Religiousness, support, distal stressors, and psychological distress among

Black sexual minority college students

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Bios
G. Tyler Lefevor, Ph.D., is an assistant professor of psychology at Rhodes College. His work focuses on understanding the circumstances under which religiousness is related to well-being among sexual and gender minorities and the factors that contribute to those relationships. In addition, Tyler operates a private practice focused on supporting sexual and gender minorities with a variety of life challenges.

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Abstract: Guided by intersectionality theory, we examined the prevalence and influence of various types of stressors and support on the mental health of Black sexual minorities, paying special attention to the role of families. We used a United States national sample of 1,123 Black sexual minority college students drawn from the Collegiate Center for Mental Health 2013-2014 data set. Participants reported a range of sexual identities, with the minority of our sample identifying as gay or lesbian. Nearly half of our sample reported experiences of harassment and/or trauma, with a third of participants reporting being sexually assaulted. Most of our sample reported being religiously affiliated with only 15.7% of the sample indicating that religion/spirituality was unimportant to them. We found that family, social, and religious support were all negatively related to psychological distress, though none of the support variables significantly moderated the relationship between stressors and psychological distress.

Keywords: Religiousness, Black, sexual minority, distal stressors, support

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Black sexual minorities experience unique stressors related to their intersecting

marginalized identities, leading both to unique forms of resilience and psychological distress.

Racial/ethnic minority individuals more broadly have higher rates of suicide than White

individuals, due to stressors related to the experience of discrimination, oppression, and stigma

(Chu, Goldblum, Floyd, & Bongar, 2010; English, Rendina, & Parsons, 2018; Waters, Pham,

Convery, & Yacka-Bible, 2018). Specifically, Black individuals have higher rates of suicide

(Meyer, Dietrich, & Schwartz, 2008) and report more severe depression than White individuals

(Williams et al., 2007). Sexual minorities also experience increased levels of stress relative to

heterosexual individuals (Lefevor, Park, & Pederson, 2018; Meyer, 2003). These stressors may

manifest through heterosexism and internalized heterosexism (Brewster, Velez, Foster, Esposito,

& Robinson, 2016; English et al., 2018). Given their intersecting Black and sexual minority

identities, Black sexual minorities experience racism, heterosexism, and racialized heterosexism,

which places them at risk for poor mental health outcomes (Szymanski & Gupta, 2009).

Research examining support and psychological distress among Black sexual minorities

has largely considered Black sexual minorities to be a subsection of a "sexual minorities of

color" category (Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Erich, Tittsworth, &

Kersten, 2010; Flores et al., 2018; Lim & Hewitt, 2018; Sutter & Perrin, 2016). When this

umbrella category is dismantled, research tends to focus on Asian American and Latinx

individuals, with few studies examining the experiences of Black sexual minorities. These

studies have illuminated several important findings, such as increased levels of depression, self-

harm, and suicidality for sexual minorities of color (Sutter & Perrin, 2016) and cultural norms

and pressures against coming out as a sexual minority (Szymanski & Sung, 2010). Relative to other sexual minorities of color, Black sexual minorities have unique experiences of discrimination and resilience due to their history of oppression within the United States (Worthen, 2018). Thus, their relative underrepresentation in research on racial/ethnic minorities who identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ) may in itself be a microaggression.

Further, Black sexual minorities may have characteristically different experiences from other sexual minorities of color—such as more likely being the subject of racially-based discrimination or violence (Waters et al., 2018) or turning to religion for support and coping (Worthen, 2018)—which are systemically neglected in discussions of psychological distress and support among sexual minorities in general (Carter, 2013). Given the distress experienced by Black sexual minorities (Meyer et al., 2008), understanding the ways that Black sexual minorities experience minority stress and the ways in which they uniquely cope with this stress is imperative to address health disparities. The present study seeks to fill these gaps by examining the prevalence of various distal stressors (i.e., objective experiences of discrimination and/or oppression that do not depend on an individual's perception such as trauma or harassment; Meyer, 2003) and forms of support and their relationship with psychological distress among Black sexual minorities. To set the stage for the present study, we review intersectionality theory as well as the ways in which Black sexual minorities experience discrimination and create support networks that foster resilience. We conclude by discussing the potential role of resilience factors—including family and community support—in buffering the distress experienced through discrimination.

Intersectionality

Intersectionality is a sociopolitical theory with roots in Black feminism that examines the role of power, privilege, and oppression in the construction of social structures and experiences (Cole, 2009; Crenshaw, 1989). Intersectionality theory posits a) that individuals' experiences are co-constructed by the intersecting aspects of their identity; b) that certain identities and intersections of identities are systemically privileged over others; and c) that identities are socially constructed. Intersectionality draws attention to the ways in which individuals with intersecting oppressed identities may experience discrimination—and their respondent acts of resilience—highlighting that power-based identity politics are socially constructed and can thus be reconstructed through activism and social change.

Intersectional Discrimination among Black Sexual Minorities

Intersectionality calls attention to three types of discrimination experienced by Black sexual minorities (Cole, 2009). First, Black sexual minorities experience *similar* experiences of discrimination to straight Black individuals and White sexual minorities. For example, a Black individual who identifies as bisexual may experience racial profiling by law enforcement similar to straight Black individuals as well as rejection by potential employers based on their perceived sexual orientation similar to White sexual minorities. In this case, racism and heterosexism are experienced in ways similar to other Black and sexual minority individuals. Next, Black sexual minorities experience *additive* or *multiplicative* effects of discrimination based on their intersecting oppressed identities (Velez, Polihronakis, Watson, & Cox, 2019). For example, a Black lesbian may find herself systemically talked over in decision-making conversations at work because she is perceived as less competent due to her racial/ethnic identity and as deviant because of her sexual identity. Though racism and heterosexism are operating separately in this scenario, they come together to create a more intense form of discrimination for this woman than

either would contribute separately (e.g., Lim & Hewitt, 2018; Nadal, Davidoff, Davis, Wong,

Marshall, & McKenzie, 2015). Finally, Black sexual minorities may experience *intersectional*

forms of discrimination that are specific to their status as Black sexual minorities. For example, a

gay Black man might find that potential partners are hesitant to believe that he is HIV- and not

heterosexually married due to negative stereotypes of gay Black men. In this way, Black sexual

minorities may experience discrimination unique to their particular intersection of identities (e.g.,

Bowleg, 2013).

Experiences of discrimination and oppression create stress for racial/ethnic and sexual

minorities that may ultimately manifest in psychological distress and compromised mental health

(Velez et al., 2019). Taken separately, racism and heterosexism are positively associated with

anxiety and depression (Sutter & Perrin, 2016; Whitfield, Walls, Langenderfer-Magruder, &

Clark, 2014). Taken together, experiences of racism and heterosexism may multiplicatively

compromise social support (Frost, Meyer, & Schwartz, 2016), lead to body image dissatisfaction

(Hart, Rotondi, Souleymanov, & Brennan, 2015), and foster suicidal ideation (Sutter & Perrin,

2016) for Black sexual minorities. Intersectional experiences of racism and heterosexism may

also impact stress and mental health. Black sexual minorities may endure more heterosexist

discrimination than White sexual minorities (Whitfield et al., 2014) and are also more likely to

find the LGBTQ community to be less supportive (Lim & Hewitt, 2018). Black sexual minorities

may also receive particular pressure to act "masculine" to avoid suspicions of being gay or

bisexual, given stronger pressure to conform to conventional gender roles in some Black

communities (Bowleg, 2013). Collectively, these experiences of discrimination may lead to

isolation, marginalization, and distress (Giwa & Greensmith, 2012).

Support and Resilience

Many Black sexual minorities have responded to these intersectional forms of discrimination by creating support structures that foster resilience (Giwa, 2018; Lim & Hewitt, 2018; Singh, 2013). These support structures are often comprised of individuals sharing similar marginalized identities and, depending on the individual, may be designed to buffer the stress of discrimination based on race/ethnicity, sexuality, and/or the intersection of these identities (Bowleg, 2013). Indeed, for many sexual minorities of color, other sexual minorities of color comprise their primary support group (Frost et al., 2016; Giwa, 2018). There is some evidence that affirmation of intersecting marginalized identities among sexual minorities of color may promote resilience (Ghabrial, 2017; Giwa, 2018; Hsieh & Ruther, 2016), due at least in part to the possibility that prior encounters with racism may provide a framework for understanding and responding to heterosexism (Meyer, 2010). Like their heterosexual and non-Black counterparts, most Black sexual minorities rely on a variety of sources of community support to buffer the effects of stress (Yang, Latkin, Tobin, Patterson, & Spikes, 2013), including family, social, partner, and religious support. We now turn to examine the intersectional presentation of each of these types of support and their influence on psychological distress among Black sexual minorities.

Family support. Many Black sexual minorities describe a complicated relationship with their family of origin. Some look to and find support from their family (Carter, 2013). Indeed, relative to other sexual minorities of color, Black sexual minorities are more likely to feel supported by their family (Battle, Pastrana, & Harris, 2017), which is thought to promote resilience and buffer distress (Fergus & Zimmerman, 2005). For these individuals, family may provide a place of support against racism and/or heterosexism (Roberts, Horne, & Hoyt, 2005).

However, for others, relationships with family of origin may be marked by closeting and fear that coming out may be interpreted as a sign of parental failure, disrespect to their family's culture and heritage (Lim & Hewitt, 2018), or as an indication of unwillingness to fulfill commitments and responsibilities (Choudhury et al., 2009), particularly given pressures to conform to gender roles within Black families (Bowleg et al., 2013). These pressures may render families of origin a special type of closet in which Black sexual minorities are discouraged from coming out or encouraged to present as heterosexual in public settings (Watson, 2014).

Where families of origin are not supportive, Black sexual minorities may develop families of choice to provide a network of relationships to support themselves. Although not biologically related, these groups may consist of individuals of varying ages and with varying amounts of life experience that may provide a similar type of support (Flores et al., 2018). Chosen LGBTQ families may allow sexual minority individuals to fill the gap of the missing familial support with social support, particularly for gay and bisexual men (Frost et al., 2016). Despite the development of ways to meet support needs beyond family of origin, support from families of origin remains closely linked with psychological distress (Fergus & Zimmerman, 2005), which may be particularly true for Black individuals, as Black families have historically served as an important space to cope with collective experiences of racism and discrimination (Battle et al., 2017).

Social Support. Given the ambiguity of the availability of family support, Black sexual minorities may rely more heavily on social support to cope with general life stressors as well as the stresses of being a sexual and racial/ethnic minority (Erich et al., 2010; Frost et al., 2016; Giwa, 2018; Wilson et al., 2016). Social support takes many forms and appears to buffer the

impact of stress on functioning (Helgeson, 2003). Social support may also aid in accepting one's

sexual orientation and cope with resulting discrimination (Roberts et al., 2015).

Due to the intersectional discrimination of racism and heterosexism experienced in both

LGBTQ communities and communities of color, respectively, many Black sexual minorities may

not feel that their social circles are adequate to provide the type of support needed, which may

result in poorer mental health (O'Donnell, O'Donnell, Wardlaw, & Stueve, 2004; Zimmerman,

Ramirez-Valles, Zapert, & Maton, 2000). Consequently, Black sexual minorities often respond

by seeking support from others who share their intersecting identities (Frost et al., 2016; Giwa,

2018) or who have had similar experiences of discrimination (Flores et al., 2018; Giwa, 2018).

Although support from similar others may provide an important buffer for the stresses of

structural discrimination, many Black sexual minorities live in places where they may have

diminished access to a Black sexual minority community, which can exacerbate feelings of

loneliness and isolation (Giwa & Greensmith, 2012).

Partner Support. Support from a romantic partner may be an additional source of

community support for some Black sexual minorities that may buffer distress. Like social

support more generally, partner support may compensate for a lack of family support (Erich et

al., 2010). In addition to seeking support from partners, having a partner may directly protect

individuals from distal stressors such as sexual assault (Ramirez & Kim, 2018). Conversely,

because partners may provide a place of intimacy that is not experienced as strongly in other

places, race/ethnicity-based microaggressions from a partner may be particularly harmful for

Black sexual minorities (Balsam et al., 2011). As such, the effects of partner support may vary

more strongly based on the quality of relationship reported rather than simply being partnered.

Religious Support. Though often neglected in the larger discussion of support and distress among sexual minorities, most sexual minorities report a religious affiliation (Pew Research Center, 2007). Black sexual minorities are particularly likely to be religious and report their religious community to be an important source of support (Carter, 2013; Worthen, 2018). In addition to the benefits of engaging in a religious community, religious belief may be a source of support (Pargament, Feuille, & Burdzy, 2011). There is some evidence that positive religious coping may effectively reduce the impact of internalized heterosexism on well-being among sexual minorities (Brewster et al., 2016) and may help Black sexual minorities to cope with discrimination (Walker & Longmire-Avital, 2013).

Despite the potentially positive role religious support may play for Black sexual minorities, the Black church is largely seen to be a source of homonegative messaging (Irizarry & Perry, 2018; Ledet, 2016), and many report negative or traumatic experiences with religion (Lefevor, Beckstead et al., 2019). Black sexual minorities may experience microaggressions based on their sexual identity in religious spaces and may feel the need to conceal their identities (Nadal et al., 2015; Valera & Taylor, 2011), which may make it more difficult to seek support in these spaces. Further, religious Black sexual minorities may experience other intersectional forms of discrimination within religious (based on sexual orientation) and sexual minority communities (based on religiousness) that may render religion less able to buffer support (Lim & Hewitt, 2018); for example, a Black same-gender-loving Christian man may have difficulty finding acceptance as a Christian within sexual minority communities and may have difficulty finding acceptance as a same-gender loving man within his Christian community.

Buffering, Coping, and Resilience

Family, social, partner, and religious support—particularly when levied in moments of distress—may help Black sexual minorities cope with the effects of discrimination (Wilson et al., 2016). When utilized in this way, each of these forms of support may be utilized as coping mechanisms to ameliorate or protect Black sexual minorities against stress, leading to resilience (Hsieh & Ruther, 2016). These forms of support and coping may reduce psychological distress for Black sexual minorities in at least three ways: compensation, protection, and challenge (Wilson et al., 2016).

First, according to Wilson et al., (2016) it is possible that support may *compensate* for risk and stress such that support will reduce distress no matter what level of risk is present. In this view, for example, having support from a partner may lead to less stress as an effect of the partner, independent of the number of types of stressful situations a Black sexual minority may experience. Second, support may also *protect* or buffer stress such that it moderates the impact of stressful events on psychological distress. In this view, a Black sexual minority may experience a heterosexist event as less psychologically impactful precisely *because* of the support available. For example, that individual may lean on family who can help them to reframe the event and/or take action. Finally, support may *challenge* the effects of stress such that resilience may diminish psychological distress in moderate- but not high-risk situations. In this view, support from friends may successfully help someone to challenge systemic racism in a way that prevents long-term negative effects but may fail to help that same person cope with sexual assault based on their sexual orientation.

Thus far, research has consistently supported a compensatory model of resilience among sexual minorities (Cyrus, 2017; Hsieh & Ruther, 2016). However, evidence supporting the idea of coping as a mediator in the relationship of internalized minority stress and negative outcomes

of that stress may lend strength to the protecting model of resilience as a form of coping (Ching,

Lee, Chen, So, & Williams, 2018).

In the present study, we examine various types of support as resilience among Black

sexual minorities. We begin by examining (a) the ways in which Black sexual minority college

students describe their sexuality and engagement with various types of support and (b) the

prevalence of various distal stressors among these individuals. We then build on previous work

that has linked family, social, partner, and religious support to psychological distress by asking

(c) what are the relative contributions of each type of support in buffering psychological distress

and (d) does support compensate, protect, or challenge the impact of minority stress on

psychological distress among Black sexual minorities?

Method

Data for this study were collected through the Center of Collegiate Mental Health

(CCMH) using convenience sampling. The CCMH is a national research practice organization

including over 500 college and university counseling centers. The CCMH aims to provide

updated, accurate, and comprehensive information of college student mental health (Locke et al.,

2012).

Participants

Of the 100,920 unique clients in the 2013-2014 data set, 1,123 met the specific inclusion

criteria. To be included in the study, participants must (a) identify as African American/Black,

(b) report some degree of same-sex sexual attraction, behavior, or identity, (c) completed the

Standardized Data Set (SDS), which measured demographics, support, and distal stressors, and

d) completed mental health outcome measures (Counseling Center Assessment of Psychological

Symptoms-34). We operationalized sexual minority to include those who reported some degree

of same-sex attraction (i.e., not exclusively other-sex attracted) or who have had same-sex

experiences but did not identify as LGBTQ in addition to those who identified as LGBTQ (c.f.,

Lefevor et al., 2019). The mean age was 22.13 years old (*SD* = 4.48). Demographic

characteristics of the participants in this study are displayed in *Table 1*.

Measures

       Standardized Data Set. The Standardized Data Set (SDS) is a collection of questions

given to clients at intake assessing a variety of areas including demographics, experience of

stressful events, and support. We assessed all demographic variables through the SDS (gender

identity, sexual identity, religious affiliation, age, race/ethnicity). The SDS can be accessed

through the CCMH (Collegiate Center for Mental Health, 2019).

       Distal Stressors. Sexual assault, harassment, and trauma were assessed through

questions from the SDS assessing the lifetime frequency of each construct. Response options for

each included: "never", "once", "2-3 times", "4-5 times", and "more than 5 times." Responses

were coded on a continuous scale for data analysis.

       Support. Family, social, partner, and religious support were assessed through questions

on the SDS, with higher scores universally indicating more support. Family support was

measured through agreement with the statement, "I get the emotional help and support I need

from my family," on a five-point Likert scale ranging from "strongly disagree" to "strongly

agree." Social support was similarly measured through agreement with the statement, "I get the

emotional help and support I need from my social network (e.g., friends & acquaintances)."

Partner support was not directly assessed but inferred from participants' report of their

relationship status as single or partnered.

We were not able to assess religious support directly due to limitations of questions asked within the dataset. As such, we operationalized religious support as the combination of two indicators of religiousness: religious worldview and religious affiliation. All participants responded on a five-point Likert scale to the question, "To what extent does your religious or spiritual preference play an important role in your life?" with answers ranging from "very unimportant" to "very important." Because this prompt included spirituality and we were interested solely in the effects of religious support, clients who declined a religious affiliation were coded as a "0" on this variable. For those clients who indicated a religious affiliation, their values on the importance of their religion/spirituality variable was used as an approximation for religious support.

CCAPS-34. The Counseling Center Assessment of Psychological Symptoms (CCAPS) is a standardized, multidimensional assessment of psychological distress in college students (Locke et. al, 2012). The CCAPS measures distress in students over seven different domains, including depression, generalized anxiety, social anxiety, academic distress, eating concerns, alcohol use, and hostility. Each of these subscales combine to create a distress index, which was used in the present study. Individual items are rated on a 5-point Likert scale from 0 to 4, with greater values indicating more distress. The CCAPS-34 has evidenced acceptable internal consistency and test-retest reliability: 1-and 2-week reliability between 0.71 and 0.88 (Locke et al., 2012).

Data Analysis

To answer our research questions, we first computed descriptive statistics for distal stressors and support variables, which are displayed in *Table 1*. We then conducted bivariate correlations to assess the relationship between distal stressors, support, and psychological distress. Finally, we conducted a series of regression analyses to test whether support variables

moderated the relationship between distal stressors and psychological distress. All analyses were

conducted in SPSS version 24.

Results

The relationships between various forms of support, distal stressors, and psychological

distress are presented in *Table 2*. Bivariate correlations indicate that family and partner support

were negatively related to distal stressors but neither social nor religious support were related to

distal stressors. Family, social, and religious support were negatively related to psychological

distress but partner support was not. Each of the distal stressors (sexual assault, trauma,

harassment) were positively related to psychological distress. Significant correlations ranged

from small ($r = .1$) to medium ($r = .3$) effects (Cohen, 1988).

Because various forms of support were intercorrelated, we conducted a multiple

regression analysis to examine how well they collectively predict psychological distress and how

much variance in distress each aspect was able to account for when other variables were taken

into account. Community support accounted for 11.4% of the variance in psychological distress

($F(4,658) = 21.10$, $p < .01$). Family support ($\beta = -.20$, $t = -5.23$, $p < .01$), religious support ($\beta = -$

.18, $t = -4.94$, $p < .01$), and social support ($\beta = -.14$, $t = -3.59$, $p < .01$) all significantly predicted

psychological distress. Partner support did not significantly predict distress ($\beta = -.02$, $t = -.60$, p

$= .55$).

Because distal stressors were universally related to psychological distress, we examined

whether aspects of support buffered the effects of distal stressors on psychological distress

through three stepwise regressions (one for each distal stressor). For each, we added the centered

distal stressor and support variables in the first step of the regression. In the second step, we

added interaction terms. Since our preliminary analyses indicated that the first step in each

regression is likely to be significant, we focus our interpretation on the significance of the second step of the regression as well as the significance of each of the interaction terms. The regression models and predictors are displayed in *Table 3*.

The regression predicting distress from sexual assault and support was significant $(F(5,646) = 16.94, p < .01, R^2 = .11)$. Neither the inclusion of interaction terms ($\Delta F = 0.69, \Delta R^2 = .004, p = .60$) nor any of the individual interaction terms explained a significant amount of variance in psychological distress. Support does not appear to moderate the relationship between sexual assault and psychological distress.

The regression predicting distress from harassment and support was significant ($F(5,642) = 20.94, p < .01, R^2 = .14$). Neither the inclusion of interaction terms ($\Delta F = 0.20, \Delta R^2 = .001, p = .94$) nor any of the individual interaction terms explained a significant amount of variance in psychological distress. Support does not appear to moderate the relationship between harassment and psychological distress.

The regression predicting distress from trauma and support was significant ($F(5,642) = 22.71, p < .01, R^2 = .14$). Neither the inclusion of interaction terms ($\Delta F = 0.50, \Delta R^2 = .003, p = .73$) nor any of the individual interaction terms explained a significant amount of variance in psychological distress. Support does not appear to moderate the relationship between trauma and psychological distress.

Discussion

What is it Like to be a Black Sexual Minority?

Guided by intersectionality theory (Crenshaw, 1989) and with the hopes to inform research and practice, our first aim was to better understand the lived experiences of Black

sexual minorities. As such, we explore how Black sexual minority college students describe their sexuality, stressors, and support.

We found that the *minority* of our sample identified as gay or lesbian (34.7%) with participants tending to identify as bisexual (28.1%), questioning (18.1%), or with another sexual minority identity (14.7%). Although similar to patterns in sexual identification among college students more generally (Lefevor et al., 2018), this finding is contrary to the way in which resources are often allocated within sexual minority communities with services and support most often focused on gay or lesbian individuals. In addition, we found that a percentage of our sample identified as heterosexual and reported some degree of same-sex attraction or behavior (4.4%). Due to variations in policies between counseling centers (not all counseling centers choose to administer all questions of the SDS to save time since results are primarily utilized to guide clinical practice), only 11% of the sample was asked questions about same-sex attraction and same-sex behavior. Thus, this percentage is likely a vast underestimation of the prevalence of Black sexual minorities who experience same-sex attraction or engage in same-sex behavior while identifying as heterosexual. Taken together, these findings indicate that Black sexual minorities identify their sexuality in a variety of ways and suggest that more open-ended assessment of sexuality may be helpful in capturing the entire spectrum of Black sexual minorities (Singh, 2013).

We found that Black sexual minorities experienced distal stressors at alarmingly high rates. One third of the participants reported being sexually assaulted, with about one sixth reporting multiple instances of sexual assault. Nearly half of participants reported experiencing harassment, and about half also reported a traumatic experience. Although not directly assessed, these stressors may result from discrimination experienced disproportionately by Black sexual

minorities due to their intersecting oppressed identities (Bowleg, 2013; Cole, 2009). Regardless

of the source of the stressors, it is notable that experiencing distal stressors appears to be par for

the course for Black sexual minorities.

Despite reporting high rates of sexual assault, harassment, and trauma, it appears that

Black sexual minorities seek support from a variety of sources with varying degrees of success.

We found that Black sexual minorities frequently reported getting support from family and

friends, averaging a "neutral" amount of support but varying widely in their responses. These

findings further nuance the results of studies that suggest that many or most Black sexual

minorities experience their families as oppressive (Watson, 2014) and studies that describe Black

sexual minorities being completely supported by their families (Battle et al., 2017), indicating

that Black sexual minorities have a range of experiences with their families. We further found

that Black sexual minorities described their social support in much the same way as their family

support, which is surprising given that many LGBTQ individuals of color tend to form

communities of individuals with similar intersecting identities (Frost et al., 2016) and

experiences of discrimination (Flores et al., 2018; Giwa, 2018).

The vast majority of participants in our study reported being religiously affiliated

(65.3%), and many of those reported that religion played an important role in their lives. These

findings confirm others that have found that religion and spirituality play an important role in the

lives of many Black individuals (Irizarry & Perry, 2018), contrary to the narrative endorsed by

previous research indicating that sexual minorities are religiously uninterested or unaffiliated

(Lefevor et al., 2018; Sherry, Adelman, Whilde, & Quick, 2010). These findings are particularly

alarming given the paucity of research that has considered religious support as an important

source of support for Black sexual minorities.

Finally, like other college students, the majority of Black sexual minority participants reported their relationship statuses as single (Whitton, Weitbrecht, Kuryluk, & Bruner, 2013), which may have undermined our examination of partner support as a buffer of distress. An older population would be needed to better understand the role of partner support as a resilience factor and possible buffer of discrimination (Ramirez & Kim, 2018).

Relationship of Community Support and Distress

Even though Black sexual minorities report a "neutral" amount of support from family and friends on average, we found that the degree to which they feel supported substantially affects the amount of psychological distress they experience. This finding suggests that although there are variations in support from family and friends, perceiving one's family or friends as unsupportive may cause distress. Likely, family and social support matter both for reasons similar to their White heterosexual counterparts as well as to buffer the unique discrimination and oppression experienced as Black sexual minorities (Roberts et al., 2015). It is thus critical for Black sexual minorities to find people whom they feel supported by, whether they be family or friends.

We also found that Black sexual minorities who were religiously affiliated and reported that their religion was important to them experienced less distress than those who were either religiously unaffiliated or felt their religion was less important. Thus, not only is religiousness common among Black sexual minorities, but it also appears to promote resilience. The majority of research examining religiousness among sexual minorities has used predominantly White samples (e.g., Lefevor et al., 2018; Lim & Hewitt, 2018; Sherry et al., 2010), which may not accurately resemble the experiences of Black sexual minorities. Research examining Black

sexual minorities has much more consistently suggested religiousness as a potential resilience factor (Carter, 2013; Irizarry & Perry, 2018).

Partner support was not significantly related to distress. This finding, however, is likely reflective of the low rates of partnering reported and how that partner support was assessed by the presence/absence of a partner rather than directly assessing support. Direct assessments of support and relationship quality would be needed to conclude definitively that partner support does not relate to distress.

Distal Stressors and Distress

As expected by minority stress theory (Meyer, 2003), we found that the distal stressors of trauma and harassment were positively related to distress. In the context of our Black sexual minority sample, we understand the relationship between distal stressors and distress to reflect at least in part the intersectional discrimination experienced by Black sexual minority individuals, which previous research has found to be linked to suicidality, depression, and distress rates for Black sexual minorities (Chu et al., 2010; Williams et al., 2007). Although trauma and harassment are stressful for all who experience them, when such experiences are repeated (as reported by much of our sample) or targeted based on identity, these experiences may lead to a more generalized feeling of distress and lack of safety due to systemic discrimination.

Resilience and Buffering

We were particularly interested in understanding whether the support reported by Black sexual minorities was sufficient to buffer the distress reported and whether this support compensated, protected, or challenged distress (Wilson et al., 2016). Although all main effects between family, social, and religious support and distress were significant, interactions between distal stressors and support variables in predicting distress were universally non-significant. This

trend suggests that support does not buffer the effects of distal stressors on distress (at least

insofar as conceptualized in this study) but rather that support has a direct effect on reducing

distress regardless of the stressors experienced. This pathway best reflects a compensatory view

of resilience as support may compensate for stressful events but not protect or challenge stressful

events themselves (Wilson et al., 2016). We are quick to note, however, that our lack of

significant interaction findings ought to be taken tentatively as we measured distal stressors as

lifetime variables while we measured distress and support variables as current experiences. We

suspect that Black sexual minority communities have developed unique forms of resilience that

buffer distress that were not able to be captured by our study (Lim & Hewitt, 2018).

Implications

Our findings may be particularly helpful for several groups of people. Psychotherapists

may benefit from understanding the relationship between support and distress among Black

sexual minorities and seek to help their clients build a stronger network of support from a variety

of areas. In addition, therapists should be attuned to the positive role that religiousness may play

in the lives of Black sexual minorities. Given the prevalence of distal stressors reported by Black

sexual minorities and their relationship to distress, academic support staff at colleges and

universities may benefit from designing programs to provide support to Black sexual minorities

around these experiences. Finally, policy makers more generally may benefit from understanding

the ways that intersecting systems of oppression may play in producing the results found in this

study.

Limitations and Conclusion

The generalizability of our findings is limited by several aspects of our sample and data

collection method. Participants were all college students seeking mental health treatment, who

are almost certainly different from Black sexual minorities across the age spectrum and potentially different from Black sexual minority college students. Caution should be taken when applying our findings due to this unique context, particularly as the impact of support on distress has been shown to change across the lifespan (McConnell, Birkett, & Mustanski, 2016). Few counseling centers (11%) included questions about sexual attraction or behavior, which means that our sample may be an underestimation of the experiences of sexual minorities who experience same-sex attraction or engage in same-sex behavior but who do not identify as LGBTQ. We did not account for several variables that could add further nuance to our understanding of our results, including a more direct assessment of religious support. Gender may affect both the way that Black sexual minorities seek support and the effect that support has on distress (Frost et al., 2016). Because we used data from a dataset not designed to capture the unique effects of minority stress or various types of support, we were also not able to assess several variables that have been shown to moderate the relationship between distal stressors and distress such as sexual identity support, racial/ethnic identity support, outness, and internalized homonegativity. Future research should examine these variables among Black sexual minorities. Our assessments of partner support and even religious support were unnecessarily imprecise, and both variables merit further investigation through items designed to more directly measure these constructs. Finally, although we take an intersectional lens to the presentation and discussion of our results, we were not able to assess oppression directly or examine the unique types of distal stressors experienced by Black sexual minorities. Additional work should seek to do so.

Despite these limitations, our examination of the experiences of support and distress among a sample of 1,123 Black sexual minority participants significantly advances our understanding of the lived experiences of Black sexual minorities. We found that Black sexual

minorities commonly report experiences of both distal stressors with nearly half of our sample

reporting experiencing each distal stressor. We also found that Black sexual minorities report a

variety of experiences around support but that the lacking support is consistently related to

distress. Due to the intersectional nature of our sampling/analytic plan, we found evidence that

religiousness may operate in a supportive way for Black sexual minorities, contrary to how

religiousness is portrayed for sexual minorities generally. We encourage continued intersectional

work—and particularly work that focuses on the lived experiences of Black sexual minorities—

to continue to add nuance to our findings and avoid overgeneralizing findings for White sexual

minorities or sexual minorities of color who are not Black to Black sexual minorities.

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Table 1. Descriptive statistics of variables of interest.

Categorical Demographic Variables		Distal Stressors	
Variable	Frequency	Variable	Frequency
Gender		Sexual Assault	
Woman	67.1%	Never	66.6%
Man	30.4%	Once	16.1%
Transgender	1.0%	2-3 times	9.2%
Self-identify	1.5%	4-5 times	2.7%
Sexual Identity		More than 5 times	5.4%
Straight	4.4%	Harassment	
Lesbian	18.6%	Never	56.3%
Gay	16.1%	Once	8.5%
Bisexual	28.1%	2-3 times	11.4%
Questioning	18.1%	4-5 times	3.0%
Self-identify	14.7%	More than 5 times	20.9%
Religious Affiliation		Trauma	
Agnostic	9.0%	Never	52.2%
Atheist	4.2%	Once	16.5%
Buddhist	1.2%	2-3 times	17.6%
Catholic	3.1%	4-5 times	3.9%
Christian	54.2%	More than 5 times	9.8%
Jewish	0.2%	Support Variables		
Muslim	1.2%	Variable	*M*	*SD*
No preference	21.5%	Family Support	2.98	1.33
Self-identify	5.4%	Social Support	3.11	1.32
Importance of Religion		Religious Support	2.77	1.58
Very Unimportant	5.9%	Partner Support	0.29	0.45
Unimportant	9.8%	Mental Health Outcome		
Neutral	31.5%	Variable	*M*	*SD*
Important	32.6%	Psychological Distress	1.91	0.89
Very Important	20.3%		
Relationship Status			
Single	71.4%		
Partnered	28.6%		

Continuous Demographic Variable		
Variable	*M*	*SD*
Age	22.13	4.48

Table 2. Correlations between variables of interest.

	1	2	3	4	5	6	7
1. Family Support							
2. Social Support	.26**						
3. Partner Support	-.08*	.02					
4. Religious Support	.10*	.04	.07*				
5. Sexual Assault	-.12**	.01	.11**	.01			
6. Trauma	-.22**	-.06	.09**	-.02	.32**		
7. Harassment	-.12**	-.05	.06*	-.01	.32**	.48**	
8. Psychological Distress	-.24**	-.19**	-.01	-.19**	.12**	.22**	.28**

Note: * $p < .05$; ** $p < .01$

Table 3. Moderation analyses of support on the relationship between distal stressors and psychological distress

	Variable		Model 1				Model 2		
		β	*t*	*F*	R^2	β	*t*	*F*	R^2
Sexual Assault				16.94**	.109			9.70**	.107
	Family Support	-.19	-4.89**			-.19	-4.88**		
	Social Support	-.14	-3.77**			-.15	-3.77**		
	Partner Support	-.02	-.57			-.03	-.74		
	Religious Support	-.18	-4.79**			-.18	-4.78**		
	Sexual Assault	.05	1.36			.05	1.18		
	Family x Assault					.01	0.23		
	Social x Assault					-.02	-.49		
	Partner x Assault					.06	1.56		
	Religious x Assault					.01	0.21		
Harassment				20.94**	.134			11.67**	.129
	Family Support	-.16	-4.17**			-.17	-4.19**		
	Social Support	-.14	-3.61**			-.14	-3.57**		
	Partner Support	-.05	-1.13			-.04	-1.05		
	Religious Support	-.18	-4.92**			-.18	-4.93**		
	Harassment	.10	4.51**			.17	3.89**		
	Family x Harassment					-.02	-.38		
	Social x Harassment					-.02	-.40		
	Partner x Harassment					-.03	-.67		
	Religious x Harassment					< .01	-.03		
Trauma				22.71**	.144			12.80**	.141
	Family Support	-.18	-4.74**			-.18	-4.75**		
	Social Support	-.14	-3.69**			-.14	-3.64**		
	Partner Support	-.04	-1.15			-.04	-1.06		
	Religious Support	-.18	-4.84**			-.18	-4.85**		
	Trauma	.19	5.26**			.20	4.76**		
	Family x Trauma					.04	1.03		
	Social x Trauma					< .01	-.03		
	Partner x Trauma					-.03	-.77		
	Religious x Trauma					< .01	-.11		

Note: *$p < .05$, *$p < .01$