3mx/

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

Penn State Student Affairs. (n.d.). *Exploring the role of discrimination in black college student clients*. Center for Collegiate Mental Health. https://ccmh.psu.edu/index.php?option=com_dailyplanetblog&view=entry&category=new-findings&id=22%3Aexploring-the-role-of-discrimination-in-black-college-student-clients

Physical and Mental Health. Office for Victims of Crime. (2020, May 28). https://ovc.ojp.gov/topics/physical-and-mental-health

Pierce, C. M. (1974). Psychiatric problems of the Black minority. In S. Arieti (Ed.), *American handbook of psychiatry* (pp. 512–523). New York, NY: Basic Books.

Pitcher, E., Camacho, T., Renn, K., & Woodford, M. (2016). Affirming policies, programs, and supportive services: Using an organizational perspective to understand LGBTQ+ college student success. *Journal of Diversity in Higher Education*. 11. 10.1037/dhe0000048.

Polanco-Roman, L., Danies, A., & Anglin, D. M. (2016). Racial discrimination as race-based trauma, coping strategies, and dissociative symptoms among emerging

adults. *Psychological trauma : theory, research, practice and policy*, *8*(5), 609–617. https://doi.org/10.1037/tra0000125

Pusey-Reid, E., Gona, C. M., Lussier-Duynstee, P., & Gall, G. (2022). Microaggressions: Black students' experiences - A qualitative study. *Journal of professional nursing : official journal of the American Association of Colleges of Nursing*, *40*, 73–78. https://doi.org/10.1016/j.profnurs.2022.03.004

Ronan, W. (2021, May 7). *2021 officially becomes worst year in recent history for LGBTQ state legislative attacks as unprecedented number of states enact record-shattering number of Anti-LGBTQ measures into law*. Human Rights Campaign. https://www.hrc.org/press-releases/2021-officially-becomes-worst-year-in-recent-history-for-lgbtq-state-legislative-attacks-as-unprecedented-number-of-states-enact-record-shattering-number-of-anti-lgbtq-measures-into-law

Rosenman, R., Tennekoon, V., & Hill, L. G. (2011). Measuring bias in self-reported data. *International journal of behavioural & healthcare research*, *2*(4), 320–332. https://doi.org/10.1504/IJBHR.2011.043414

Russell, T. (2021, June 18). *What to know about depression in Black college students*. Psych Central. https://psychcentral.com/depression/what-to-know-about-depression-in-black-college-students

Sabet K. (2021). Lessons learned in several states eight years after states legalized marijuana. *Current opinion in psychology*, *38*, 25–30. https://doi.org/10.1016/j.copsyc.2020.07.018

Sabina, C., Schally, J. L., & Marciniec, L. (2017). Problematic alcohol and drug use and the risk of partner violence victimization among male and female college students. *Journal of Family Violence, 32*(3), 305-316. doi: https://doi.org/10.1007/s10896-017-9907-6

Safer, J. D., Coleman, E., Feldman, J., Garofalo, R., Hembree, W., Radix, A., & Sevelius, J. (2016). Barriers to healthcare for transgender individuals. *Current opinion in endocrinology, diabetes, and obesity*, *23*(2), 168–171. https://doi.org/10.1097/MED.0000000000000227

Salami, T., Lawson, E., & Metzger, I. W. (2021). The impact of microaggressions on Black college students' worry about their future employment: The moderating role of social support and academic achievement. *Cultural diversity & ethnic minority psychology*, *27*(2), 245–255. https://doi.org/10.1037/cdp0000340

Salerno, J. P., Pease, M. V., Gattamorta, K. A., Fryer, C. S., & Fish, J. N. (2023). Impact of Racist Microaggressions and LGBTQ-Related Minority Stressors: Effects on Psychological Distress Among LGBTQ+ Young People of Color. *Preventing chronic disease, 20*, E63. https://doi.org/10.5888/pcd20.220371

Samek, D. R., Crumly, B., Akua, B. A., Dawson, M., & Duke-Marks, A. (2024). Microaggressions, perceptions of campus climate, mental health, and alcohol use among first-year college students of color. *Journal of research on adolescence : the official journal of the Society for Research on Adolescence*, *34*(1), 96–113. https://doi.org/10.1111/jora.12897

Schermele, Z. (2023, October 19). *A college LGBTQ center disappeared. it wasn't the only one.* USA Today. https://www.usatoday.com/story/news/education/2023/10/19/university-lgbtq-centers-disappearing/71147364007/

Schipani-McLaughlin, A. M., Nielsen, K. E., Mosley, E. A., Leone, R. M., Oesterle, D. W., Orchowski, L. M., Davis, K. C., & Gilmore, A. K. (2022). Alcohol use and alcohol-related consequences based on gender and sexual orientation among college students. *The American journal on addictions*, *31*(3), 189–199. https://doi.org/10.1111/ajad.13283

Sellers, R. M., & Shelton, J. N. (2003). The role of racial identity in perceived racial discrimination. *Journal of Personality and Social Psychology, 84*(5), 1079–1092. https://doi.org/10.1037/0022-3514.84.5.1079

Sered, D. (2015, January). *Young men of color and the other side of harm*. Vera Institute of Justice. https://nycourts.gov/ip/justiceforchildren/PDF/RestorativePracticeConf/J3-Sered-Other_Side_of_Harm.pdf

Shorey, R. C., Moore, T. M., McNulty, J. K., & Stuart, G. L. (2016). Do Alcohol and Marijuana Increase the Risk for Female Dating Violence Victimization? A Prospective Daily Diary Investigation. *Psychology of violence*, *6*(4), 509–518. https://doi.org/10.1037/a0039943

Silverschanz, P., Cortina, L.M., Konik, J. *et al.* Slurs, Snubs, and Queer Jokes: Incidence and Impact of Heterosexist Harassment in Academia. *Sex Roles 58*, 179–191 (2008). https://doi.org/10.1007/s11199-007-9329-7

Sinozich, S., & Langton, L. (2014). (rep.). *Rape and Sexual Victimization among College-Aged Females 1995-2013* (pp. 1–20). Retrieved April 19, 2024, from https://bjs.ojp.gov/library/publications/rape-and-sexual-assault-among-college-age-females-1995-2013.

Solorzano, D., Ceja, M., & Yosso, T. (2000). Critical Race Theory, Racial Microaggressions, and Campus Racial Climate: The Experiences of African American College Students. *The Journal of Negro Education*, *69*(1/2), 60–73. http://www.jstor.org/stable/2696265

Stoliker, B. E. (2016) Victimization, Stress, and Psychological Well-being: An Analysis of the 2009 Canadian Victimization Survey. *Electronic Thesis and Dissertation Repository*. 3660.
https://ir.lib.uwo.ca/etd/3660

Sturmey, P., & Burgess, M. C. R. (2017). Race and gender stereotypes and violence and aggression. In P. Sturmey (Ed.), *The Wiley handbook of violence and aggression*. https://doi.org/10.1002/9781119057574.whbva045

Sue, D. W., Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L., & Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist, 62*(4), 271–286. https://doi.org/10.1037/0003-066X.62.4.271

Sue, D. W., & Spanierman, L. B. (2020). *Microaggressions in everyday life* (2nd ed.). John Wiley & Sons, Inc.

Suicide risk and access to care among LGBTQ college students. The Trevor Project. (2022, September 28). https://www.thetrevorproject.org/research-briefs/suicide-risk-and-access-to-care-among-lgbtq-college-students-sept-2022/

Sumbane, G. O., & Makua, N. M. (2023). Exploring the Mental Health Challenges and Coping Behaviour of Lesbian, Gay, and Bisexual Students at an Institution of Higher Learning. *International journal of environmental research and public health*, *20*(5), 4420. https://doi.org/10.3390/ijerph20054420

Swanbrow Becker, M. A., Nemeth Roberts, S. F., Ritts, S. M., Branagan, W. T., Warner, A. R., & Clark, S. L. (2017). Supporting Transgender College Students: Implications for

Clinical Intervention and Campus Prevention. *Journal of College Student Psychotherapy*, *31*(2), 155–176. https://doi.org/10.1080/87568225.2016.1253441

Swann, G., Stephens, J., Newcomb, M. E., & Whitton, S. W. (2020). Effects of sexual/gender minority- and race-based enacted stigma on mental health and substance use in female assigned at birth sexual minority youth. *Cultural diversity & ethnic minority psychology*, *26*(2), 239–249. https://doi.org/10.1037/cdp0000292

Tabler, J., Schmitz, R. M., Nagata, J. M., & Geist, C. (2021). Self-perceived gender expression, discrimination, and mental health disparities in adulthood. *SSM Mental Health, 1,* Article 100020. https://doi.org/10.1016/j.ssmmh.2021.100020

Tamamian, S. (n.d.). *Dating violence: A college campus concern*. myUSF. https://myusf.usfca.edu/caps/dating-violence-campus-concern

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65–77. https://doi.org/10.1037/sgd0000081

Tillewein, H., Shokeen, N., Powers, P., Rijo Sánchez, A. J., Sandles-Palmer, S., & Desjarlais, K. (2023). Silencing the Rainbow: Prevalence of LGBTQ+ Students Who Do Not Report Sexual Violence. *International journal of environmental research and public health*, *20*(3), 2020. https://doi.org/10.3390/ijerph20032020

Torres-Harding, S., Torres, L., & Yeo, E. (2020). Depression and perceived stress as mediators between racial microaggressions and somatic symptoms in college students of color. *The American journal of orthopsychiatry*, *90*(1), 125–135. https://doi.org/10.1037/ort0000408

Totenberg, N. (2023, June 29). *Supreme Court Guts Affirmative Action, effectively ending race-conscious admissions*. NPR. https://www.npr.org/2023/06/29/1181138066/affirmative-action-supreme-court-decision

Understanding racial microaggression and its effect on Mental Health. Pfizer. (n.d.). https://www.pfizer.com/news/articles/understanding_racial_microaggression_and_its_effect_on_mental_health

U.S. Department of Health and Human Services. (2024, January 17). *Race and national origin*. National Institutes of Health. https://www.nih.gov/nih-style-guide/race-national-origin

Vasquez, A. (2019, January 23). *Victimization and Help-Seeking Experiences of LGBTQ+ Individuals*. ICJIA. https://icjia.illinois.gov/researchhub/articles/victimization-and-help-seeking-experiences-of-lgbtq-individuals

Walker, D. T., Bills, K. L., & Motley, R. O. (2023). Physical and Mental Health Outcomes of Black Emerging Adults with Community Violence Exposure: An Integrative Review. *Trauma, Violence, & Abuse, 0*(0). https://doi.org/10.1177/15248380231194055

Watts, K.J., & Thrasher, S.S. The Impact of Community Belongingness on Mental Health and Well-Being Among Black LGBTQ Adults. *Race Social Problems,* **16**, 47–64 (2024). https://doi.org/10.1007/s12552-023-09396-5

Webb, P., Chin, J., Williams, C.-L., & Dennis, K. (2022). Technological Advocacy and Crime Reporting in an HBCU Setting: Addressing the Prospect of Legal Cynicism in the Ebony Tower. *Journal of Black Studies, 53*(2), 133-159. https://doi.org/10.1177/00219347211057201

Wellman, J. D., Beam, A. J., Wilkins, C. L., Newell, E. E., & Mendez, C. A. (2021). Masculinity threat increases bias and negative emotions toward feminine gay men. *Psychology of Men & Masculinities, 22*(4), 787–799. https://doi.org/10.1037/men0000349

Whitfield, D. L., Coulter, R. W. S., Langenderfer-Magruder, L., & Jacobson, D. (2021). Experiences of Intimate Partner Violence Among Lesbian, Gay, Bisexual, and Transgender College Students: The Intersection of Gender, Race, and Sexual Orientation. *Journal of Interpersonal Violence*, *36*(11-12), NP6040-NP6064. https://doi.org/10.1177/0886260518812071

Whitton, S. W., Lawlace, M., Dyar, C., & Newcomb, M. E. (2021). Exploring mechanisms of racial disparities in intimate partner violence among sexual and gender minorities assigned female at birth. *Cultural diversity & ethnic minority psychology*, *27*(4), 602–612. https://doi.org/10.1037/cdp0000463

Why historically-white sororities and fraternities are racially problematic in US universities. Royal Historical Society. (2021, July 28). https://blog.royalhistsoc.org/2021/07/28/why-historically-white-sororities-and-fraternities-are-racially-problematic-in-us-universities/

Williams, D. R. (2018). Stress and the Mental Health of Populations of Color: Advancing Our Understanding of Race-related Stressors. *Journal of health and social behavior*, *59*(4), 466–485. https://doi.org/10.1177/0022146518814251

Williams, M. T. (2020). Microaggressions: Clarification, Evidence, and Impact. *Perspectives on psychological science : a journal of the Association for Psychological Science*, *15*(1), 3–26. https://doi.org/10.1177/1745691619827499

Williams, M. T., Skinta, M. D., Kanter, J. W., Martin-Willett, R., Mier-Chairez, J., Debreaux, M., & Rosen, D. C. (2020). A qualitative study of microaggressions against African

Americans on predominantly White campuses. *BMC psychology*, *8*(1), 111. https://doi.org/10.1186/s40359-020-00472-8

Williams, R. (2020, January 10). Heteroskedasticity. https://www3.nd.edu/~rwilliam/stats2/l25.pdf

Wilson, H. C. (2019). The Sexual Victimization of Black College Women. *UNT Digital Library*. Retrieved on April 19, 2024. https://digital.library.unt.edu.

Winberg, C., Coleman, T., Woodford, M. R., McKie, R. M., Travers, R., & Renn, K. A. (2019). Hearing "That's So Gay" and "No Homo" on Campus and Substance Use Among Sexual Minority College Students. *Journal of homosexuality*, *66*(10), 1472–1494. https://doi.org/10.1080/00918369.2018.1542208

Woodford, M. R., Howell, M. L., Silverschanz, P., & Yu, L. (2012). "That's so gay!": Examining the covariates of hearing this expression among gay, lesbian, and bisexual college students. *Journal of American college health : J of ACH*, *60*(6), 429–434. https://doi.org/10.1080/07448481.2012.673519

Woodford, M. R., Krentzman, A. R., & Gattis, M. N. (2012). Alcohol and drug use among sexual minority college students and their heterosexual counterparts: the effects of experiencing and witnessing incivility and hostility on campus. *Substance abuse and rehabilitation*, *3*, 11–23. https://doi.org/10.2147/SAR.S26347

Woodford, M. R., Weber, G., Nicolazzo, Z., Hunt, R., Kulick, A., Coleman, T., Coulombe, S., & Renn, K. A. (2018). Depression and attempted suicide among LGBTQ college students: Fostering resilience to the effects of heterosexism and cisgenderism on campus. *Journal of College Student Development, 59*(4), 421–438. https://doi.org/10.1353/csd.2018.0040

Ylioja, T., Cochran, G., Woodford, M. R., & Renn, K. A. (2018). Frequent Experience of LGBQ Microaggression on Campus Associated With Smoking Among Sexual Minority College Students. *Nicotine & tobacco research : official journal of the Society for Research on Nicotine and Tobacco*, *20*(3), 340–346. https://doi.org/10.1093/ntr/ntw305

Zeeble, B. (2024, April 24). *Texas universities cut jobs after Texas bans DEI programs*. NPR. https://www.npr.org/2024/04/24/1246780909/texas-universities-cut-jobs-after-texas-bans-dei-programs

Zilvar, M. (2021). The contemporary KKK as an insurgency. *Security Theory and Practice.*

Zimmerman, E., & Woolf, S.H. (2014). *Understanding the relationship between education and health*. Discussion Paper, Institute of Medicine, Washington, DC. http://nam.edu/wp-content/uploads/2015/06//understandingtherelationship.

Zogg, C. K., Runquist, E. B., 3rd, Amick, M., Gilmer, G., Milroy, J. J., Wyrick, D. L., Grimm, K., & Tuakli-Wosornu, Y. A. (2024). Experiences of Interpersonal Violence in Sport and Perceived Coaching Style Among College Athletes. *JAMA network open*, *7*(1), e2350248. https://doi.org/10.1001/jamanetworkopen.2023.50248

Zounlome, N. O. O., Wong, Y. J., Klann, E. M., David, J. L., & Stephens, N. J. (2019). 'No One . . . Saves Black Girls': Black University Women's Understanding of Sexual Violence. The Counseling Psychologist, 47(6), 873-908. https://doi.org/10.1177/0011000019893654

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