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Same-sex Sexual Coercion among Women: The Impact of Minority Stress on Perpetration and Victimization Experiences of Women of Diverse Sexual Identities

Allison Kirschbaum
alkq62@mail.umsl.edu

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Allison L. Kirschbaum

M.A, Psychology, University of Missouri-St. Louis, 2015
B.A., Psychology, University of San Francisco, 2009

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Advisory Committee

Ann Steffen, Ph.D.
Chairperson

Zoë Peterson, Ph.D.

Matt Taylor, Ph.D.

Susan Kashubeck-West, Ph.D.

Abstract

The purpose of the current study was to investigate women's experiences with same-sex sexual coercion perpetration and victimization. Specifically, I sought to explore the role that the stress of living as a sexual minority plays in these experiences as well as to determine whether the psychological variables of perceived powerlessness, psychological distress, social support, and alcohol use mediate the relationship between minority stress and perpetration and victimization experiences. Data were collected online from self-identified women and individuals assigned female at birth who reported experiencing genital sexual contact with another woman (N=339). Of the cisgender women in the sample, 31.6% reported same-sex sexual coercion victimization and 19.2% reported same-sex sexual coercion perpetration. Among cisgender sexual minority participants, experiencing heterosexist discrimination was related to same-sex sexual coercion victimization but not perpetration. Internalized heterosexism was not related to either perpetration or victimization. For cisgender sexual minority participants, feelings of powerlessness and psychological distress did not mediate the relationship between minority stress and perpetration. Similarly, social support and alcohol use did not mediate the relationship between minority stress and victimization. Results indicate that, although same-sex sexual coercion does indeed occur in women's sexual encounters, the pathways through which minority stress may predict these experiences remain relatively unclear.

Keywords: sexual coercion, minority stress, sexual minority, women

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Same-Sex Sexual Coercion Among Women: The Impact of Minority Stress on Perpetration and Victimization Experiences of Women of Diverse Sexual Identities

The recent spike of recognition concerning the high rates of male-perpetrated sexual coercion of young, college-age women has brought the topic of sexual coercion into the broader consciousness (Muehlenhard, Peterson, Humphreys, & Jozkowski, 2017). Sexual coercion perpetrated by men against women has been widely researched, resulting in a rich body of knowledge concerning possible contributing factors, perpetrator characteristics, and consequences for victims. There is no doubt that men's sexual coercion against women remains a problem despite this attention, which points to the necessity of further investigation. In addition, this important discussion and research tends to omit the experiences of many women, including older women, women who are not in college, and racial and gender minorities. Additionally, research excludes the experiences of women who have been victims or perpetrators of same-sex sexual coercion. Sexual coercion perpetrated by men should in no way be minimized or ignored, as negative consequences such as higher rates of eating disorder symptoms (e.g., Fischer, Stojek, & Hartzell, 2010), depression (e.g., Nicolaidis, Curry, McFarland, & Gerrity, 2004), substance abuse (e.g., Ullman, Najdowski, & Filipas, 2009), and PTSD (e.g., Ullman, Relyea, Peter-Hagene, & Vasquez, 2013) have been found to occur among victims. However, if the larger conversation is not representative of the experiences of all women victims then the whole picture is not being presented, leading to difficulty structuring programs, interventions, responses, and outreach that are appropriate and valuable to all women. Thus, the scope of the current investigation needs to broaden in order to include women's same-sex sexual coercion. To address the broader issue of

sexual coercion in our culture, the experiences of all women deserve examination and representation.

Very little is known about sexual coercion within women's same-sex sexual experiences. It is quite possible that the experiences and correlates of women's same-sex sexual coercion are quite similar to those of heterosexual coercion. Alternatively, there may be very real differences. Same-sex sexual coercion may be interpreted differently by women than coercion perpetrated by a man, and it may lead to different consequences for victims. It could potentially involve different precursors or correlates and could be occurring in different contexts or types of relationships. Thus, we cannot assume that findings from the vast research on victims and perpetrators of sexual coercion perpetrated by men against women can be generalized to sexual coercion perpetrated by women against women. The specific study of coercion by women against women is necessary.

Terminology

Terminology addressing the issue of women's sexual victimization is used highly inconsistently throughout the literature. Many researchers conceptualize sexually coercive behavior as existing on a continuum that has two dimensions: sexual acts and tactics. Sexual acts can involve anything from kissing or fondling to oral, anal, or vaginal penetration; tactics can range from verbal pressure to physical force (Waldner-Haugrud, 1999). Some researchers include experiences of physically forced sex in their definitions of sexual coercion (e.g. Adams-Curtis & Forbes, 2004), and others refer to forced sex as "rape" or "sexual assault" and define "sexual coercion" as a separate kind of sex that occurs "after someone is pressured in a nonphysical way" (Walters, Chen, & Breiding, 2013, p. 9). Many studies include non-penetrative sexual contact such as kissing or

fondling under the umbrella term "sexual coercion" (e.g., Struckman-Johnson, Struckman-Johnson, & Anderson, 2003), and other studies label non-penetrative contact as "unwanted sexual contact" and only include sexually penetrative experiences in their definition of sexual coercion (e.g., Walters et al., 2013). The administration of drugs or alcohol to obtain sexual activity is frequently labeled as sexual coercion (e.g., Adams-Curtis & Forbes, 2004), but sometimes it is not (e.g., Walters et al., 2013). To confuse matters further, other researchers use different terminology, including "sexual pressure," which is sometimes used to describe specific tactics that would fall under the umbrella of sexual coercion (e.g., Jones & Gulick, 2009), and is sometimes used interchangeably with the term sexual coercion (e.g., Budge, Keller & Sherry, 2015). The fact that the operational definition of sexual coercion varies widely throughout the literature leaves open the potential for confusion and misunderstandings when comparing rates and findings across studies.

Throughout this paper, I will use a broad definition of *sexual coercion* consistent with Adams-Curtis and Forbes (2004), Struckman-Johnson et al. (2003), and Waldner-Haugrud (1997). Specifically, for this study, sexual coercion will include the use of tactics ranging from verbal pressure up to physical force and will include sexual acts ranging from genital touching or fondling to oral, anal, or vaginal penetration.

It is also important to acknowledge that the terms "woman" and "same-sex" also hold a variety of meanings, both across the experiences of LGBT individuals as well as throughout the psychological literature. When I use the term "woman" in this paper I am referring to *cisgender* women—that is, women who both label themselves as women and were birth-assigned as females—unless otherwise specified. However, the use of such

terminology admittedly rests on a false assumption that gender is categorical, stable over time, that there are two discrete categories into which all individuals can be sorted, and that these categories are predictive of psychological experiences that often differ across the two categories (Hyde, Bigler, Joel, Tate, & van Anders, 2018).

Sexual Minority Women's Experiences with Sexual Coercion

There is a high level of inconsistency among reported rates of women's same-sex relationship and sexual violence victimization, leading to confusion when attempting to identify and describe the pervasiveness of the issue. Further, it is difficult to interpret most of the existing findings because terminology is defined inconsistently—as described above—as well as the fact that a minority of the studies focus specifically on sexual coercion between women, sexual coercion is often conflated with other variables of relationship violence, and the gender of the perpetrator is often not measured. Due to the paucity of research directly addressing rates of sexual coercion between women, it is necessary to rely upon studies of sexual coercion that has been measured as part of studies of broader relationship violence as well as studies of sexual minority women's experiences of sexual assault perpetrated by men, as this peripherally-related research may provide some insight into broader patterns of women's same-sex sexual coercion.

Perpetration

The existing—and rather limited—female perpetrator literature almost entirely involves research on male victims. Although this literature could possibly inform future investigations into same-sex sexual coercion perpetration, there may be distinct differences between women who offend against women and women who offend against men. Similarly, tactics used against women by women may be different than tactics used

against men by women. It is important, however, to consider the possibility that there may not be distinct differences between these two groups. Further research focusing on sexually coercive women who offend against women can help to clarify this issue.

In a study comparing rates of sexual coercion perpetration among heterosexual and non-heterosexual men and women using a sample collected in both university and community settings, VanderLaan and Vasey (2009) found that heterosexual men were the group most likely to report experiences of perpetrating both physical (including tactics such as using physical force or holding someone down in order to kiss, pet, or have sex with them) and non-physical (including tactics such as threatening to end the relationship, saying things you did not mean, and threatening physical force in order to obtain sexual intercourse) acts of sexual coercion. Surprisingly, they also found that non-heterosexual women reported perpetrating more acts of physical sexual coercion than both heterosexual women and non-heterosexual men (p. 994). A strength of this study was that it directly investigated sexual coercion perpetration and did not conflate coercion with other variables of physical violence. Further, the researchers included participants of various sexual identities in order to compare rates of perpetration among genders and sexual orientations.

A study directly measuring same-sex sexual coercion experiences in participants' most recent relationships found that 18% of participants reported having perpetrated sexual coercion against their current female romantic relationship partner within the past year (Pepper & Sand, 2015). Notably, the women perpetrators in this sample all reported engaging in verbally coercive tactics and did not endorse utilizing any physically coercive sexual behaviors. Although the receipt of physical violence was found to be

significantly correlated with the receipt of sexual coercion, the researchers did not find the perpetration and receipt of sexual coercion to be correlated, despite the fact that 12.8% of participants reported having been victimized within their current relationship. This is different than the findings of a number of studies with heterosexual individuals, in which the experiences of sexual coercion perpetration and victimization appear to be correlated (e.g., Mathes, 2015; Russell & Oswald, 2001).

Victimization

Because the existing literature concerning women's same-sex sexual coercion victimization is limited, it is important to also consider studies investigating relationship violence in women's same-sex relationships (which sometimes includes sexual coercion) as well as sexual coercion perpetrated against sexual minority women by men.

Some studies say IPV (which often includes both physical violence and sexual coercion variables) within women's same-sex relationships happens at rates commensurate to that of heterosexual relationships (e.g., Pepper & Sand, 2015), and some studies say it happens at higher rates within same-sex relationships (e.g., Renzetti, 1992). In one of the earliest studies on this topic, Renzetti (1992) asked self-identified victims of "lesbian physical abuse" about their experiences with sexual coercion. Forty-eight percent indicated that sexual coercion had indeed occurred in their relationship, and 16% of these women reported that it happened "frequently." These rates are considerably higher than is generally reported among heterosexual respondents in abusive relationships (Messing, Thaller & Bagwell, 2014), but, of course, they do not speak to the general prevalence of same-sex sexual coercion.

Using a large (N=51,048 adults) probability sample, Goldberg and Meyer (2012) found that bisexual women and gay men in their sample reported significantly higher rates of both lifetime and one-year IPV victimization compared to heterosexual men and women. However, 95% of the bisexual women surveyed in Goldberg and Meyer (2012) reported male perpetrators (p. 1115).

Edwards et al. (2015) found that college students with any same-sex sexual experiences (with men and women grouped together) reported significantly higher rates of both physical dating violence and sexual coercion victimization than college students with no same-sex sexual experiences. Women in the sample who reported any same-sex sexual experiences reported the highest rates of dating violence and sexual coercion victimization. In this study, the authors grouped all participants with any same-sex experiences together and labeled them "sexual minorities" and labeled all participants with only heterosexual sexual experiences as "non-sexual minorities," regardless of how participants self-identified. The authors reported that the vast majority of the respondents in the "sexual minority" group reported a history of sexual behavior with both men and women yet were measured as a single group along with respondents who reported exclusively same-sex experiences. This method does not allow for a consideration of the added layer of vulnerability associated with sexual minorities—particularly women—who report having sex with both men and women. Further, despite the fact that most sexual minority respondents reported a history of behavior with both men and women, information about the gender of the perpetrators was not collected. Nonetheless, these two studies do seem to point to a particularly high prevalence of IPV victimization—including sexual coercion—among women who have sex with both men and women.

A more recent study investigating the sexual coercion experiences of college students of various sexual orientations also found that bisexual women reported considerably higher rates of sexual coercion victimization during college (37.8%) than any other gender or sexual identity group and that lesbian women reported the lowest (11.4%) (Ford & Soto-Marquez, 2016). This study was conducted using data from 21,000 college students from 21 four-year colleges and universities across the United States, and participants self-identified their sexual identity as either straight, gay/lesbian, or bisexual (p. 110). However, in order to assess for experiences of sexual coercion victimization, participants were asked if, since they started college, they have ever: (1) had sexual intercourse forced on them; (2) had someone try to force them to have sexual intercourse; or (3) had sexual intercourse with someone they didn't want to when they were drunk, passed out, asleep, drugged, or otherwise incapacitated (p. 108). Although the researchers concluded that a strength of the study is that the dataset allowed for an examination of sexual coercion experiences by sexual orientation and gender using a large sample, their definition of sexual coercion only includes experiences of sexual intercourse (which did not appear to be operationally defined for participants); this could have led sexual minority students to exclude instances of same-sex sexual coercion if they self-defined intercourse as including only penile-vaginal intercourse. The researchers also do note that a limitation of the study is that the gender of the perpetrator was not identified (p. 108).

In a 2013 study of sexual coercion victimization among self-identified lesbian and bisexual women, an astounding 71.2% reported that they had experienced at least one incident of sexual coercion victimization since adolescence (Hequembourg, Livingston & Parks, 2013). The majority (79%) of both the bisexual and the lesbian participants in this

study who had experienced sexual coercion reported that the perpetrators of their most recent sexual violence experiences were men (p. 644). Although 40.5% of the women surveyed reported experiencing multiple incidences of sexual victimization since adolescence, only the gender of the most recent perpetrator was collected, so some women may have been coerced by both men and women. Further, this study provides evidence that women's same-sex sexual coercion does occur, as 21% of women reported that their most recent perpetrator was a woman. In fact, half of the most recent incidents reported by lesbian participants involved a female perpetrator—significantly more than were reported by the bisexual participants (28%) (p. 643).

In one of the very few studies identified that directly investigated women's experiences with same-sex sexual coercion victimization, Waldner-Haugrud and Gratch (1997) found that 45% of their sample of self-identified lesbians had experienced sexual coercion perpetrated by a woman relationship partner, at an average rate of 1.6 incidents per participant (p. 92). Although the study is dated and consisted of data collected at a gay pride event from only White, self-identified lesbians, the high rate of women's same-sex coercion victimization identified can serve to demonstrate the necessity of further investigation into this under-researched topic.

A more recent study of women who had at least one current or past same-sex relationship reported that 12.8% of participants endorsed having been the victim of sexual coercion by their current female romantic relationship partner within the past year (Pepper & Sand, 2015). This is one of only a few studies to date that has directly measured sexual coercion in women's same-sex relationships using a method that allows for the variable of sexual coercion to be separated from other measured variables,

including psychological aggression and physical assault. Consequentially, data were only collected concerning participants' experiences with their current partner that occurred in the last year, even though participants may have been victims of sexual coercion in other contexts or prior relationships. The study also targeted women through university LGBT groups who self-identify as lesbian or bisexual, and only included 40 participants, thus limiting the generalizability of the results.

Minority Stress Theory

One way in which same-sex experiences of sexual coercion perpetration and victimization may differ from other-sex experiences of sexual coercion perpetration and victimization is that sexual minority individuals are a marginalized group, and sexual minority women in, in particular, may experience stress associated with both sexism and heterosexism.

Minority stress theory was first proposed by Meyer (2003) in an attempt to explain why lesbians, gay men, and bisexual individuals experience higher rates of psychopathology than heterosexuals, including substance use disorders, affective disorders, and suicide (p. 674). Meyer explained this excess in prevalence by postulating that experiences of stigma, prejudice, and discrimination to which sexual minority individuals are almost universally subjected create a stressful social environment that then inevitably leads to higher rates of mental health problems in individuals who belong to these stigmatized groups. The idea that undervalued and minority identities experience unique social stresses that lead to adverse psychological outcomes is not new. Meyer's framework for understanding the process includes stress processes that can be applied specifically to sexual minority populations—real experiences of prejudice, expectations

of rejection, hiding and concealing one's identity, internalized homophobia, as well as ameliorative coping processes that may offer protective benefits (p. 674). Since Meyer first proposed his theory of unique stressors for sexual minorities, the theory has been applied to a host of other deleterious psychosocial outcomes associated with sexual minority status including higher rates of sexual dysfunction (e.g., Kuyper & Vanwesenbeeck, 2011), disordered eating symptoms (e.g., Shearer et al., 2015), problematic drinking (e.g., Molina et al., 2015), psychiatric symptoms (e.g., Zamboni & Crawford, 2007) and sexual risk-taking (Wang & Pachankis, 2016).

Social stressors that are uniquely experienced by sexual minorities have not, to my knowledge, been considered as an explanatory model for women's same-sex sexual coercion. Because most previously-identified factors associated with women's same-sex sexual coercion are similar to those of heterosexual sexual coercion (e.g., alcohol use as a strong predictor of perpetration and victimization, prior sexual assault history as a predictor of victimization, a higher number of sexual partners as a predictor for both receipt and perpetration), it is important to consider the unique factors that may potentially be associated with women's same-sex sexual coercion.

Distal and Proximal Sexual Minority-Related Stressors

Meyer discussed two forms of minority stress experiences: distal stressors and proximal processes. He described the process of minority stress as existing on a continuum with distal (i.e., environmental) stressors on one end and proximal (i.e., internal psychological) processes on the other. He described this continuum as illustrating the "tension" between the social and the personal, or objective and subjective,

conceptualizations of stress. Although distal and proximal minority stress experiences are likely related to each other, they may also each have distinct psychological outcomes.

Distal stressors. Meyer conceptualized distal stressors as objective events and conditions that are external to the individual, including social structures and both chronic and acute stressful life events. Objective stressors—or prejudice events—do not depend on the individual's perceptions or appraisals and can also be experienced independent of personal identification with the assigned minority status. For example, someone who identifies as "heterosexual" but engaged in some same-sex sexual activity might still experience prejudice as a result of her behavior.

Meyer conceptualized the construct of prejudice events quite broadly and included clear and overt experiences such as antigay violence and discrimination; institutionalized prejudice, such as anti-sodomy laws; bullying and rejection by peers during schooling years; and heterosexism in the workplace, such as being payed less than heterosexual counterparts. Meyer proposed that exposure by sexual minority individuals to these distal forms of stress leads to adverse psychological, health, and job-related outcomes

Proximal stressors / processes. Proximal personal processes, according to Meyer, are subjective and rely on individual perceptions and appraisals of experiences and events. Such processes may include expectations of stressful events and conditions and the vigilance this expectation requires, the internalization of negative societal attitudes, and hiding or concealing one's sexual orientation. The construct most commonly used throughout the literature to represent the experiences of proximal

stressors, as well as what is discussed in this paper in relation to women's same-sex sexual coercion, is internalized homophobia.

Internalized homophobia, or what is more accurately referred to as *internalized heterosexism* (Szymanski, 2004), involves directing negative social values concerning one's minority sexual identity toward the self. This internalization of society's antigay attitudes can lead to a devaluation of the self and may result in internal conflicts and poor self-regard. Internalized homophobia appears to be most acute early in the coming out process, but it is unlikely that it ever completely abates, even when the person has come to accept their sexual minority status. This is due to the strength of early socialization experiences, and because sexual minorities are continually exposed to antigay attitudes, leading internalized homophobia to play an important role in sexual minority individuals' psychological adjustment throughout life (Meyer, 2003).

Despite the fact that internalized homophobia is difficult to measure and is not uniformly conceptualized or measured, it has been found to play a role in problems such as depression and anxiety (e.g., Igartua, Gill & Montoro, 2003; Szymanski & Chung, 2001), substance use disorders (e.g., Brubaker, Garrett & Dew, 2009), suicidal ideation (e.g., D'Augelli, Grossman, Hershberger & O'Connell, 2001), self-harm (e.g., House, Van Horn, Coppeans & Stepleman, 2011), eating disorders (e.g., Wiseman & Moradi, 2010), sexual risk-taking (e.g., Wang & Pachankis, 2016), sexual dysfunction (e.g., Kuyper & Vanwesenbeeck, 2011), and difficulties with interpersonal relationships (e.g., Mereish & Poteat, 2015).

Sexual Minority Stress and Women's Same-Sex Sexual Coercion

Although neither distal nor proximal minority stressors have been directly investigated in terms of women's same-sex sexual coercion, they have been assessed in regard to sexual coercion perpetration and victimization among sexual minority women. Understanding these relationships, as well as insights provided by the minority stress and relationship violence literature, may provide insight into future research directions. Similar to the general literature on psychosocial correlates of minority stress (Szymanski, Kashubeck-West, & Meyer, 2008a), research on minority stress in relation to perpetration and victimization has generally focused on proximal stressors and has largely ignored distal factors, leaving unanswered the question as to whether experiences of rejection, discrimination, and harassment related to one's sexual minority identity are related to the perpetration of same-sex sexual coercion.

Perpetration

The perpetration of both physical and sexual relationship violence have been found to be positively related to internalized homonegativity among a sample of college students recruited through LGBT organization websites and listservs (Edwards & Sylaska, 2013). Internalized homonegativity was measured in this study using the five-item internalized homonegativity subscale from the Lesbian, Gay, and Bisexual Identity Scale (Mohr & Fassinger, 2000). The variables of sexual and physical violence were measured separately in this study, and the relationship with internalized homonegativity was found to be significant for each. However, although 43% of the sample consisted of women, analyses were not conducted separately for men and women.

A different study found that, in women's same-sex relationships, specifically, the relationship between internalized homophobia and domestic violence (defined in this study as physical and/or sexual violence) perpetration was fully mediated by relationship quality, implying that internalized homophobia results in poorer relationship quality, and that poorer relationship quality, in turn, leads to domestic violence (Balsam & Szymanski, 2005). The authors theorized that minority stress may account for perpetration of relationship violence due to the strain associated with living in a heterosexist society causing one to lash out against a partner (p. 266). Thus, although the authors evaluated internalized homophobia (a proximal stressor) as a correlate of perpetration, they also theorized a relationship between societal discrimination (a distal stressor) and perpetration. Internalized homophobia was measured in Balsam and Szymanski's (2005) study using the Lesbian Internalized Homophobia Scale (LIHS; Szymanski & Chung, 2001), which contains items indicating internalized negative attitudes on five dimensions: personal feelings about being a lesbian, connection with the lesbian community, public identification as a lesbian, attitudes toward other lesbians, and moral and religious attitudes toward lesbianism. Some of the scale wording was changed in this study to also be inclusive of bisexual women (p. 261).

In contrast to other studies, Pepper and Sand (2015) found most factors associated with internalized homophobia among lesbians, including isolation from the lesbian community, lack of public identification as a lesbian, negative feelings about being a lesbian, and negative attitudes toward lesbians, to be unrelated to the perpetration of sexual or physical violence against a woman partner (p. 665). Interestingly, Pepper and

Sand (2015) also measured internalized homophobia using the LIHS but obtained different results than Balsam and Szymanski (2005).

Internalized homonegativity appears to be an important but little researched factor for future investigation. It is often measured inconsistently in studies investigating women's same-sex relationships, which could explain some of these contradictory findings.

Victimization

Balsam and Szymanski (2005) measured and discussed minority stress in the context of relationship violence victimization in women's same-sex relationships and found the minority stress variables of internalized homophobia (proximal) and discrimination (distal) to be related to domestic violence victimization among self-identified lesbian and bisexual women (p. 264). The investigators proposed that minority stress may lead to victimization if women who hold more internalized negative beliefs about sexual minorities, including themselves, may be more likely to stay in abusive relationships. Similar theories seem quite plausible for application to women's same-sex sexual coercion.

Internalized homophobia has also been found to be associated with a higher risk of unwanted sexual experiences during college among sexual minority women (Murchison, Boyd, & Pachankis, 2017). Although the victims of this study primarily reported experiences of male-perpetrated unwanted sexual experiences (88%), women of diverse non-heterosexual identities were included, and analyses were stratified by identity. Specific sexual minority identity was not, however, found to be significantly related to the risk of unwanted sexual experience, although a higher proportion of

bisexual/pansexual/queer participants reported unwanted sexual experiences than lesbian/gay-identified participants. Furthermore, the authors of this study investigated a wide range of unwanted sexual experiences, and asked participants to provide additional descriptors of each experience, including the gender of the perpetrator, the location of the incident, and their relationship to the perpetrator. Participants were then categorized as either victims of "sexual coercion," "sexual assault," or both, depending on the method used by the perpetrator—the use of lies, criticism, social threats, or verbal pressure was considered "sexual coercion," whereas incapacitation by drugs or alcohol, physical threats, or force was considered "sexual assault." Therefore, more specifically, the results of the study showed that higher rates of internalized homophobia were significantly related to experiences of verbal sexual coercion, but not physical sexual coercion.

Conversely, Kuyper and Vanwesenbeeck (2011) did not find higher levels of internalized homonegativity to be related to sexual coercion victimization for the sexual minority women in their sample. Internalized homonegativity in this study was operationalized as "the negative attitude toward one's own attraction to same-sex partners" (p. 266) and was measured using only two items, one which asked if participants would rather be straight, and one inquiring if same-sex feelings were a problem for the participant. Further, the authors acknowledged, sexual coercion victimization was measured using only item, despite the fact that more reliable methods of measurement exist. These findings may have differed from Balsam and Szymanski (2005) because internalized homonegativity is likely more difficult to detect using a simple two-question method that does not operationalize the concept in as thorough of a manner as a measure such as the Lesbian Internalized Homophobia Scale. Future

research in this area could benefit from employing more comprehensive measurements consistently across studies.

Psychological Mediation Framework

Some theorists have proposed that Meyer's model ignores general psychological processes that may explain the development of psychopathology in both sexual minorities and heterosexuals. Focusing exclusively on group-specific processes of sexual minority populations leaves unclear the link between stigma-related stressors and adverse mental health outcomes. Furthermore, the development of prevention and intervention efforts within sexual minority populations is hindered without specific psychological processes to target.

Hatzenbuehler's (2009) Psychological Mediation Framework expands upon Meyer's model and proposes that, in addition to sexual minorities experiencing elevated levels of stress related to stigma, this stress leads to elevated levels of psychopathology through psychological processes that act as the mechanisms through which discrimination and internalized stigma lead to negative outcomes. That is, mediating processes such as cognitive, affective, and coping difficulties, which are experienced by sexual minorities and heterosexuals alike and have been shown to be elevated among sexual minority populations, act as the processes through which minority stress contributes to elevated levels of psychopathology. Hatzenbuehler suggested that by focusing on and identifying these processes, more specific interventions for sexual minorities can be designed to target these processes directly rather than to target minority stress at a societal level, as Meyer's framework would propose.

Although Hatzenbuehler identified specific psychological processes that he believed to be the mediational pathways to higher rates of mental disorders, it seems as though the framework could aptly be applied to other similar adverse outcomes experienced by sexual minorities, such as sexual coercion. Similarly, the possibilities of mediational pathways are extensive, and likely are more specific to the criterion variable under investigation. For example, in a recent investigation of the relationship between minority stress and bisexual women's disordered eating, higher levels of anti-bisexual discrimination were found to be related to more disordered eating behaviors, and this relationship was mediated by higher levels of coping via internalization, or blaming oneself for adverse experiences (Watson, Velez, Brownfield, & Flores, 2016). That is, internalization and self-blame—psychological processes shown to be commonly experienced among both heterosexual and sexual minority women who exhibit disordered eating behaviors (e.g., Stice, Gau, Rohde & Shaw, 2017)—was found to directly mediate the relationship between minority stress and disordered eating among bisexual women. Similarly, psychological processes that have been found to be risk factors for perpetration or victimization of heterosexual sexual coercion may be appropriate variables to consider as mediational pathways between sexual minority stress and experiences of same-sex sexual coercion. In other words, the psychological and behavioral risk factors for heterosexual coercion and women's same-sex sexual coercion may be quite similar; however, for sexual minority women, those shared risk factors may comprise a unique pathway between minority stress and sexual coercion perpetration/victimization. Furthermore, because there are so little existing data summarizing women's experiences with same-sex sexual coercion, processes that have been found to be related to both

heterosexual and same-sex relationship violence and sexual coercion could also provide promising avenues for future investigation. Possible mediators in the relationship between minority stress and women's same-sex coercion could include need for power and control, psychological distress, lack of social support, and hazardous alcohol use.

Power and Control

Although power and control have been theorized to be involved in women's same-sex relationship violence, they have not been directly investigated in terms of women's same-sex sexual coercion. Studies of men's sexual coercion of women have indicated that social dominance and a desire for power to be predictive of perpetration of sexually coercive behaviors (e.g., Williams, Gruenfeld, & Guillory, 2017), but it is unknown whether similar behaviors and attitudes play a direct role in women's same-sex sexual coercion. However, theoretically, internalized homophobia may lead perpetrators to experience feelings of powerlessness influencing them to engage in sexual coercion in an attempt to reclaim power and control.

Sexual coercion perpetration, power, and control. In an early investigation of women who endorsed engaging in sexually coercive behaviors against men, women who perpetrated sexual coercion were found to be more aggressive and power-oriented than non-coercive women and endorsed more beliefs that sex and relationships are a means of gaining advantage (Shea, 1998). Conversely, other researchers did not find aspects of power and domination, such as social dominance and ambivalent sexism, to be significant predictors of sexual coercion perpetration by women against men in their sample (Russell & Oswald, 2001). The authors speculated that either their measurements did not

accurately capture women's desire for domination and power, or that possibly women's motivation for sexually coercing men is not motivated by power differentials (p. 112).

Theories of power and control have been used to explain women's same-sex relationship violence and may be an attempt by the perpetrator to deal with feelings of powerlessness resulting from internalized heterosexism. Renzetti (1992) found a clear imbalance of power between her study participants and their women abusers in her qualitative study of 100 self-identified victims of lesbian physical abuse. Respondents described their abusive partners as the more powerful partner in the relationship in terms of being more decisive and less yielding than themselves, taking more often than giving in the relationship, initiating sex more frequently, and making decisions more often about weekend plans (p. 49). Some of the abused women, however, indicated that they were the more powerful of the two in terms of income, education, or occupational prestige. Renzetti (1992) concluded that her interviews did little to clarify the relationship between these power imbalances and relationship abuse, and it remained unclear if the abusers did in fact feel powerless and used violence as a form of dominance in order to control their partner due to feelings of inadequacy, low self-esteem, or stress.

Poorman and Seelau (2001) found self-identified lesbians who had abused their partners to report more of a preference to control rather than to be controlled (p. 101). The data for this study were collected from a small sample of women (N=15) in a support group for abuse cessation, and desire for control was measured using a personality inventory designed to assess for pathology (p. 89). Miller, Greene, Causby, White, and Lockhart (2001) also found a correlation between a greater need for control and more frequent use of violent conflict tactics among a sample of women in same-sex

relationships. Data were collected at a women's music festival and need for control was measured using six items that assessed for personality traits such as "controlling" and "harsh" (p. 116). Neither of the two aforementioned studies investigated contextual or relationship variables, and instead simply measured personality traits of abusers.

In her qualitative study of women victims of same-sex sexual violence, Girshick (2002b) found the most commonly mentioned reasons that participants felt their perpetrators had abused them were power, control, and internalized homophobia (p. 157). Although she did not interview any perpetrators, she surmised that the perpetrators her participants described were desiring of control over some area of their lives and resorted to abusing their partners in order to gain that control. One participant described her partner as feeling angry and resentful about being a "minority in a majority world" and having power and control issues with "society as a whole" (p. 158).

Internalized homophobia, power, and control. Ristock (2002) cautioned against simply applying heterosexual models of power and control to women's same-sex relationships, which she believes ignores the specific context of women's same-sex relationships as being situated within a sexist and racist culture (p. 114). Women, particularly sexual minority women experiencing proximal minority stress such as internalized heterosexism, likely feel powerless because of their shame related to their sexual identity. Worcester (2002) suggested that the same issues of power and control that exist in heterosexual relationships also influence women's same-sex relationships and are even further compounded by internalized homophobic and heterosexist societal messages that their relationships are not sanctioned (p. 1405). The distinct role that power and control play in women's same-sex relationship abuse remains unclear, but their

evident presence indicates that they might also play a role in women's same-sex sexual coercion.

Balsam (2001) discussed internalized homophobia in terms of privilege and power in women's abusive same-sex relationships and hypothesized that women may use violence in an attempt to establish power and control over their partner, either because the partner holds more privilege in society due to race, class, disability, or immigration status, or because the perpetrator sees herself as a "victim" in a homophobic world (p. 33). Sexual minority women who experience discrimination and internalized heterosexism may use intimate relationships as a context in which to exert a position of power and control in an attempt to ward off feelings of internalized stigma, shame, and rejection. Tigert (2001) similarly theorized that attacking one's partner is connected to feelings of powerlessness and is an attempt to feel better about oneself by hurting someone else through proving one's power and control. Tigert asserted that perpetrators experiencing feelings of internalized stigma may use abuse in a misguided attempt to take the focus off oneself and to assert power elsewhere (p. 80). It seems as though feelings of powerlessness resulting from internalized stigma could be directly linked to perpetration of sexual coercion, particularly if the victim is also a woman.

Psychological Distress

Because experiences of minority stress have been found to play a role in the perpetration of sexual and relationship violence among sexual minority college students (Edwards & Sylaska, 2013) as well as the perpetration of domestic violence in women's same-sex relationships (Balsam & Szymanski, 2005), it is important to investigate the role that potential mediators may play in an attempt to more clearly understanding the

psychological mechanisms through which such processes occur. One possibility may be the experience of general psychological distress.

Sexual coercion perpetration and psychological distress. Variables related to psychological distress have been found to be associated with the perpetration of sexual coercion among men. For example, high trait levels of anxiety have been found to be associated with men's perpetration of sexual coercion (Peterson et al., 2018) which may indicate that the personality dimension of negative emotionality and worry may manifest itself in perpetration-related behaviors. Similarly, trait-level hostility, anger, and the internalization of negative emotions have been found to be associated with perpetration of intimate partner violence among both male and female perpetrators (Birkley & Eckhardt, 2015). Exposure to traumatic experiences and PTSD symptoms of depression, alcohol abuse, and drug use are also frequently associated with men's perpetration of relationship violence (e.g., Semiatin, Torres, LaMotte, Portnoy, & Murphy, 2017). Women who perpetrate psychological aggression against their partners, including behaviors such as control, intimidation, coercive acts causing emotional harm or threatening harm have been found to experience higher levels of psychological distress, anxiety, trait anger, and poor relationship adjustment than women who are not physically aggressive (Taft et al., 2006). Shorey et al. (2012) theorized that, for some perpetrators, psychological aggression may even serve as a method of emotion regulation, suggesting that psychological distress may directly precede perpetration.

Experiences of discrimination and psychological distress. Empirical studies have consistently shown experiences of minority stress to be associated with higher rates of depression, shame, guilt, anxiety, and low self-esteem (e.g., Berg, Munthe-Kaas &

Ross, 2016; Lehavot & Simoni, 2011; Meyer, 2003). Specific distal stressors such as antigay violence and discrimination, however, have been researched far less frequently than proximal stressors such as internalized homophobia. However, Szymanski (2006) found experiences of harassment, rejection, and discrimination related to one's identity as a sexual minority to be predictive of psychological distress regardless of the victim's internalized heterosexist beliefs.

Perceived experiences of discrimination, a distal minority stress factor, has been found to be associated with negative affect (Hatzenbuehler, Corbin & Fromme, 2009). The authors of this study investigated experiences of discrimination related to a variety of identities, including sexual identity. Experiences of discrimination directly related to one's sexual identity, referred to in this study as "gay bashing," were found to be associated with higher levels of sexual problems, such as insufficient frequency of sex, maintaining affection for one's partner, and feeling "good enough" sexually, as well as greater levels of psychiatric symptoms (Zamboni & Crawford, 2007). In fact, this study found that psychiatric symptoms fully mediated the relationship between gay bashing and sexual problems—that is, experiences of gay bashing predicted psychiatric symptoms which, in turn, predicted sexual problems (p. 575). Experiences of discrimination directly related to one's identity as a sexual minority have also been found to be associated with anxiety, lower distress tolerance (Reitzel, Smith, Obasi Forney & Leventhal, 2017); depressive symptoms (Feinstein, Wadsworth, Davila & Goldfried, 2014; Michaels, Parent, & Torrey, 2016); suicidal ideation (Sutter & Perrin, 2016); binge eating (Mason & Lewis, 2015); disordered eating, including dieting, bulimia, food preoccupation, and oral control (Watson, Grotewiel, Farrell, Marshik, & Schneider, 2015); expectations of

rejection, increased anger rumination, lower self-compassion, greater psychological distress (Liao, Kashubeck-West, Weng, & Deitz, 2015); PTSD symptoms (Szymanski & Balsam, 2011); rejection sensitivity, and internalized homonegativity (Feinstein et al., 2014). Thus, with the relationship between experiences of sexual identity-related discrimination and psychological distress appearing to be well-supported, and some preliminary evidence also existing that psychological distress is related to perpetration, it seems plausible that psychological distress may mediate the relationship between experiences of LGB-related discrimination and perpetration of same-sex sexual coercion.

Social Support

Because internalized homophobia has been linked to the victimization of sexual and relationship violence in women's same-sex relationships (e.g., Balsam & Szymanski, 2005; Murchison et al., 2017), it is important to assess variables that may be mediating this relationship. One possibility could be one's sense of social support, or connection to a community of close and supportive individuals. Meyer's model of minority stress addressed social support as a stress-ameliorating factor—that is, a component of minority stress that positively contributes to coping and well-being (Meyer, 2003). Meyer proposed that although family support and self-acceptance also ameliorate the negative effects of sexual minority stress, a strong sense of LGB group solidarity and cohesiveness may serve as a more powerful protective factor against the adverse mental health effects associated with minority stress. In other words, it is important for individuals to feel accepted and supported in general but having access to a community in which one is validated and not stigmatized may provide a particularly potent contribution toward one's ability to cope with minority stress (p. 677).

Social support and sexual coercion victimization. Although greater levels of social support have been found to be associated with positive psychological health benefits following the experience of sexual coercion or intimate partner violence victimization (e.g., Dworkin, Pittenger, & Allen, 2016; Sylaska & Edwards, 2014), little research has been conducted concerning the ways in which social support may impact the likelihood of which someone experiences sexual coercion victimization in the first place. Among heterosexual women, lack of social support has been shown to be a risk factor for relationship violence including sexual coercion victimization (Lovestad & Krantz, 2012). In addition, low levels of family cohesion and support and higher levels of familial conflict have been found to be risk factors for sexual coercion victimization among African-American adolescent women (Cecil & Matson, 2005). Similarly, higher rates of reported social isolation have been found among both men and women victims of sexual coercion as compared to men and women who had not experienced sexual coercion victimization (Zweig, Barber & Eccles, 1997). No information about perpetrator gender or victim sexual identity was measured in either of the aforementioned studies.

One study found that lesbian-identified women who reported sexual coercion victimization were more likely than lesbians who had not experienced sexual coercion to report close female social support providers who had also experienced sexual coercion victimization (Jones & Raghavan, 2012), but this study did not examine the perceived *level* of social support that victims experienced. The authors conclude that the relationship between one's own victimization and close others' victimizations could be due to lesbian communities historically experiencing difficulty acknowledging

relationship and sexual violence within their communities (e.g., Girshick, 2002a; Ristock, 2002).

Balsam (2001) theorized that a woman who may not be "out" about her sexual identity who is in an abusive relationship with another woman may feel additionally isolated and fearful of leaving her partner specifically because of her lack of connection with a lesbian community. Balsam explained that a woman in these circumstances may not know other sexual minorities, which could cause her to experience additional feelings of fear of isolation if she were to be single. Furthermore, her partner may threaten to "out" her to friends or family if she leaves, which could pose even further threats of isolation (p. 32). Similarly, Renzetti (1992) reported that "almost all" of the women she interviewed for her study of lesbian victims of relationship violence had indicated that social isolation and dependence on their partner were reasons for not leaving an abusive relationship (p. x).

Indeed, a strong sense of connection to an LGBTQ community has been shown to be associated with a lower risk of unwanted sexual experiences (Murchison et al., 2017). In fact, the researchers in this study found the relationship between reporting feelings of support and belongingness to one's local LGBTQ community and experiencing lower levels of unwanted sexual experience victimization was mediated by lower levels of internalized homophobia (p. 7). The authors suggested that this relationship may be a result of bystander intervention and members of one's LGBTQ community assisting in risky situations with protective and supportive behaviors, both in terms of situations where other members of the community are present as well as in terms of ongoing intimate partnerships in which relationship and/or sexual violence is present (p. 14). In

contrast to this study's finding that internalized homophobia mediates the relationship between social support and a negative psychosocial outcome (i.e., unwanted sexual experience), as well as Meyer's (2003) hypothesis that community coping moderates the relationship between minority stress and psychosocial outcomes, Szymanski et al. (2008a) proposed that stress-ameliorating factors such as social support and LGB community coping are more likely to mediate the relationship between internalized homophobia and psychosocial outcomes. They refer to Cass's (1979) sexual identity development model which suggests that sexual minority individuals with higher levels of internalized homophobia, particularly during the early stages of the coming out process, are likely to engage in avoidance strategies such as purposefully avoiding LGBT culture, friends, and events, and more or less "passing" as heterosexuals, in order to avoid coming to terms with one's internalized oppression. Furthermore, Cass proposed that in order to promote healthy sexual identity development and coping, internalized homophobia needs to be reduced in order to facilitate access to LGB communities and support.

To further support the proposed mediation effect presented in Szymanski et al. (2008a), Szymanski and Kashubeck-West (2008) found social support to fully mediate the relationship between internalized heterosexism and psychological distress, such that higher levels of internalized heterosexism were related to lower levels of social support which were then associated with higher levels of psychological distress. Despite the fact that psychological distress and the victimization of same-sex sexual coercion are remarkably different experiences, they both qualify as negative psychosocial outcomes and may accordingly fit into similar mediation pathway models. Although the precise ordering of the effect that social support has on psychosocial outcomes remains unclear,

it appears to potentially play a role in women's same-sex sexual coercion either through or by the experience of internalized homophobia.

Internalized homophobia and social support. Experiencing negative feelings about one's sexual identity (distal minority stress) can have an impact on an individual's ability and desire to create meaningful connections with others in the gay, lesbian, and bisexual communities. Individuals who are not "out" about their sexual identity or who experience high levels of internalized shame and minority stress may be cut off from family, friends, and sexual minority communities and may have negative feelings about themselves that may impede making such connections. This might leave a sexual minority woman feeling overly dependent on her partner, particularly if her partner is abusive or controlling (Balsam, 2001). Internalized homophobia in lesbians has been linked with lower social support, lack of connection with the lesbian community, loneliness, low self-esteem, and depression (Szymanski & Chung, 2001). Internalized homophobia has also been linked to social isolation through a mediation pathway of emotion-focused coping, suggesting that sexual minority women may use emotional-coping strategies (self-blame, rumination, catastrophizing) to deal with internalized homophobia, which then leads to social isolation, perhaps in an effort to avoid further potential rejection (Mason & Lewis, 2015).

A recent empirical investigation found internalized homophobia to be negatively associated with perceived social support among sexual minority women, indicating that participants who reported experiencing higher levels of internalized homophobia also reported significantly lower levels of social support (Lehavot & Simoni, 2011). The authors pointed out that their measure of social support assessed social support from

significant others, family, and friends, without querying social support specifically from other sexual minorities, despite some research suggesting that perceived social support from others who share one's sexual minority identity may have an even greater impact on well-being than social support from close others who are not sexual minorities (e.g., Doty, Willoughby, Lindahl, & Malik, 2010; Meyer, 2003). Although parental acceptance of one's sexual minority identity and general family support have been found to be associated with lower levels of internalized homophobia (Feinstein et al., 2014), experiencing a psychological sense of LGBTQ community may also be related to both lower levels of internalized homophobia (Murchison et al., 2017). In fact, a recent study found the highest levels of internalized heterosexism among participants who reported both the lowest levels of general social support (measured in this study as family, friends, and significant others) as well as the lowest levels of access to LGBT-affirming resources, including bars, pride marches, and support groups, suggesting that perhaps LGBT community-specific *and* general social support are helpful in terms of mitigating internalized heterosexism (Puckett, Horne, Herbitter, Maroney, & Levitt, 2017).

Hazardous Alcohol Use

Research consistently finds that sexual minority women are more likely than heterosexual women to drink alcohol, and they drink more frequently, in larger quantities, and more often to the point of intoxication (e.g., Wilsnack et al., 2008). This problematic trend among sexual minority women has been linked to minority stress (e.g., Wilson, Gilmore, Rhew, Hodge, & Kaysen, 2016), and may play a key role in women's experiences of same-sex sexual coercion.

Alcohol and sexual coercion victimization. A large number of studies show that higher rates of alcohol use among heterosexual (e.g., Abbey, Zawacki, Buck, Clinton & McAuslan, 2004; Lorenz & Ullman, 2016) and sexual minority women (e.g., Gilmore et al., 2014; Hequembourg et al., 2013) are associated with a higher likelihood of sexual coercion victimization. In fact, the severity of lesbian and bisexual women's alcohol use has been found to be positively association with the severity of reported sexual victimization experience(s) (Gilmore et al., 2014; Hequembourg et al., 2013). In other words, participants who indicated more harmful patterns of drinking (e.g., more drinking-related problems, more drinks consumed per day) were more likely to report experiencing instances of attempted or completed forced oral, anal, or vaginal penetration rather than no sexual victimization or coerced or forced kissing or fondling. More hazardous drinking patterns have also been found among sexual minority women who have experienced more types of lifetime sexual and/or relationship violence (e.g., childhood sexual abuse, adult sexual assault, adult intimate partner violence) than among women who reported experiencing few or no types of victimization (Hughes, Johnson, Steffen, Wilsnack, & Everett, 2014).

It cannot be determined from any of the aforementioned studies whether alcohol consumption and assault victimization happened simultaneously. Additionally, a majority of both the bisexual and lesbian women surveyed in Hequembourg et al. (2013) reported male perpetrators, and the gender of the perpetrator was not assessed in Gilmore et al. (2014), leaving it unclear as to whether alcohol use is also correlated with victimization perpetrated by other women.

Minority stress and alcohol use. Stress is a significant predictor of heavy alcohol use in general (e.g., Becker, 2017), and alcohol is often used by individuals experiencing high levels of stress in order to regulate emotions or cope with stressful life events (e.g., Dvorak et al., 2014; Keyes, Hatzenbuehler & Hasin, 2011). Similarly, alcohol has been found to be a means by which individuals cope with experiences of discrimination (Hatzenbuehler, Corbin, & Fromme, 2011), particularly discrimination related to sexual minority stress (McCabe, Bostwick, Hughes, West, & Boyd, 2010). In a large, representative study of nearly 35,000 American adults, LGB participants reported experiencing nearly twice as many past-year substance use disorders as heterosexual participants (McCabe et al., 2010; p. 1948). In fact, as the number of past-year and lifetime LGB-related discrimination experiences increased, so did the likelihood of a past-year substance use disorder (p. 1949). In this study, substance use included, but was not limited to, alcohol use.

A recent empirical investigation of the relationship between problematic alcohol use and minority stress among sexual minority women found that lifetime experiences of sexual identity-related harassment, rejection, and discrimination; workplace and school sexual-identity related discrimination; and other experiences of discrimination and prejudice to each be positively associated with higher rates of reported alcohol abuse (Lehavot & Simoni, 2011). Self-identified lesbian and bisexual women who reported experiencing more frequent incidences of heterosexist discrimination also reported consuming more drinks per week as well as experiencing more negative consequences related to drinking (Wilson et al., 2016).

Sexual Identity Considerations

All of the factors discussed thus far, including internalized heterosexism, desire for power and control in relationships, victimization and perpetration of sexual coercion, experiences of sexual identity-related discrimination, psychological distress, social support, and hazardous alcohol use, vary according to sexual identity. Not only do lesbian and heterosexual women experiences difference rates of alcohol abuse (e.g., Hughes et al., 2010), discrimination (e.g., Hatzenbuehler et al., 2011), and sexual coercion victimization (e.g., Edwards et al., 2015), but heterosexual and lesbian women also differ from bisexual (Fredriksen-Goldsen, Kim, & Barkan, 2010), "mostly heterosexual" (Hughes et al., 2010), and queer-identified women (Smalley, Warren & Barefoot, 2016) on several of these variables.

Sexual Minority-Identified Women

Some groups of sexual minorities appear to experience higher rates of sexual victimization than other groups of sexual minorities. As previously reported, bisexual women appear to experience the highest levels of relationship violence victimization among all sexual identity groups, particularly when they are in relationships with men (e.g., Goldberg & Meyer, 2012; Messinger, 2011). In fact, Goldberg and Meyer (2012) found bisexual women to report higher rates of both one-year and lifetime IPV victimization (measured in this study as including physical and sexual coercion) than lesbian women, heterosexual women, and even women who reported having sex with women but who do not identify as either lesbian or bisexual (p. 1113). Data collected from college students (e.g., Ford & Soto-Marquez, 2016) as well as general adult samples (e.g., Walters et al., 2013; Hequembourg et al., 2013) tend to find that women who

identify as bisexual report the highest rates of sexual coercion victimization of any gender or sexual orientation, with reported rates ranging from 37.8% (Ford & Soto-Marquez, 2016) to 76.0% (Hequembourg et al., 2013) depending on the definition of sexual coercion. Hequembourg et al. (2013) also found the bisexual women in their study to report significantly higher sexual victimization severity scores than the lesbian participants, in addition to higher rates of victimization (p. 644).

It has been hypothesized that, compared to other women, bisexual women may be at greater risk of experiencing sexual coercion victimization (e.g., Kuyper & Vanwesenbeeck, 2011)—in addition to a host of other negative health and psychosocial outcomes such as poorer mental health (e.g., Colledge, Hickson, Reid & Weatherburn, 2015), poorer physical health and greater economic disadvantages (e.g., Gorman, Denney, Dowdy, & Medeiros, 2015), and higher levels of sexual risk and sexually transmitted infections (e.g., McCauley et al., 2015)—due to "internalized biphobia" (Ochs, 1996). This form of internalized oppression has also been referred to *bisexism* in order to avoid the problematic connotations associated with *phobia* (Szymanski et al., 2008a). This term refers to the shame, illegitimacy, and confusion felt by many bisexuals due to the "double discrimination" they experience from being minorities in both the gay and heterosexual communities, the lack of bisexual role models and representation in popular media, popular stereotypes of bisexuals as unable to commit to a sexual identity, and the ways in which these stereotypes can negatively affect bisexual individuals' romantic and sexual relationships (Ochs, 1996). For example, in her qualitative investigation of lesbian and bisexual women who identified as victims of woman-perpetrated sexual violence, Girshick (2002b) found that biphobia was described by many

bisexual participants as a weapon used by partners in order to portray them as promiscuous, untrustworthy, and deserving of sexual aggression (p. 69). An analysis conducted by Kaestle and Ivory (2012) revealed that approximately 82% of published studies analyzing health among sexual minority populations combined bisexual participants with lesbian and/or gay participants for data analytic purposes, despite the fact that a bisexual identity has been found to be associated with far greater risk countless areas of research than gay and lesbian identity! The combining of data, of course, is likely due to fairly small sample sizes that perhaps do not include sufficient quantities of members of various minority identity groups, but nonetheless points to the fact that bisexism is furthered by such research methodologies that do not give the group a distinct voice.

Research also shows that women who are in relationships with other women but are not "out" about their sexual minority identity tend to experience a high level of social risk factors related to relationship violence vulnerability such as being an "outsider" in the lesbian community, feeling unable to discuss the abuse with close others who are not aware of their minority identity, or being dependent upon abusive partners for information about what it means to be "lesbian" (Ristock, 2002). It is also known that this group is more vulnerable than "out" lesbian in other areas, including both physical (Rothman, Sullivan, Keyes & Boehmer, 2012) and mental health risks (Morris, Waldo, & Rothblum, 2001), which may mean they may be more vulnerable to sexual coercion as well.

Recent research has indicated that some less frequently used sexual identity labels such as "mostly straight," "pansexual," and "queer" may be associated with different risk

and protective factors than more commonly used labels such as “bisexual” and “lesbian.” For example, one study found sexual revictimization (i.e., experiencing victimization of both childhood sexual abuse and adult sexual assault) among a sample of women of diverse sexual identities to be the strongest predictor of hazardous alcohol use among participants who identified as “mostly heterosexual” and “mostly lesbian” (Hughes et al., 2010). This pattern was only significant among these two identity groups. The authors of this study concluded that these findings highlight the need for future research that more closely examines the meanings of these more nuanced and less frequently used sexual identity labels, as well as a clearer understanding of the different ways in which individuals with these various identities respond to and interpret sexual victimization experiences. Furthermore, these results indicate that simply providing sexual minority participants with three categories of sexual identity (e.g., heterosexual, bisexual, lesbian) not only excludes individuals who may not identify with or fit neatly into one of these categories, but also does not allow for analyses that may more clearly capture the nuanced differences between and among individuals with a wide variety of distinct sexual identities.

Other researchers have come to similar conclusions. For example, a recent study comparing health risk behaviors among a large sample of diverse gender and sexual minority identities found queer-identified participants to report the highest rates of general alcohol use of all sexual identity groups, and pansexual/omnisexual participants to endorse the highest rates of driving while intoxicated (Smalley et al., 2016). Pansexual/omnisexual participants also reported the highest rates of self-harm in addition to the lowest frequency of seeking medical care. Bisexual participants in this study

reported the highest rates of having sex under the influence of alcohol, drinking without a desire to, and engaging in anger behaviors such as yelling at or harming others. Identities such as genderqueer and nonbinary, which would typically be either excluded from data collection or lumped together with other non-monosexual participants, were, in fact, found to show their own distinct patterns of risk. If the differential experiences across identities that may impact minority stress in diverse ways are not being considered across studies, then the significant mental and physical health consequences associated with minority stress are not being understood in nuanced and complete ways, and are instead being described by the dominant identities within this complex and diverse minority.

If the fact that some groups may be more vulnerable than other groups is not being considered when investigating topics such as sexual coercion between women, these additional vulnerability factors related to some identities are being ignored. Furthermore, if groups of women such as women who are in relationships with other women but who are not "out" are not being involved in data collection, then current data are not revealing the whole story.

Heterosexual-Identified Women

It is also important to consider the fact that sexual identity and sexual behavior are related but separate constructs. As the previous section suggests, the sexual identity label with which one identifies, perhaps almost regardless of behavior, carries with it certain and specific risk and protective factors. One group of women who have rarely been considered throughout the same-sex sexual coercion, relationship violence, minority stress, and sexual minority mental and physical health literatures is heterosexual-identified women who engage in sexual behaviors with other women. Little is known

about the risk and protective factors that these women's identity, in comparison to their behavior, may bring with it. There is also the possibility that a heterosexual-identified woman has engaged in non-consensual sexual behavior with another woman even if she has never had same-sex consensual sex. Regardless of the reasons as to why individuals choose certain identity labels over others, it is important to gather data from all individuals who may have experience with the phenomenon under investigation. In the current example, this includes all individuals who identify as women who have experienced either perpetration or victimization of same-sex sexual coercion, regardless of their sexual identity.

There is some research showing that sexual behavior, regardless of identity, may be associated with particular health risks. For example, Przedworski and colleagues (2014) found that women who identify as heterosexual but report having prior sexual experiences with women are significantly more likely than heterosexual-identified women with no prior sexual experience with women to report heavy alcohol use, more frequent binge drinking, and higher likelihood of lifetime cigarette usage (Przedworski, McAlpine, Karaca-Mandic, and VanKim, 2014). Similarly, McCauley et al. (2014) found that adolescent women who had at least one female sexual partner in their lifetime were more likely to have experienced recent relationship abuse compared to participants who had male sex partners only. In fact, nearly 20% of their sample identified as heterosexual but reported prior female sex partners (McCauley et al., 2014). In this study, participants who reported male sex partners only reported a variety of sexual identities, including heterosexual, lesbian, bisexual, and questioning. These two studies point to, not only the

complexities of sexual identity, but also the importance of measuring both identity and behavior in order to most accurately capture the whole story.

The Present Study

The current study aimed to explore women's experiences of both victimization and perpetration of same-sex sexual coercion. Because so little is known about women's same-sex sexual coercion, many of the goals of this study were descriptive. For example, this study aimed to describe the frequency with which sexual coercion perpetration occurs in women's same-sex sexual experiences, the sexual acts employed by the perpetrator, and perpetration tactics most frequently endorsed by participants.

Additionally, this study examined the ways in which minority stress variables and sexual identity-related variables are related to these experiences. Data were collected from women who have had sexual contact with women, but the main study hypotheses were assessed only with women who hold sexual minority identities (i.e., women who have had sex with women but identify as heterosexual were not included for the primary analyses). Specific hypotheses are as follow:

Hypothesis 1: Higher rates of reported proximal sexual minority stress, measured as internalized homophobia, among sexual minority-identified participants is related to higher rates of reported same-sex sexual coercion perpetration, and that relationship is mediated by feelings of powerlessness, such that higher minority stress is associated with lower perceptions of personal power, which is, in turn, associated with higher likelihood of perpetration.

Hypothesis 2: Higher rates of reported distal sexual minority stress, measured as experiences of heterosexist harassment, rejection, and discrimination, among

sexual minority-identified participants is related to higher rates of reported same-sex sexual coercion perpetration, and that relationship is mediated by psychological distress, such that higher minority stress is associated with higher levels of psychological distress, which is, in turn, associated with higher likelihood of perpetration.

Hypothesis 3: Higher rates of reported proximal sexual minority stress, measured as internalized homophobia, among sexual minority-identified participants is also related to higher rates of same-sex sexual coercion victimization, and that relationship is mediated by social support, such that higher minority stress leads to lower social support, which, in turn, leads to higher likelihood of victimization. I conceptualize social support in terms of support from important others, including friends and family, as well as social support from the LGBT community.

Hypothesis 4: Higher rates of reported distal sexual minority stress, measured as experiences of heterosexist harassment, rejection, and discrimination, among sexual minority-identified participants is related to higher rates of same-sex sexual coercion victimization, and that relationship is mediated by hazardous alcohol use, such that higher minority stress leads to high rates of hazardous alcohol use, which, in turn, leads to high likelihood of victimization.

In addition to these primary research hypotheses, I conducted analyses to evaluate how these hypotheses function across a variety of different sexual identities. Because there is not enough prior research to guide clear hypotheses about differences as a function of sexual identity, these were exploratory research questions:

Research Question 1: Exploratory analyses were conducted to evaluate whether the effects tested in hypotheses 1, 2, 3, and 4 were consistent across different sexual minority identities (e.g., lesbian, queer, bisexual).

Research Question 2: Exploratory analyses were also conducted to determine if, for heterosexual-identified participants with same-sex experience, reported level of sexual prejudice (i.e., homophobic and biphobic attitudes) were related to their having been perpetrators and/or victims of same-sex sexual coercion and to evaluate whether feelings of powerlessness mediated the relationship between sexual prejudice and perpetration and whether lack of social support mediated the relationship between sexual prejudice and victimization.

Method

Participants

Participants in the present study were self-identified women and individuals assigned female at birth who were at least 18 years old and indicated they had any type of genital contact, ranging from genital fondling to oral, anal, or vaginal sex, with at least one woman. Methods of sample recruitment and characteristics are detailed below.

Recruitment. Participants were recruited both locally and nationally through listservs, advertisements on Craigslist, postings on Reddit forums and social media groups, flyers and posters, and through word of mouth. In exchange for their participation, participants were given the opportunity to choose from a list of charities to receive a $3 donation. The primary sources of participants were Facebook Queer Exchange forums which are private groups for LGBTQ-identified individuals located in various cities to exchange goods, services, and information. The study was advertised in

25 different Queer Exchange groups across 14 states, Washington D.C., and Toronto, Ontario. Other recruitment methods included emailing moderators of listservs affiliated with LGBT-related groups and organizations including APA Divisions 44 and 35, and Society for the Scientific Study of Sexuality, requesting that they share a link to the study with their members. A very large number of other groups were contacted and did not respond or share the study link. Advertisements were posted on Craigslist community volunteer forums in cities across the country including St. Louis, Seattle, and Chicago. Advertisements were also posted on Reddit SampleSize forum, a venue for researchers to advertise specifically for study recruitment.

Posters were put up across the University of Missouri-St. Louis campus as well as at coffee shops, gyms, yoga studios, community centers, and churches in cities across the country. Venues that do not necessarily exclusively serve LGBT populations were especially targeted. A number of friends and colleagues also posted a study advertisement on their personal Facebook pages or on Twitter and these postings were often re-posted and re-tweeted by others. Friends and colleagues also posted the study advertisement on additional private social media groups including groups for Black women, groups associated with sexual assault awareness, groups for women in specific professions, additional LGBT private forums, and various women's support groups. Although the sample was largely recruited via snowball methods, specific efforts were made to target minority populations (e.g., racial minorities, older women). For all recruitment methods, participants were asked to share the study with friends or other individuals they think would be interested in participating.

The study was advertised across forums and methods using the following language:

Seeking women with same-sex sexual experience

Seeking women for research study participation who:

- Are at least 18 years old
- Have *ever* had any genital contact with another woman
- We are seeking women of ALL sexual orientations
- Women over 40 and/or racial and ethnic minorities are particularly encouraged to participate

Your participation is voluntary and your responses are confidential.

After completing our online survey you will have the option of choosing a charity from a provided list of options to receive a $3 donation in exchange for your participation. The survey takes approximately 30-45 minutes to complete.

Because the base rate of the behaviors under investigation (i.e., perpetration and victimization of same-sex sexual coercion) were unknown prior to the current study, I aimed to collect data from the largest sample possible in order to include an adequate amount of both perpetrators and victims. The study was funded with money from the University of Missouri-St. Louis Department of Psychology and the University of Missouri-St. Louis Jayne Stake Feminist Research Award.

Sample characteristics. The initial sample consisted of 478 individuals ranging in age from 18 to 67 who lived in 34 different states in the U.S., Washington D.C, and countries outside the U.S. including Italy, Canada, France, Australia, and the U.K. Participants reported they had heard about the study through social media (67.8%), word of mouth (9%), a flyer or poster (2.9%), Listserv (2.3%), and various other sources such as friends, colleagues, and coworkers (2.7%). Participants had been assigned both female (84.9%) and male (2.7%) at birth and indicated that they currently identified with a variety of gender labels including woman (68.8%), genderqueer/non-binary (12.8%),

transman (2.1%), transwoman (1.0%), and a number of other genders including agender, gender fluid, and transmasculine (2.7%). Respondents also reported identifying with a wide variety of sexual identity labels including queer (24.1%), lesbian (18.6%), bisexual (13.6%), pansexual (6.7%), no label (5.6%), heterosexual (3.1%), and a number of other labels including dyke, fluid, gay, heteroflexible, and demisexual (3.8%). Respondents were primarily White (75.5%), Hispanic/Latinx (7.5%), and Black/African-American (4.6%). The sample was highly educated (33.3% completed 4-year college degree; 21.5% completed a master's degree) and mostly employed (56.3% full-time; 15.9% part-time). Most of the sample indicated they are not religious (57.9%) and those that were religious most commonly reported identifying as Protestant (8.2%) or with another belief system (8.8%) such as Pagan, Unitarian Universalist, Witch, a combination of belief systems, or Wiccan.

Procedure

Individuals who accessed the online link for this present study were initially presented with an IRB-approved Informed Consent form. After agreeing to the informed consent statement, participants responded to three screener items (see Screening section below), followed by demographic questions and all study measures. Individuals who reached the end of the survey were given the option of having $3 donated to either The Trevor Project, Humane Society, Days for Girls, or American Cancer Society. The survey was confidential, and it was estimated to take approximately 30-45 minutes to complete.

The study was originally conceptualized as a study for cisgender women (although I allowed anyone who identified as female or as a woman to participate, I had intended to include only cisgender women in my analyses), but I discovered throughout

the data collection process that individuals who identified with a diversity of gender identities were participating. A number of these participants provided feedback, both within the survey and through comments on social media, that some of the study measures did not accurately portray their bodies and/or experiences. As such, I decided to respond to these issues by creating new versions of some of the measures to be more inclusive of transgender and gender non-binary participants. Consequently, non-cisgender participants completed a different set of measures during the first wave of data collection than in the second wave. Cisgender participants completed the same set of measures during both waves of data collection.

For cisgender participants, heterosexual and sexual minorities completed slightly different versions of the study. Only sexual minority participants completed the Lesbian Internalized Homophobia Scale; the Experiences of Heterosexist Harassment, Rejection, and Discrimination Scale; and the Sense of LGBT Community Scale. Only heterosexual participants completed the Sexual Prejudice Scale and the Biphobia Scale.

Informed consent. The consent form was presented electronically and included information on study length, eligibility criteria, potential risks and benefits of participation, procedures for privacy protection and data management, and contact information for the study's principal investigator, faculty advisor, and the Office of Research for the University of Missouri-St. Louis. Individuals were also provided with a link to a list of mental health referral resources to use in the event that responding to the survey questions became upsetting. The referral list included resources such as the Domestic Violence Hotline, the Suicide Prevention Lifeline, and the LGBT Help Center. These organizations can be contacted by individuals located both within and outside the

U.S. A link to the referrals list was also presented at the end of the study. This study received IRB approval for research with human subjects from the University of Missouri-St. Louis (IRB Protocol Number: 1138866-2).

Screening. Following the Informed Consent, participants were presented with a series of three screener questions to determine if they qualify for the study. In order to qualify, participants were required to indicate that: (1) they are at least 18 years old, (2) they identify as a woman or were assigned female at birth, and (3) they have ever had a sexual experience with another woman that involved genital contact ranging from genital fondling to oral, anal, or vaginal sex.

Although all self-identified women could participate, only cisgender women were included in primary study analyses because transgender and gender non-binary individuals face additional layers of minority stress that could complicate the relationship between minority stress and sexual victimization and perpetration.

Data collection and management. Data collection took place from February 2018 to January 2019. All survey measures were completed via a single computer or smartphone survey administered through Qualtrics. Access to the survey was gained through a link provided in postings, emails, and advertisements. No identifying data was collected as part of this study. All study data were stored in a password protected electronic database accessibly only by the study's principal investigator and research mentor.

Measures

As previously described, some study measures were only presented to respondents who identify as a sexual minority and some were only presented to

heterosexual-identified respondents. During the second wave of data collection, modified versions of four measures were presented to gender minority[1] participants. The following section describes measures presented to all participants, measures presented to sexual minority participants, measures presented to heterosexual participants, and, in the second wave of data collection, measures presented to gender minority participants. See Table 1 for a summary of the reliability and descriptive statistics of the measures used in the study's primary analyses.

Measures administered to all participants. The following measures were presented to all study participants regardless of gender or sexual identity during the first wave of data collection. The Sexual Experiences Survey was modified for gender minority participants during the second wave of collection. The version described here was presented to all participants during the first wave of data collection and only to cisgender participants during the second wave.

Demographics. Participants completed a questionnaire that gathered relevant personal information including age, ethnicity, relationship status, religion, education level, and income. See Appendix A.

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[1]I use the terms "sexual minority" and "gender minority" in this paper. I recognize that not all sexual and gender minorities have the same experiences, and I do not intend to further marginalize these groups by using this language. However, in this dissertation, I was particularly interested in how minority stress contributes to negative outcomes, so it seemed to make sense to distinguish between majority and minority groups in this context.

Sexual identity, behaviors, and attractions. Participants also completed a questionnaire that measured sexual identity, gender identity, sexual behavior, relationship experience, and level of sexual attractions to different genders. See Appendix B.

Sexual Experiences Survey. Items from a modified version of the Sexual Experiences Survey-Short Form Victimization (SES-SFV) were used to assess for victimization of female-perpetrated unwanted and non-consensual sexual experiences since age 14 (Koss et al., 2007). The revised version of the survey uses gender-neutral language and thus is considered to be more appropriate for sexual minority populations. The scale was modified for the current study in order to assess specifically for experiences that were perpetrated by a woman and to measure all experiences since age 14 rather than asking participants to separately report experience that occurred since 14 and also in the past 12 months. To that end, questions involving the word "someone" were worded to read "a woman" instead. In addition, the four items that include wording querying about male-perpetrated penetration (e.g., a man put his penis into my vagina) had that portion of the question eliminated. Kissing was also removed as a measured behavior in order to only capture non-consensual genital and/or anal contact. For example, an item that originally read: "Someone fondled, kissed, or rubbed up against the private areas of my body (lips, breast/chest, crotch or butt) or removed some of my clothes without my consent (*but did not attempt sexual penetration)*," now read: "A woman fondled my genitals without my consent (*but did not attempt sexual penetration*)." Following each specific behavior are tactics the perpetrator may have used, including "Taking advantage of me when I was too drunk or out of it to stop what was happening," and "Showing displeasure, criticizing my sexuality or attractiveness,

getting angry but not using physical force, after I said I didn't want to." Participants were to indicate how many times (*0, 1, 2,* or *3 or more*) each tactic had been used to coerce or attempt to coerce them into each specific behavior since age 14. The purpose of asking about experiences since age 14 is to differentiate adolescent and adulthood experiences from child sexual abuse.

Victimization was considered a dichotomous variable for primary study analyses (i.e., participants either endorsed victimization or did not endorse victimization). To that end, three of the scale items querying about attempted sexual coercion were not included when calculating the variable used for primary study analyses. For example, the item, "Even though it did not happen, a woman tried to stick fingers or objects into my vagina without my consent," was not included.

Koss et al. (2007) found the SES to have acceptable internal consistency (Cronbach's α in the low .70s). The measure showed excellent internal consistency in the current study (Cronbach's α = .93 for cisgender women and .94 for the whole sample). However, the authors note that the items on the SES do not necessarily follow a latent factor pattern (i.e., there is not one unobserved construct that is theorized to cause victims to be assaulted). As such, the Cronbach's α may not be appropriate measure of reliability for the measure.

Sexual Strategies Scale. The Sexual Strategies Scale (SSS; Strang, Peterson, Hill, & Heiman, 2013), based on the Postrefusal Persistence Scale developed by Struckman-Johnson et al. (2003), is designed to measure sexual coercion perpetration strategies of varying levels of severity. The wording of the initial scale instructions was altered slightly in order to be more applicable to women's same-sex sexual activity. For

example, the scale initially began with the question, “In the past, which if any of the following strategies have you used to convince a woman to have sex (oral, anal, or vaginal intercourse) *after she initially said ‘no’*?” and now read, “In the past, which if any of the following strategies have you used to convince a woman to have sex activity (genital or anal contact or penetration) *after she initially said ‘no’?*” This wording also made the perpetration behaviors measured with this scale parallel to victimization experiences measured with the SES-SFV. After the initial question respondents were then instructed to select all strategies that apply from a list of 22 options presented non-hierarchically, or they could check “I have never used ANY of the above strategies.” Examples included, “Asking her repeatedly to have sex,” “Taking advantage of the fact that she is drunk / high,” and, “Using physical restraint.” One item was changed that originally read, “Questioning her sexuality (e.g., calling her a lesbian),” to now say, “Questioning her sexuality (e.g., teasing her about being a lesbian or suggesting she is “frigid”). The scale is designed to assess coercion perpetration strategies across five levels: (1) Use of enticement, (2) Verbal coercion, (3) Use of older age or authority, (4) Use of intoxication, and (5) Threats or force. Perpetration was considered a dichotomous variable for primary study analyses (i.e., participants either endorsed perpetration or did not endorse perpetration). In prior studies (Strang et al., 2013; Testa, Hoffman, Lucke, & Pagnan, 2015), participants were more likely to endorse perpetration on the SSS than on the perpetration version of the SES, and Testa et al. (2015) concluded that the SSS may be preferable to the SES as a measure of sexual aggression due to its better Rasch properties and simpler wording.

Rutgers Alcohol Problem Index. The Rutgers Alcohol Problem Index (RAPI; White & Labouvie, 1989) asks participants to rate the frequency of occurrence of 23 alcohol-related consequences in order assess the impact that alcohol has had on social and health functioning of participants over the past year. The questionnaire begins with, "Different things happen to people while they are drinking alcohol or because of their alcohol drinking. Several of these things are listed below. Indicate how many times each of these things happened to you within the last year." Respondents then answered with a 0 (*none*) to 3 (*more than 5 times*) scale. Examples of items include, "Not able to do your homework or study for a test," "Had a fight, argument, or bad feeling with a friend," and, "Kept drinking when you promised yourself not to." Responses were totaled to form a score ranging from 0 to 69 with higher scores representing more drinking-related problems. Scores in the present study ranged from 0 to 65. The measure was originally designed for use with adolescents but the authors report on the measure's website that it can be used with any population (White & Labouvie, 2017). The measure has previously demonstrated a Cronbach's α of .92 and was .95 in the present study.

The Personal Sense of Power. The Personal Sense of Power (PSP; Anderson, John, & Keltner, 2012) was designed to measure the extent to which individuals feel they have power across various relationships and social contexts. The authors describe their conceptualization of power as being distinct from sociostructural indicators of power (e.g., a position of authority) and as being more about one's perception of their personal power and their ability to influence others. The authors reported that there were no differences between men and women in terms of the perceived sense of power across relationship types measured in the original validation study. They also found self-rated

and peer-rated sense of power to correlate. Individuals of the same sociostructural position (e.g., a leadership role) and who had similar control over resources (manipulated through experimental design) reported varying senses of power, indicating that personality may have influenced individuals' sense of power more so than status. The personal sense of power was found to correlate negatively with antisocial attitudes such as Machiavellianism (a tendency to behave in manipulative and deceitful ways), and uncorrelated with exploitativeness/entitlement. It correlated positively with superiority/arrogance self-absorption/admiration, altruism, and tender-mindedness, negatively with modesty, and did not correlate with the tendency to value power. Scores can range from 8 to 56 with higher scores indicating more perceived power. Scores in the current sample ranged from 11 to 55.

The measure begins with specific instructions that vary in terms of the interaction or relationship(s) investigators intend to measure. For the current study, participants' level of perceived power across relationships in general were measured. My version began with, "In my relationships with others…" and then requested that participants rate each scale item using a 1 (*disagree strongly*) to 7 (*agree strongly*) Likert scale. Examples of specific items include, "I can get him/her/them to listen to what I say," "My wishes do not carry much weight" (reverse-scored), and, "If I want to, I get to make the decisions." Internal consistency was satisfactory across all portions of the initial investigation (Cronbach's α ranged from .82 to .85 across samples) and was also found to be good in the present study (Cronbach's α = .86).

The Multidimensional Scale of Perceived Social Support. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988) is a

short, 12-item measure that assesses subjectively perceived social support adequacy across three distinct sources: family, friends, and significant other. Each support source is considered a subscale. The initial validation study found high levels of perceived social support to be significantly correlated with low levels of depression and anxiety. Items are responded to on a 1 (*strongly disagree*) to 7 (*very strongly agree*) Likert-type scale. A total scale score and three subscale scores (for each source of support) are calculated. Total scores can range from 12 to 84, with higher scores indicating a higher degree of perceived support across all three dimensions. Total scores in the current sample ranged from 12 to 84.

A "significant other" in this study was not necessarily conceptualized as a romantic partner but was presented throughout the measure as simply a special individual who provides care and support. A second validation study of the measure, however, did find married participants to report significantly greater support from a significant other than single participants (Zimet, Powell, Farley, Werkman, & Berkoff, 1990). In addition, the authors suggested that "family" may have very different meanings to participants of various ages and marital statuses and concluded that these issues need to be clarified in future research. Despite this potential lack of clarification, the measure is cited extensively throughout the literature, including many studies included in the current review and studies using sexual minority samples. Internal consistency in the initial validation study was found to be good across subscales (Cronbach's $\alpha = .91$ for significant other, .87 for family, .85 for friends) as well as for the total scale (Cronbach's $\alpha = .88$). Internal consistency in the current sample was also good across subscales

(Cronbach's α = .96 for significant other, .92 for family, .90 for friends) as well as for the total scale (Cronbach's α = .88).

Depression, Anxiety, and Stress Scales. The Depression, Anxiety, and Stress Scales (DASS; Lovibond & Lovibond, 1995) were used in this study to assess psychological distress. The measure was initially designed to assess for the negative affective conditions of depression and anxiety while attempting to provide a clear distinction between the two. The third subscale, stress, emerged throughout the initial factor analysis and represents qualities such as difficulty relaxing, irritability, and agitation. The shorter, 21-item version of the scale was used for the current study, on which each of the three subscales has seven items. Items are responded to on a 0 (*did not apply to me at all*) to 3 (*applied to me very much, or most of the time*) scale. The scale begins with the instructions, "Please read each statement and circle a number 0, 1, 2 or 3 that indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement." Subscale scores for the DASS-21 can range from 0 to 21 and total scale scores can range from 0 to 63. In the current sample, subscale scores range from 0 to 21 on all three subscales. Total scale scores in the current sample range from 0 to 63.

The factor structure and performance of scale items have been found to be relatively the same in clinical and non-clinical samples. Henry and Crawford (2005) found that the DASS-21 demonstrated good reliability (α = .88 for depression, .82 for anxiety, and .93 for stress). Reliability was found to be comparable in the current study (α = .91 for depression, .87 for anxiety, and .85 for stress, .94 for the total scale).

Measures administered only to sexual minority participants. The following measures were presented to all sexual minority participants in the first wave of data collection regardless of gender identity. In the second wave of data collection, the HHRDS and the LIHS were modified to be more appropriate for gender minority participants and were administered in their original form to cisgender women with minority sexual identities. The PSOC-LGBT was presented to all sexual and gender minority participants in both waves of data collection and was not modified.

Heterosexist Harassment, Rejection, and Discrimination Scale. The Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006) consists of 14 items designed to assess the frequency with which lesbians have experienced harassment, rejection, or discrimination (i.e., distal minority stress experiences) directly related to their sexual identity. Three subscales are designed to measure harassment and rejection, workplace and school discrimination, and other discrimination experiences. The scale was modified in several ways for this study. The scale was initially designed to measure experiences within the past year but was used to measure lifetime experiences of discrimination for the purposes of the current study. The wording was also changed for some of the items to say "sexual minority" instead of "lesbian" to be inclusive of all sexual minority participants. For example, a question that initially read "How many times have you been treated unfairly by teachers or professors because you are a lesbian?" was changed to, "How many times have you been treated unfairly by teachers or professors because you are a sexual minority?" Two items were added to the scale to measure friendship rejection and sexual/romantic partner rejection, which were not captured in the original version of the scale. This brought the number of

scale items in the current study to 16. Finally, items in the original version are responded to on a 1 (*the event has never happened to me*) to 6 (*the event happened almost all the time; more than 70% of the time*) scale. The scale anchors were changed for this study to be 1 (*the event has never happened to me*) to 6 (*the event has happened to me 9 or more times in my life*).

Mean scale and subscale scores were calculated, with higher scores indicating more lifetime experiences of sexual identity-related harassment, rejection, and discrimination. Possible total scale scores range from 1 to 6; scores in the current sample ranged from 1.00 to 5.13 ($M = 2.13$, $SD = 0.91$). In past research, the instrument demonstrated good internal consistency for the overall scale (Cronbach's $\alpha = .90$) as well as for each subscale (Harassment and Rejection $\alpha = .89$, Workplace and School Discrimination $\alpha = .84$, Other Discrimination $\alpha = .78$). The current study showed similar reliability both overall (Cronbach's $\alpha = .91$) and for each subscale (Harassment and Rejection $\alpha = .86$, Workplace and School Discrimination $\alpha = .79$, Other Discrimination $\alpha = .78$).

Lesbian Internalized Homophobia Scale-Short Form. The Lesbian Internalized Homophobia Scale-Short Form (S-LIHS; Piggot, 2004; Szymanski & Chung, 2001) consists of 39 items designed to assess five dimensions of internalized homophobia in lesbians: (1) public identification as a lesbian, (2) connection with the lesbian community-interaction, (3) connection with the lesbian community-knowledge of resources, (4) personal feelings about being a lesbian, and (5) attitudes toward other lesbians. A modified version of the scale was used for the current study in order to accommodate participants of various sexual minority identities. The scale has previously

been modified to be used for samples of bisexuals (see Balsam & Szymanski, 2005; Szymanski & Kashubeck-West, 2008), and that change was shown to not negatively affect reliability. The scale has not been previously modified, to my knowledge, for use in samples of more diverse sexual identities. In order for the scale to be used for all participants who identify as non-heterosexual, the term *lesbian* was replaced with *sexual minority* throughout the measure. The scale began with the instructions, "The following items use the term '*sexual minority*' to refer to anyone who does not identify as heterosexual. This could include individuals who identify as queer, lesbian, pansexual, bisexual, asexual, or even with no label at all. The label you use to describe your sexual identity may even not be one of these listed here! We are using the term '*sexual minority'* to be inclusive of participants of diverse sexual identities. Please rate the degree to which you agree or disagree with the following statements in regard to your own sexual identity label." The scale includes items such as, "I am comfortable joining a sexual minority social group, sports team, or organization," "I wouldn't mind if my boss knew that I was a sexual minority," and "If some sexual minorities would change and be more acceptable to the larger society, sexual minorities as a group would not have to deal with so much negativity and discrimination."

Questions were responded to on a 1 (*strongly disagree*) to 7 (*strongly agree*) Likert scale. Total and subscale scores were calculated, with higher scores representing a greater amount of internalized homophobia. Possible total scale scores range from 1 to 7; scores in the current sample ranged from 1.21 to 4.92 ($M = 2.32$, $SD = 0.73$). Internal consistency has been found in previous studies to be acceptable for the overall scale (Cronbach's $\alpha = .93$) and for each subscale (α ranged from .72 to .92). The current study

demonstrated similar reliability both the overall scale (Cronbach's α = .91). Most subscales demonstrated good reliability (.72 to .90) but the Attitudes Toward Other Sexual Minorities subscale demonstrated marginal inter-item reliability (.63) in the current sample.

Psychological Sense of LGBT Community Scale. The Psychological Sense of LGBT Community Scale (PSOC-LGBT; Lin & Israel, 2012) was designed to measure the degree to which sexual and gender minority individuals report experiencing feelings of belongingness and an ability to depend on their local LGBT community. Although the initial validation study was conducted using a population that included participants with a wide variety of sexual (lesbian, gay, bisexual, queer, pansexual, other) and gender identities (male, female, transgender, genderqueer, male-to-female, female-to-male, other), the researchers chose to use the acronym LGBT for the title of the scale as well as throughout the scale items. Seventeen of the scale's 22 items were based on the Psychological Sense of Community Scale developed for gay men in central Arizona by Proescholdbell, Roosa, and Nemeroff (2006).

An additional five items were incorporated by Lin and Israel to measure the degree to which individuals feel that an LGBT community exists in their local area. Examples of these additional items include, "How much do you feel that a community exists for gay men?" and "How much do you feel that a community exists for transgender/genderqueer people?" Because I was using this scale to measure participant sense of support from the LGBT community, I did not include these additional five items. As such, my scale contained only the original 17 items.

Items on this scale were responded to on a 1 (*none*) to 5 (*a great deal*) Likert scale in order to indicate the degree to which participants felt each statement described their perceptions. The scale includes a total scale score and five subscale scores. Subscales include: (1) Influencing Others (the degree to which participants feel they influence the community), (2) Influenced by Others (the degree to which participants feel they are influenced by the community), (3) Shared Emotional Connection (feelings of camaraderie and connection among the community), (4) Membership (feelings of belongingness), and (5) Needs Fulfillment (having one's needs met by the community and meeting other community members' needs). Examples of scale items included, "In general, how friendly do LGBT people feel toward each other?" and, "How much do you feel that you can get help from the LGBT community if you need it?" Total scale scores in the current sample ranged from 5 to 25 with higher scores indicating more feelings of belongingness with and ability to depend on the LGBT community. Internal consistency for the total scale was good in the original validation study (Cronbach's $\alpha = .91$), as were each of the subscales (Cronbach's α ranged from .78 on Influencing Others to .92 on Membership). The current study also demonstrated good reliability for subscales (Cronbach's α ranged from .81 on Needs Fulfillment to .95 on Membership) as well as for the total scale (Cronbach's $\alpha = .92$).

Measures administered only to heterosexually-identified cisgender women. The following scales were administered to cisgender women who identify as heterosexual in both the first and second waves of data collection. The measures were not administered to any sexual or gender minority participants.

Sexual Prejudice Scale. The Sexual Prejudice Scale (SPS; Chonody, 2013) is designed to measure bias against gay men and lesbian women. The measure consists of two separate scales, one for gay men and one for lesbian women, each of which have three matching subscales. Only the lesbian scale was used for the current study, and it was administered only to the heterosexually-identified women. The three subscales include: (1) lesbian stereotyping, (2) lesbian affective-valuation, and (3) lesbian social equality beliefs subscale. The questionnaire is responded to on a 1 (*strongly disagree*) to 6 (*strongly agree*) Likert scale. Both total scale and subscale scores were calculated. Examples of scale items include, "Most lesbians are more masculine than straight women," "Lesbians are confused about their sexuality," and, "Lesbians should have the same civil rights as straight women," (reverse-scored). Total scale scores can range from 15 to 90 with higher scores indicating a higher level of sexual prejudice. Total scale scores in the current sample ranged from 15 to 52. In Chonody (2013), the overall scale was found to have good internal consistency in the initial investigation (Cronbach's α = .95) as was each subscale (lesbian stereotyping α = .84, lesbian affective-valuation α = .93, lesbian social equality beliefs α = .88). The current study found similar reliability for both the total scale (α = .93) and each subscale (lesbian stereotyping α = .78, lesbian affective-valuation α = .94, lesbian social equality beliefs α = .80).

Attitudes Regarding Bisexuality Scale. Heterosexual-identified participants' attitudes toward bisexual women were measured using the Attitudes Regarding Bisexuality Scale-Female Form (Mohr & Rochlen, 1999). The scale includes two subscales: (1) tolerance, which indicates the degree to which the respondent views bisexuality as a moral, tolerable identity, and (2) stability, or the attitudes the respondent

holds about the stability of a bisexual identity as well as the stability of bisexual women in both their romantic and non-romantic relationships. The scale begins with the question, "Please read each of the following statements and rate them according to how accurately they describe your attitudes and beliefs. Please respond honestly and answer every question." Examples of scale items include, "Female bisexuality is harmful to society because it breaks down the natural divisions between the sexes," and, "Female bisexuals are afraid to commit to one lifestyle." Items are responded to on a 1 (*strongly disagree*) to 5 (*strongly agree*) Likert scale. The measure was scored by reverse-scoring the necessary items, followed by taking the average of the items on each subscale. Subscale scores can range from 1 to 5 with higher scores indicating a higher degree of tolerance and a higher degree of belief in the stability of bisexual women. Subscale scores in the current sample were 4.38 (stability) and 4.70 (tolerance). Each subscale exhibited good internal consistency in the initial validation study using only heterosexual participants (tolerance Cronbach's $\alpha = .90$, stability $\alpha = .86$). Internal consistency was found to be acceptable in the present study for the Stability subscale ($\alpha = .83$), but there was little variability in the tolerance subscale which led to a low internal validity ($\alpha = .40$).

Measures administered only to non-cisgender participants. The following are measures that were created for the second wave of data collection. They are based on previously-designed measures and were modified to be gender-neutral in order to be more applicable for participants who do not identify as cisgender women. It is important to mention that there were non-cisgender participants in the initial phase of data collection who were not presented with these measures, as these were designed in response to feedback and complaints I received from transgender women and gender non-

binary participants during the first phase of data collection regarding their difficulty responding to the original study measures which assumes that all women have vaginas and all men have penises.

Sexual Experiences Survey. Two revised versions of the Sexual Experiences Survey-Short Form Victimization (Koss et al., 2007) were used to measure nonconsensual sexual behaviors participants have experienced that were perpetrated by a woman and by a man since age 14, with wording changed to apply to transgender individuals (e.g., "penis" and "vagina" changed to "genitals"). The wording of the sexual behaviors was modified but the tactics remained the same. In addition, the number of behaviors presented on this measure was the same as the number of behaviors presented to cisgender participants in order to allow comparison across the groups. Examples of items on the two versions of this measure include, "A woman inserted an object, fingers, or genitals into my butt without my consent," and, "A man touched, stroked, fondled, or penetrated my genitals with his hand, object, or genitals without my consent." Victimization was considered a dichotomous variable and, as such, items measuring attempted sexual coercion (e.g., "Even though it did not happen, a woman tried to have oral sex with me, or make me have oral sex with her without my consent by…") were not included in the final scoring of the measures.

Heterosexist Harassment, Rejection, and Discrimination Scale. A revised version of the Heterosexist Harassment, Rejection, and Discrimination Scale (Szymanski, 2006) was used to assess the frequency with which participants have experienced harassment, rejection, or discrimination directly related to their "sexual and/or gender identity" rather than only their sexual identity. The number of items remained the same

and the wording of each item was changed slightly. Examples of items on this measure include, “How many times have you been treated unfairly by your employer, boss, or supervisors because you are a sexual and/or gender minority,” and, “How many times have you heard anti-gay, anti-lesbian, anti-bisexual, or anti-trans remarks from family members?”

Mean scale and subscale scores were calculated, with higher scores indicating more lifetime experiences of sexual and/or gender identity-related harassment, rejection, and discrimination. Possible total scale scores range from 1 to 6; scores in the current sample ranged from 1.13 to 4.19 ($M = 2.59$, $SD = 1.13$). The current study showed acceptable reliability both overall (Cronbach’s $\alpha = .94$) and for each subscale (Harassment and Rejection $\alpha = .89$, Workplace and School Discrimination $\alpha = .85$, Other Discrimination $\alpha = .75$).

Lesbian Internalized Homophobia Scale. A revised version of the Lesbian Internalized Homophobia Scale-Short Form (Piggot, 2004; Szymanski & Chung, 2001) was used to measure internalized cis-sexist beliefs in addition to heterosexist beliefs. Five items were removed from the short-form version of the scale presented to cisgender participants, and wording of the remaining items was changed from “sexual minority” to “LGBT.” Examples of items on this scale include, “I feel comfortable discussing my LGBT identity with my family,” and, “Being a part of the LGBT community is important to me.”

Questions were responded to on a 1 (*strongly disagree*) to 7 (*strongly agree*) Likert scale. Total and subscale scores were calculated, with higher scores representing a greater amount of internalized homophobia. Possible total scale scores range from 1 to 7;

scores in the current sample ranged from 1.53 to 3.03 (M = 2.20, SD = 0.54). The current study demonstrated acceptable reliability for the overall scale (Cronbach's α = .77). Most subscales demonstrated good reliability (.74 to .89) but the Attitudes Toward Other Sexual Minorities subscale demonstrated negative inter-item reliability (-.20) in the current sample; two of the three items on the subscale were unexpectedly negatively correlated and a third item had no variability. Clearly, this subscale did not function in the tiny sample of heterosexually-identified participants in this study. Thus, the subscale was not used for any analyses.

Statistical analyses. All statistical analyses were conducted in SPSS Version 25 software. Mediation analyses for the primary study hypotheses were conducted using the PROCESS macro for SPSS (Hayes, 2018). The PROCESS macro tests for mediation by examining the significance of the indirect path (e.g., IV → mediator → DV) compared to the direct path (IV → DV). A point estimate, based on 5,000 bootstrapped samples, with a 95% percentile bootstrap confidence interval that does not include "0," was used to indicate if a significant indirect effect ($p < .05$) was indeed present, suggesting a successful mediation. The PROCESS macro is generally viewed as the modern-day "best practice" approach for mediation analysis due to its utilization of nonparametric tests to estimate the significance of indirect effects with data that are not normally distributed, its implementation of bootstrapping methods to powerfully estimate standard errors and confidence intervals in smaller samples, and its ease of use compared to more complicated methods such as SEM to calculate the same statistics (e.g., Hayes, 2018; Hayes, Montoya & Rockwood, 2017; Hayes & Rockwood, 2017).

Because the dependent variables for the primary hypotheses for the current study are dichotomous (i.e., perpetration and victimization of same-sex sexual coercion), logistic regression path analysis was utilized by the PROCESS macro, which is able to detect whether variables in the model are continuous, dichotomous, and/or categorical (Hayes, 2019). The direct and indirect effects for the models in this paper are presented in a log-odds metrics given that the effects of the mediators on the outcome variables are logistic regression coefficients (Hayes, 2019). The PROCESS macro provides three goodness-of-fit model coefficients for logistic regression computations: McFadden pseudo-R^2, Cox and Snell pseudo-R^2, and Nagelkerke pseudo-R^2. There is an extensive debate in the literature concerning which of these statistics are the most appropriate for estimating the percentage of variance in the dependent variable in logistic regression (see, for example: Allison, 2014; Menard, 2000; Meyers, Gamst & Guarino, 2013; Smith & McKenna, 2013; Walker & Smith, 2016). For the purposes of the current paper, the Nagelkerke pseudo R^2 will be used to measure the variance accounted for by each model, as it appears to provide a value most comparable to model R^2 in OLS regression (Smith & McKenna, 2013; Walker & Smith, 2016).

Table 1

Descriptive Statistics of Measures Used in Primary Analyses

Scale	*M*	*SD*	Minimum	Maximum	*N*	α
LIHS-SF	2.32	0.73	1.21	4.92	226	.91
Public identification as a sexual minority	2.51	1.08	1.00	6.31	226	.90
Connection with sexual minority communities-interaction	2.83	0.87	1.50	6.00	226	.73
Connection with sexual minority communities-knowledge of resources	2.50	1.22	1.00	6.20	226	.84
Personal feelings about being a sexual minority	1.49	0.75	1.00	5.67	226	.72
Attitudes toward other sexual minorities	1.55	0.83	1.00	4.50	226	.63
HHRDS	2.13	0.91	1.00	5.13	235	.90
Harassment & rejection by close others	2.41	1.07	1.00	6.00	235	.85
Workplace & school discrimination	1.52	0.76	1.00	4.50	235	.76
Other discrimination	2.09	1.13	1.00	6.00	235	.78
Personal sense of power	39.79	7.42	16.00	54.00	256	.83
RAPI	7.00	10.65	0.00	59.00	260	.94
MSPSS	66.98	11.23	12.00	84.00	254	.86
Significant other	24.09	5.34	4.00	28.00	254	.96
Family	19.19	6.35	4.00	28.00	254	.91
Friends	23.70	4.03	4.00	28.00	254	.88
PSOC-LGBT	16.41	3.91	5.00	25.00	216	.92
Influencing others	2.70	1.11	1.00	5.00	216	.90
Influenced by others	3.44	1.10	1.00	5.00	216	.89
Shared emotional connection	3.65	0.74	1.00	5.00	216	.93
Membership	3.34	1.27	1.00	5.00	216	.94
Needs fulfillment	3.30	0.97	1.00	5.00	216	.80
DASS-21	15.39	11.98	0	63	249	.94
Depression	4.89	4.75	0	21	249	.90
Anxiety	4.04	4.42	0	21	249	.87
Stress	6.46	4.50	0	21	249	.85

Note. Sexual Experiences Survey and Sexual Strategies Scale are not included because they are dichotomous variables. Results shown are for cisgender participants only. LIHS-SF = Lesbian Internalized Homophobia Scale-Short Form. HHRDS = Heterosexist Harassment, Rejection, and Discrimination Scale. RAPI = Rutger's Alcohol Problem Index. MSPSS = Multidimensional Scale of Perceived Social Support. PSOC-LGBT = Psychological Sense of LGBT Community Scale. DASS-21 = Depression, Anxiety, and Stress Scales.

Results

Data Preparation

The initial data set included 410 participants from the first wave of data collection and 64 participants from the second wave for a total sample size of 474. One participant was removed for not agreeing to the informed consent and another eight were removed for indicating they were not at least 18 years old. An additional eight participants were removed for indicating they did not identify as a woman and were not assigned female at birth. An additional 19 participants were removed who indicated they had not had genital contact with another woman, 21 were removed for not reporting their gender identity, and 55 were removed for not reporting their sexual identity. This left the data set at 362 participants.

I determined that participants would only be included in analyses if they had responded to at least 80% of the items for each scale included in the analysis. A missing values syntax was initially implemented to determine the number of missed items for the primary study scales, the SES and the SSS. Participants could have responded to only one item on the SSS and been retained because they can indicate they had never used any of the perpetration strategies listed (this is just one item on the measure), or they could have endorsed having implemented just one perpetration tactic on the list. It was discovered that, among cisgender participants, 15 remaining respondents had answered fewer than 80% of the SES items, and none of them had answered any SSS items, so they were all removed. A missing variables analysis was also used for the gender-neutral version of the SES and 6 additional participants were removed for completing less than 80% of the measure and none of the SSS items. The remaining participants all responded to at least

one item on the SSS. Finally, two duplicate responses were removed. The final data set of participants who will be included in at least one study analysis is 339; participants were excluded on a pairwise basis from any analysis that included a measure on which they were missing data on more than 80% of items.

Missing Data

The SSS and SES-SFV were scored dichotomously, such that participants were categorized as having ever experienced same-sex sexual coercion perpetration (Yes/No) and victimization (Yes/No); missing data on these measures were treated as non-endorsement. All participants in the final data set completed at least 80% of the SES version they were presented (i.e., the original modified version or the gender-neutral version).

Other measures were scored according to the published scoring instructions; missing data were replaced using mean imputation for all participants completing at least 80% of items on a particular scale.

Outliers

The bootstrapping resampling procedure utilized by the PROCESS macro allows for the investigation of models with non-normal distributions. Hayes (2018) asserts that "only the most severe violations of the normality assumption" will impact the validity of regression analyses tested with the PROCESS macro (p. 70). Other statisticians similarly state that nonparametric methods such as resampling and bootstrap confidence intervals are the most appropriate approach for variables that are not normally distributed and that may be affected by outliers (e.g., MacKinnon, Kisbu-Sakarya, & Gottschall, 2013; Preacher & Hayes, 2004; Williams & MacKinnon, 2008; Zu & Yuan, 2010). In fact,

social sciences data very rarely exhibit normal distribution and quite often contain outliers (Micceri, 1989).

Scale scores in the current data set were evaluated for skewness, kurtosis, and outliers in order to gain a clear understanding of the data but with no intention of removing outliers or transforming variables that were not normally distributed. Examination of absolute values for skewness (range = .16-2.19) and kurtosis (range = .01-5.91) for each variable indicated sufficient normality according to some statisticians (i.e., skewness < 3, kurtosis < 10; Weston & Gore, 2006) but not according to others (i.e., both skewness and kurtosis < .5; Hair, Black, Babin, & Anderson, 2010). A summary of the normality estimates for the scales used in primary analyses are represented in Table 2. The current study utilized 5,000 bootstrap resamples for each analysis to generate 95% confidence intervals for indirect effects that were used to assess for mediation. Because many of the variables did not adhere to the conservative threshold of normality proposed by Hair et al. (2010), bootstrap resampling using the PROCESS macro was the most suitable method for obtaining the highest statistical power as well as the lowest likelihood for type-I errors (Hayes & Rockwood, 2017).

Table 2

Normality Estimates of Primary Variables

Scale	Skewness	Kurtosis
LIHS-SF	0.84	0.15
Public identification as a sexual minority	0.80	0.08
Connection with sexual minority communities-interaction	0.88	0.48
Connection with sexual minority communities-knowledge of resources	0.79	0.01
Personal feelings about being a sexual minority	2.19	5.91
Attitudes toward other sexual minorities	1.81	2.78
HHRDS	1.08	0.77
Harassment & rejection by close others	0.84	-0.02
Workplace & school discrimination	1.86	3.23
Other discrimination	1.13	0.77
Personal sense of power	-0.62	0.08
RAPI	2.15	4.62
MSPSS	-1.07	2.04
Significant other	-1.95	3.80
Family	-0.70	-0.32
Friends	-1.27	2.47
PSOC-LGBT	-0.16	-0.39
Influencing others	0.25	-0.70
Influenced by others	-0.50	-0.55
Shared emotional connection	-0.37	0.59
Membership	-0.33	-1.04
Needs fulfillment	-0.09	-0.57
DASS-21	1.24	1.60
Depression	1.22	0.92
Anxiety	1.51	1.93
Stress	0.87	0.56

Note. Sexual Experiences Survey and Sexual Strategies Scale are not included because they are dichotomous variables. Results shown are for cisgender participants only. LIHS-SF = Lesbian Internalized Homophobia Scale-Short Form. HHRDS = Heterosexist Harassment, Rejection, and Discrimination Scale. RAPI = Rutger's Alcohol Problem Index. MSPSS = Multidimensional Scale of Perceived Social Support. PSOC-LGBT = Psychological Sense of LGBT Community Scale. DASS-21 = Depression, Anxiety, and Stress Scales.

Sample Characteristics

The final sample consisted of 339 individuals ranging in age from 18 to 67 (M = 30.22, SD = 8.43). The majority of the sample consisted of cisgender women (78.5%). The remaining participants identified as genderqueer/gender non-binary (13.7%), transgender men (2.6%), transgender women (2.6%), and other (2.6%) genders including agender, gender fluid, questioning, and "not confined." Participants identified with a variety of sexual identity labels including queer (30.4%), lesbian (26.0), bisexual (18.6%), pansexual (9.1%), and heterosexual (3.5%). More than seven percent (7.1%) denied identifying with any particular label, less than one percent (.9%) identified as asexual, and 4.4% identified with other labels including gay, dyke, heteroflexible, and fluid. The majority of the sample identified as White (85.3%) followed by Hispanic/Latinx (9.4%), Black (5.3%) and Asian/Pacific Islander (3.5%). The majority of respondents denied affiliation with any particular religion (67.9%), followed by Protestant Christian (10.3%) and Jewish (6.2%).

The majority of the sample had earned a four-year college degree (39.1%), and many held a master's degree (24.9%). Most reported being employed full-time (64.2%). Twenty-one percent reported earning between $25,000 and $39,999 per year, 16.8% reported earning between $40,000 and $54,999 and 16.5% indicated that they earn less than $15,000 per year. A plurality of respondents indicated they are currently in a monogamous relationship (43.1%), live with their partner (36.6%), and share important financial assets with their partner (28.9%). Nearly forty percent of participants reported that their current partner is a woman (35.7%), 26.9% reported that their current primary partner is a man (21.5%), and 7.4% reported that their partner identifies as

genderqueer/non-binary. Nearly four percent of the sample (3.8%) described “other” partner genders which mostly included multiple primary partners of various genders. See Table 3 for a more complete summary of sample demographics.

Table 3
Demographics of Final Sample

	N	%
Current gender identity		
Cisgender woman	266	78.5
Genderqueer/non-binary	46	13.7
Transman	9	2.6
Transwoman	9	2.6
Other	9	2.6
Sexual orientation/identity		
Queer	103	30.4
Lesbian	88	26.0
Bisexual	63	18.6
Pansexual	31	9.1
No label	24	7.1
Heterosexual/straight	12	3.5
Asexual	3	0.9
Other	15	4.4
Race/ethnicity*		
White	289	85.3
Hispanic/Latinx	32	9.4
Black	18	5.3
Asian/Pacific Islander	12	3.5
Middle Eastern/North African	6	1.8
American Indian/Native	2	0.6
Alaskan		
Another racial/ethnic identity	7	2.1
Religion		
None	230	67.8
Protestant Christian	35	10.3
Jewish	21	6.2
Catholic	15	4.4
Buddhist	7	2.1
Muslim	2	0.6
Another religion	29	8.6
Highest Education		
Less than high school	1	0.3
High school/GED	10	3.0
Some college	66	19.5
2-year college degree	21	6.2
4-year college degree	132	39.1
Master's degree	84	24.9
Professional/doctoral degree	24	7.1
Employment		

	N	%
Full-time	217	64.2
Part-time	62	18.3
Unemployed	44	13.0
Temporary/seasonal	15	4.4
Household income		
Less than $15,000	55	16.5
$15,000-$24,999	31	9.3
$25,000-$39,999	70	21.0
$40,000-$54,999	56	16.8
$55,000-$69,999	34	10.2
$70,000-$84,999	29	8.7
$85,999-$99,999	21	6.3
$100,000-$149,999	18	5.4
More than $150,000	20	5.9
Relationship status*		
Monogamous relationship	146	43.1
Living together	124	36.6
Share important financial assets	98	28.9
Not in a relationship	81	23.9
Open relationship	79	23.3
Married	71	20.9
Plan to be married	64	18.9
Have children together	25	7.4
Friends with benefits	17	5.0
Non-monogamous (sex with others without partner's knowledge)	14	4.1
Primary partner gender		
Woman	121	35.7
Man	91	26.9
Not in a relationship/not applicable	73	21.5
Genderqueer/non-binary	25	7.4
Transman	7	2.1
Transwoman	7	2.1
Other	13	3.8

*Participants were able to select more than one category.

Descriptive Data

Neither victimization nor perpetration of same-sex sexual coercion were uncommon in the current sample, but more participants endorsed victimization than

perpetration experiences. More than 30% of cisgender participants endorsed sexual coercion victimization (defined in the current study as the use of tactics ranging from verbal pressure up to physical force to obtain sexual acts ranging from genital touching or fondling to oral, anal, or vaginal penetration) perpetrated by a woman (31.6%), and 20.2% endorsed perpetrating sexual coercion against a woman. Only 19 cisgender participants (7.1%) endorsed both perpetration and victimization, indicating that, among those reporting experiences with same-sex sexual coercion, the majority endorsed either perpetration or victimization rather than both. A McNemar test confirmed that there was a statistically significant difference between the perpetration and victimization groups, suggesting that perpetration and victimization were not related in this sample ($p = .003$). Among cisgender participants endorsing victimization, the tactic most commonly reported was "taking advantage of me when I was too drunk or out of it to stop what was happening" (endorsed by 63.1% of participants reporting victimization), followed by "showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to" (endorsed by 42.9% of participants reporting victimization). The most common sexual act endorsed by victims was "a woman fondled my genitals without my consent" (endorsed by 90.5% of participants reporting victimization), followed by "a woman inserted fingers or objects into my vagina without my consent" (endorsed by 53.6% of participants reporting victimization). Tables 4 and 5 show the proportion of respondents endorsing each tactic and sexual act presented on the SES.

Among cisgender participants who endorsed perpetrating same-sex sexual coercion, the most commonly endorsed tactic was "continuing to touch and kiss her in the

hopes that she will give in to sex" (endorsed by 72.5% of perpetrators), followed by "taking off your clothes in the hopes that she will give in to sex" (endorsed by 29.4% of perpetrators), and "asking her repeatedly to have sex" (endorsed by 19.6% of perpetrators). See Table 6 for the proportion of participants who endorsed each perpetration tactic presented on the Sexual Strategies Scale.

Table 7 contains a summary of the correlations among the primary study variables. These analyses were conducted only with cisgender participants because they are the group on which primary study hypotheses will be tested. Perpetration of same-sex sexual coercion was found to be significantly associated only with alcohol problems. That is, respondents who endorsed perpetration reported significantly higher problematic drinking scores (M = 12.45, SD = 13.39) than participants who denied perpetrating (M = 9.57, SD = 9.57), $t(248) = -4.1$, $p < .001$. Same-sex sexual coercion victimization was related to heterosexist discrimination, personal sense of power, psychological distress, social support, and problematic alcohol use. Participants who endorsed at least one victimization experiences reported significantly higher rates of heterosexist harassment, rejection, and discrimination (M = 2.63, SD = 1.04) than participants who denied any same-sex sexual coercion victimization experiences (M = 1.88, SD = .73), $t(233) = -6.38$, $p < .001$. Participants endorsing victimization also reported significantly lower personal sense of power (M = 37.71, SD = 8.66) than participants who denied victimization (M = 40.78, SD = 6.54), $t(254) = 3.15$, $p = .002$. Participants who endorsed victimization also endorsed significantly higher rates of depression, anxiety, and stress (M = 19.61, SD = 13.20) than participants who did not endorse victimization (M = 13.36, SD = 10.82), $t(247) = -3.97$, $p < .001$. Participants who endorsed victimization reported significantly

lower levels of perceived social support (M = 64.90, SD = 10.39) than participants who did not report victimization (M = 67.99, SD = 10.39), $t(252) = 2.07$, $p = .04$. Finally, participants who reported victimization also endorsed significantly higher rates of problems with alcohol use (M = 9.62, SD = 13.56) than those who denied victimization (M = 5.82, SD = 8.83), $t(258) = -2.70$, $p = .007$.

Internalized heterosexism (proximal minority stress) was negatively correlated with both personal sense of power, $r(225) = -.18$, $p = .006$, and perceived social support, $r(225) = -.14$, $p = .03$. Internalized heterosexism and LGBT community connection were moderately negatively correlated, $r(216) = -.50$, $p < .001$. Internalized heterosexism was positively correlated with problematic drinking, $r(224) = .20$, $p = .003$. Heterosexist discrimination (distal minority stress) was positively correlated with both psychological distress, $r(233) = .21$, $p = .001$, and LGBT community connection, $r(216) = .24$, $p < .001$.

Personal sense of power was negatively correlated with psychological distress, $r(248) = -.34$, $p < .001$, and with problematic drinking, $r(254) = -.23$, $p < .001$. Personal sense of power was positively correlated with social support, $r(254) = .30$, $p < .001$. Psychological distress and social support were negatively correlated, $r(248) = -.27$, $p < .001$. Psychological distress and problematic drinking were positively correlated, $r(248) = .39$, $p < .001$. Social support and problematic drinking were negatively correlated, $r(252) = -.23$, $p < .001$.

The association between demographic variables and primary analysis mediators and outcome variables were also tested for cisgender participants. Of the demographic variables, only level of education was significantly associated with victimization in the current sample, X^2 (2, N = 265) = 6.94, p = .03. That is, participants with a master's degree

or higher were more likely to endorse victimization than participants with less education. Income was significantly associated with perpetration, as were Asian/Pacific Islander and Latinx race/ethnicity variables. Participants endorsing perpetration reported significantly lower income than participants who denied perpetration, $t(247) = 1.33$, $p = .03$. Asian/Pacific Islander participants were more likely than non-Asian/Pacific Islander participants to endorse perpetration in the current sample, X^2 (1, N = 253) = 5.76, p = .02. Similarly, participants identifying as Hispanic/Latinx were more likely to endorse perpetration in the current sample than participants who did not identify as Hispanic/Latinx, X^2 (1, N = 253) = 5.35, p = .02.

Concerning mediator variables, both level of education and income were significantly associated with personal sense of power. Participants without a 4-year college degree reported significantly lower sense of personal power than participants with a 4-year college degree or higher, $F(2, 252) = 4.34$, $p = .01$. Similarly, income and personal sense of power were significantly positively correlated, $r(252) = .15$, $p = .02$. Age, income, and Hispanic/Latinx race were all significantly associated with psychological distress. Age and psychological distress were negatively correlated, indicating that older participants endorsed lower distress than younger participants, $r(248) = -.24$, $p < .001$. Similarly, participants endorsing a higher income reported lower psychological distress than participants reporting a lower income, $r(246) = -.16$, $p = .01$. Finally, Hispanic/Latinx participants endorsed significantly lower psychological distress scores (M = 9.81, SD = 5.63) than non-Hispanic/Latinx participants (M = 16.04, SD = 12.36), $t(251) = 1.73$, $p = .03$. None of the demographic variables were significantly associated with perceived social support but income was significantly associated with

LGBT community support. Participants reporting higher income reported lower levels of LGBT community support than participants reporting lower incomes, $r(213) = -.18$, $p = .008$. Age was the only demographic variable significantly associated with problematic alcohol use. Older participants reported fewer alcohol-related problems than younger participants, $r(259) = -.14$, $p = .02$.

Table 4

Tactics and Sexual Acts Endorsed on SES (N = 266)

Tactic	*N* (%) endorsed
Taking advantage of me when I was too drunk or out of it to stop what was happening	53 (19.9)
Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to	36 (13.5)
Telling lies, threatening to end the relationship, spreading rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to	34 (12.8)
Using force, for example holding me down with her body weight, pinning my arms, or having a weapon	24 (9.0)
Threatening to physically harm me or someone close to me	15 (5.6)
Sexual Act	***N* (%) endorsed**
A woman fondled my genitals without my consent but did not attempt sexual penetration	76 (28.6)
A woman inserted fingers or objects into my vagina without my consent	45 (16.9)
A woman hade oral sex with me or made me have oral sex with her without my consent	40 (15.0)
A woman inserted fingers or objects into my butt without my consent	10 (3.8)

Note. Rates shown are for cisgender participants only.

Table 5

Item-level Endorsement on SES (N = 266)

Item	*N* (%) endorsed
1. A woman fondled my genitals without my consent (but did not attempt sexual penetration) by:	
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	28 (10.5)
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	31 (11.7)
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	48 (18.0)
d. Threatening to physically harm me or someone close to me.	15 (5.6)
e. Using force, for example holding me down with her body weight, pinning my arms, or having a weapon.	20 (7.5)
2. A woman had oral sex with me or made me have oral sex with her without my consent by:	
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	16 (6.0)
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	16 (6.0)
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	24 (9.0)
d. Threatening to physically harm me or someone close to me.	6 (2.3)
e. Using force, for example holding me down with her body weight, pinning my arms, or having a weapon.	8 (3.0)
3. A woman inserted fingers or objects into my vagina without my consent by:	
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	12 (4.5)
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	18 (6.8)
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	26 (9.8)

Item	*N* (%) endorsed
a. Threatening to physically harm me or someone close to me.	5 (1.9)
b. Using force, for example holding me down with her body weight, pinning my arms, or having a weapon.	15 (5.6)
4. A woman inserted fingers or objects into my butt without my consent by:	
a. Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn't want to.	5 (1.9)
b. Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn't want to.	4 (1.5)
c. Taking advantage of me when I was too drunk or out of it to stop what was happening.	4 (1.5)
d. Threatening to physically harm me or someone close to me.	3 (1.1)
e. Using force, for example holding me down with her body weight, pinning my arms, or having a weapon.	5 (1.9)

Note. Rates shown are for cisgender participants only.

Table 6

Perpetration Tactics Endorsed on SSS (N = 253)

Tactic	*N* (%) endorsed
Continuing to touch and kiss her in the hopes that she will give in to sex.	37 (14.6)
Taking off your clothes in the hopes that she will give in to sex.	15 (5.9)
Asking her repeatedly to have sex.	10 (4.0)
Taking advantage of the fact that she is drunk/high.	9 (3.6)
Taking off her clothes in the hopes that she will give in to sex.	5 (2.0)
Accusing her of "leading you on" or being "a tease."	5 (2.0)
Telling her lies (e.g., saying "I love you" when you don't).	3 (1.2)
Using your older age to convince her.	2 (0.8)
Getting her drunk/high in order to convince her to have sex.	2 (0.8)
Questioning her sexuality (e.g., teasing her about being a lesbian or suggesting she is "frigid").	2 (0.8)
Threatening to harm yourself if she doesn't have sex.	1 (0.4)
Questioning her commitment to the relationship (e.g., saying "if you loved me, you would").	1 (0.4)
Threatening to break up with her if she doesn't have sex.	1 (0.4)
Tying her up.	1 (0.4)
Slipping her drugs (e.g., GHB or "Roofies") so that you can take advantage of her.	1 (0.4)
Threatening to tell others a secret or lie about her if she doesn't have sex (i.e., blackmail).	0 (0.0)
Blocking her if she tries to leave the room.	0 (0.0)
Threatening to harm her physically if she doesn't have sex.	0 (0.0)
Using a weapon to frighten her into having sex.	0 (0.0)
Using physical restraint.	0 (0.0)
Using your authority to convince her (e.g., if you were her boss, her supervisor, her camp counselor, etc.).	0 (0.0)
Harming her physically.	0 (0.0)
I have never used ANY of the above strategies	202 (79.8)

Note. Rates shown are for cisgender participants only.

Table 7

Correlations among Primary Variables

Measure	1.	2.	3.	4.	5.	6.	7.	8.	9.
1. Perpetration	--								
2. Victimization	.06	--							
3. Internalized heterosexism	.07	.05	--						
4. Heterosexist discrimination	.05	.39***	-.09	--					
5. Personal sense of power	.09	-.19**	-.18**	-.08	--				
6. Psychological distress	.11	.25***	.10	.21**	-.34***	--			
7. Social support	-.06	-.10	-.14*	-.11	.30***	-.27***	--		
8. LGBT community	.00	.06	-.50***	.24***	.08	.08	.03	--	
9. Alcohol problems	.25***	.15*	.20**	.09	-.23***	.39***	-.23***	.02	--

Note. Results shown are for cisgender women only. All statistics shown are correlations (point-biserial or Pearson)
*p < .05; **p < .01; ***p<.001

Hypothesis 1

To test hypothesis 1, a simple mediation analysis was conducted using the PROCESS macro for SPSS (Hayes, 2018) to investigate whether, for cisgender sexual minority participants, feelings of powerlessness (as measured by the PSP) mediate the effect of internalized homophobia (a proximal stressor measured by the LIHS) on sexual coercion perpetration. After controlling for demographic variables of income, education, Asian/Pacific Islander race/ethnicity, and Hispanic/Latinx race/ethnicity, the indirect effect of internalized homophobia on sexual coercion perpetration via feelings of powerlessness was not significant (b = -0.04, 95% CI = [-0.19, 0.06]). Participants endorsing higher levels of internalized homophobia were more likely to endorse lower

sense of personal power (*b* = -1.84, *p* =.01, CI = [-3.18, -0.51]), but personal sense of power was not related to perpetration (*b* = 0.02, *p* = .37, CI = [-0.03, 0.07]). The direct effect of internalized homophobia on perpetration was also not significant (*b* = 0.37, *p* = .13, CI = [-0.10, 0.84]).

On an exploratory basis, the same analysis was also run using experiences of heterosexist harassment, rejection, and discrimination (HHRDS, distal stressor) as the independent variable to see if, for cisgender sexual minority participants, this mediation pathway applies to other kinds of minority stress. After for controlling for demographic variables of income, education, Asian/Pacific Islander race/ethnicity, and Hispanic/Latinx race/ethnicity, the indirect effect of HHRDS on sexual coercion perpetration via feelings of powerlessness was also not significant (*b* = -0.02, 95% CI = [-0.09, 0.03]). HHRDS was not related to personal sense of power (*b* = -0.51, *p* = .35, CI = [-1.60, 0.57]), and personal sense of power remained unrelated to perpetration (*b* = 0.03, *p* = .24, CI = [-0.02, 0.08]). The direct effect of HHRDS on perpetration was also not significant (*b* = 0.26, *p* = .16, CI = [-0.10, 0.63]).

Hypothesis 2

To test hypothesis 2, a mediation analysis was conducted to investigate whether, for cisgender sexual minority participants, psychological distress (as measured by the DASS) mediates the effect of heterosexist harassment, rejection, and discrimination (a distal stressor measured by the HHRDS) on sexual coercion perpetration. After controlling for demographic variables of age, income, Asian/Pacific Islander race/ethnicity, and Hispanic/Latinx race/ethnicity, the indirect effect of HHRDS on sexual coercion perpetration via psychological distress was not significant (*b* = 0.07, 95%

CI = [-0.02, 0.18]). Participants who reported more experiences with heterosexist harassment, rejection, and discrimination endorsed significantly higher levels of psychological distress (b = 2.54, p = .002, CI = [0.93, 4.14]), but psychological distress was not related to perpetration (b = 0.03, p = .10, CI = [-0.22, 0.52]). The direct effect of HHRDS on perpetration was also not significant (b = 0.15, p = .42, CI = [-0.22, 0.52]).

On an exploratory basis, the same analysis was also run using internalized homophobia (proximal stressor) as the independent variable to see if, for cisgender sexual minority participants, this mediation pathway applies to other kinds of minority stress. After controlling for demographic variables of age, income, Asian/Pacific Islander race/ethnicity, and Hispanic/Latinx race/ethnicity, the indirect effect of internalized homophobia on sexual coercion perpetration via psychological distress was not significant (b = 0.04, 95% CI = [-0.02, 0.14]). Internalized homophobia was not related to psychological distress (b = 1.32, p = .22, CI = [-0.81, 3.45]), and psychological distress remained unrelated to perpetration (b = 0.03, p = .07, CI = [-0.01, 0.06]). The direct effect of internalized homophobia on perpetration was also not significant (b = 0.32, p = .18, CI = [-0.15, 0.80]).

Hypothesis 3

To test hypothesis 3, a mediation analysis was conducted to investigate whether, for cisgender sexual minority participants, social support (as measured by the MSPSS) mediates the effect of internalized homophobia (proximal stressor) on sexual coercion victimization. After controlling for level of education, the indirect effect of internalized homophobia on sexual coercion victimization via perceived social support was not significant (b = 0.05, 95% CI = [-0.02, 0.14]). Participants endorsing lower levels of

internalized homophobia reported significantly more social support (b = -2.18, p = .03, CI = [-4.18, -0.17]), but social support was not related to same-sex sexual coercion victimization (b = -0.02, p = .09, CI = [-0.05, 0.01]). The direct effect of internalized homophobia on victimization was also not significant (b = 0.09, p = .66, CI = [-0.31, 0.48]).

I then retested this hypothesis with social support specifically from the LGBT community (measured by the PSOC) as the potential mediator to evaluate whether the different forms of support may differentially impact victimization. After controlling for level of education and income, the indirect effect of internalized homophobia on sexual coercion victimization via LGBT community support was also not significant (b = -0.13, 95% CI = [-0.40, 0.10]). Participants endorsing lower levels of internalized homophobia reported significantly more LGBT community support (b = -2.56, p < .001, CI = [-3.18, -1.95]), but LGBT community support was not related to same-sex sexual coercion victimization (b = 0.05, p = .27, CI = [-0.04, 0.14]). The direct effect of internalized homophobia on victimization was also not significant (b = 0.24, p = .31, CI = [-0.22, 0.70]).

On an exploratory basis, the same analyses were also run using experiences of heterosexist harassment, rejection, and discrimination (HHRDS, distal stressor) as the independent variable to see if, for cisgender sexual minority participants, these mediation pathways may apply to other kinds of minority stress. After controlling for level of education, the indirect effect of HHRDS on sexual coercion victimization via perceived social support was not significant (b = 0.03, 95% CI = [-0.01, 0.10]). Experiences with heterosexist harassment, rejection, and discrimination were not related to perceived social

support (b = -1.34, p = .11, CI = [-2.96, 0.28]), and social support was also not predictive of same-sex sexual coercion victimization (b = -0.02, p = .13, CI = [-0.05, 0.01]). The direct effect of heterosexist harassment, rejection, and discrimination was, however, significantly related to same-sex sexual coercion victimization (b = 0.95, p < .001, CI = [0.59, 1.31]), suggesting that distal minority stress is directly associated with women's experiences of same-sex sexual coercion.

I then re-ran this analysis with social support specifically from the LGBT community (measured by the PSOC) as the potential mediator to evaluate whether the different forms of support may differentially impact victimization. After controlling for level of education and income, the indirect effect of HHRDS on sexual coercion victimization via LGBT community support was not significant (b = -0.04, 95% CI = [-0.17, 0.07]). Participants reporting more experiences with heterosexist harassment, rejection, and discrimination endorsed significantly higher levels of LGBT community support (b = 1.10, p < .001, CI = [0.54, 1.66]), but LGBT community support was not related to same-sex sexual coercion victimization (b = -0.04, p = .43, CI = [-0.12, 0.05]). The direct effect of heterosexist harassment, rejection, and discrimination was significantly related to same-sex sexual coercion victimization (b = 1.03, p < .001, CI = [0.63, 1.43]).

Hypothesis 4

To test hypothesis 4, a mediation analysis was conducted to investigate whether, for cisgender sexual minority participants, hazardous alcohol use (measured by the RAPI) mediates the effect of heterosexist harassment, rejection, and discrimination (HHRDS, distal stressor) on sexual coercion victimization. After controlling for age and education

level, the indirect effect of HHRDS on sexual coercion victimization via hazardous alcohol use was not significant (b = 0.02, 95% CI = [-0.02, 0.08]). HHRDS was not significantly associated with problems related to alcohol use as measured by the RAPI (b = 0.79, p = .32, CI = [-0.76, 2.35]). Problematic alcohol use was not related to same-sex sexual coercion victimization (b = 0.02, p = .18, CI = [-0.01, 0.05]). The direct effect of heterosexist harassment, rejection, and discrimination on same-sex sexual coercion victimization was significant (b = 0.94, p < .001, CI = [0.58, 1.29]).

On an exploratory basis, the same analysis was also run using internalized homophobia (proximal stressor) as the independent variable to see if this mediation pathway applies to other kinds of minority stress. After controlling for age and education level, the indirect effect of internalized homophobia on sexual coercion victimization via hazardous alcohol use was not significant (b = 0.05, 95% CI = [-0.01, 0.17]). Participants who endorsed higher levels of internalized homophobia reported significantly more problems related to alcohol use (b = 2.60, p = .007, CI = [0.70, 4.49]), but problematic alcohol use was not associated with same-sex sexual coercion victimization (b = 0.02, p = .13, CI = [-0.01, 0.05]). The direct effect of internalized homophobia on same-sex sexual coercion victimization was not significant (b = 0.06, p = .78, CI = [-0.35, 0.46]).

See Table 8 for a summary of the indirect effects tested for each of the primary hypotheses.

Table 8

Indirect Effects of Minority Stress on Sexual Coercion Through Psychological Variables

Predictor Variable	Mediating Variable	Outcome Variable	*b*	SE	95% CI	Nagelkerke pseudo R^2
Internalized homophobia	Sense of power	Perpetration	-0.04	0.06	-0.19, 0.06	.11
HHRDS	Sense of power	Perpetration	-0.02	0.03	-0.09, 0.03	.11
HHRDS	Psychological distress	Perpetration	0.07	0.05	-0.02, 0.18	.11
Internalized homophobia	Psychological distress	Perpetration	0.04	0.04	-0.02, 0.14	.11
Internalized homophobia	Social support	Victimization	0.05	0.04	-0.02, 0.14	.06
Internalized homophobia	LGBT community support	Victimization	-0.13	.13	-0.40, 0.10	.04
HHRDS	Social support	Victimization	0.03	0.03	-0.01, 0.10	.24
HHRDS	LGBT community support	Victimization	-0.04	0.06	-0.17, 0.07	.23
HHRDS	Problematic drinking	Victimization	0.02	0.02	-0.02, 0.08	.24
Internalized homophobia	Problematic drinking	Victimization	0.06	0.07	-0.05, 0.22	.08

Note. Results shown are for cisgender sexual minority participants only, controlling for relevant demographic variables. None of results displayed are statistically significant. CI = confidence interval; 5,000 bootstrap resamples. Perpetration = same-sex sexual coercion perpetration. HHRDS = heterosexist harassment, rejection, and discrimination. Victimization = same-sex sexual coercion victimization.

Research Question 1

To test research question 1, a series of mediation analyses were conducted to test whether the mediation models are significant across sexual identity labels. For cisgender sexual minority participants, the groups with sufficient data to perform the analyses were lesbian (N = 75), queer (N = 67), and bisexual (N = 57). For significant analyses, effect

sizes were compared to determine if the models explained similar amounts of variance across different identity labels.

First, to test hypothesis 1, a mediation analysis was conducted to determine if feelings of powerlessness mediate the relationship between internalized homophobia and sexual coercion perpetration only with the subsample of lesbian-identified participants, then only for the subsample of queer-identified participants, followed by bisexual-identified participants. For lesbian-identified cisgender participants, the indirect effect of internalized homophobia on sexual coercion perpetration via feelings of powerlessness was not significant (b = 0.001, 95% CI = [-0.27, 0.21]). The model was also not significant for queer-identified participants (b = -0.46, 95% CI = [-1.82, 0.15]) or bisexual participants (b = -0.001, 95% CI = [-0.24, 0.28]).

Next, to test hypothesis 2, a mediation analysis was conducted to determine if psychological distress (as measured by the DASS) mediates the relationship between heterosexist harassment, rejection, and discrimination (distal minority stress) and same-sex sexual coercion perpetration across sexual identity labels. For lesbian-identified cisgender participants, the indirect effect of distal minority stress on sexual coercion perpetration via psychological distress was not significant (b = 0.20, 95% CI = [-0.16, 0.74]). The model was also not significant for queer-identified participants (b = 0.002, 95% CI = [-0.13, 0.20]) or bisexual participants (b = -0.05, 95% CI = [-0.66, 0.34]).

Next, to test hypothesis 3, a mediation analysis was conducted to investigate whether social support (as measured by the MSPSS) mediates the effect of internalized homophobia (proximal stressor) on sexual coercion victimization across sexual identities. For lesbian-identified cisgender participants, the indirect effect of internalized

homophobia on sexual coercion victimization via social support was not significant (b = 0.21, 95% CI = [-0.04, 0.68]). The model was also not significant for queer-identified participants (b = -0.05, 95% CI = [-0.53, 0.14]) or bisexual participants (b = 0.03, 95% CI = [-0.24, 0.30]).

Finally, for hypothesis 4, a mediation analysis was conducted to determine whether problematic alcohol use (as measured by the RAPI) mediates the effect of heterosexist harassment, rejection, and discrimination (distal minority stress, measured with the HHRDS) on sexual coercion victimization across sexual identities. For lesbian-identified cisgender participants, the indirect effect of distal minority stress on sexual coercion victimization via problematic alcohol use was not significant (b = 0.13, 95% CI = [-0.15, 0.63]). The model was also not significant for queer-identified participants (b = -0.02, 95% CI = [-0.16, 0.06]) or bisexual participants (b = 0.01, 95% CI = [-0.09, 0.26]).

Although none of the mediation pathways were significant, it was still possible that the variables examined in this study—proximal minority stress, distal minority stress, feelings of powerlessness, psychological distress, social support, problematic alcohol use, sexual coercion perpetration, and sexual coercion victimization—varied by sexual identity. I compared each of these variables among cisgender participants across sexual identity groups including lesbian (N = 75), queer (N = 67), bisexual (N = 57), pansexual (N = 24), no label (N = 18), and heterosexual/straight (N = 12). Heterosexual participants were not included for analyses comparing minority stress variables.

A one-way ANOVA indicated that there were significant differences between the groups in terms of internalized heterosexism, $F(5,225) = 8.61$, $p < .001$. Post-hoc analyses using the Tukey HSD post-hoc criterion for significance indicated that bisexual

participants endorsed significantly more internalized heterosexism (M = 2.72, SD = .80) than both lesbian (M = 2.04, SD = .58) and queer-identified participants (M = 2.11, SD = .52). Similarly, pansexual participants reported significantly higher rates of internalized heterosexism (M = 2.56, SD = .88) than lesbian participants (M = 2.04, SD = .58). Respondents not identifying with any specific sexual identity label also endorsed significantly higher rates of internalized heterosexism (M = 2.69, SD = .77) than both lesbian (M = 2.04, SD = .58) and queer-identified participants (M = 2.11, SD = .52).

There were also differences between these groups in terms of reported rates of heterosexist harassment, rejection, and discrimination, $F(5,234) = 2.74$, $p = .02$. However, a Tukey's HD post-hoc analysis indicated that the only significant between-group difference existed between queer participants and participants identifying with no label: queer-identified participants reported significantly higher rates of heterosexist harassment, rejection, and discrimination (M = 2.33, SD = .95) than participants who denied identifying with any particular sexual identity label (M = 1.56, SD = .64).

Regarding personal sense of power, there were no significant differences between participants across sexual identity label, $F(6,255) = 0.79$, $p = .58$. There were also no significant differences across groups in terms of psychological distress, $F(6,248) = 1.36$, $p = .23$, social support, $F(6,253) = 1.88$, $p = .09$, or problematic alcohol use, $F(6,259) = 0.34$, $p = .91$.

A chi-square test of independence revealed no significant difference between participants of varying sexual identity in terms of same-sex sexual coercion victimization, $X^2 (6, N = 266) = 7.82$, $p = .251$. There was also no significant difference between sexual

identity labels in terms of same-sex sexual coercion perpetration, X^2 (6, N = 253) = 8.25, p = .22.

Research Question 2

To test research question 2, I had initially proposed to conduct four mediation analyses only using the heterosexually-identified cisgender participants. However, a total of 12 heterosexually-identified women participated in the study, which did not lend sufficient power to proposed statistical analyses. Given that, I opted to merely provide some descriptive data about the small group of heterosexually-identified women.

Of the 12 women who identified as heterosexual, three (25%) endorsed experiencing same-sex sexual coercion victimization and two (16.67%) endorsed perpetrating sexual coercion against another woman. Of the three heterosexual participants reporting victimization experiences, all three reported the tactic "Taking advantage of me when I was too drunk or out of it to stop what was happening," and two reported that a woman used force, "for example holding me down with her body weight, pinning my arms, or having a weapon." All three indicated that a woman "had oral sex with me or made me have oral sex with her without my consent," and two reported that a woman "fondled my genitals (but did not attempt sexual penetration)." Tactics endorsed by the heterosexual participants who reported perpetrating sexual coercion against a woman included asking her repeatedly to have sex, tying her up, taking off her clothes in the hopes that she will give in, and slipping her drugs such as GHB or roofies (each endorsed by only one of the two participants reporting perpetration experiences).

Scores on the Sexual Prejudice Scale were generally low indicating that heterosexual participants endorsed low levels of prejudicial attitudes toward sexual

minority women. Possible total scale scores range from 15 to 90 with higher scores indicating higher levels of prejudice. Total scale scores in the current sample ranged from 15 to 52 (M = 22.8, SD = 11.13). Possible scores on the Stereotyping subscale range from 5 to 30; scores in the current sample ranged from 5 to 17 (M = 8.80, SD = 4.21). On this subscale, 70% of participants endorsed "strongly disagree" on the item "Most lesbians prefer to dress like men." Possible scores on the Affective-Valuation subscale range from 6 to 36; scores in the current sample ranged from 6 to 22 (M = 8.20, SD = 5.10). On this subscale, 70% of respondents endorsed "strongly agree" on the item "Being a lesbian is a normal expression of sexuality" (reverse-scored), and 90% endorsed "strongly disagree" on the item "Lesbians are confused about their sexuality." Finally, possible scores on the Social Equality Beliefs subscale range from 4 to 24; scores in the current sample ranged from 4 to 13 (M = 5.80, SD = 3.36). On this subscale, the majority of participants (90%) responded "strongly agree" to the item "Lesbians should have the same civil rights as straight women."

Similarly, scores on the Attitudes Regarding Bisexuality Scale were generally high, indicating that heterosexual participants predominantly endorsed tolerance of and beliefs in the stability of bisexual women. Subscale scores range from 1 to 5 with higher scores representing more tolerance and belief in the stability of bisexuality. Scores on the Stability subscale in the current sample ranged from 2.5 to 5.00 (M = 4.38, SD = .88). For example, 70.0% of the heterosexual participants responded with "strongly disagree" to the item, "Most women who identify as bisexual have not yet discovered their true sexual orientation." Scores on the tolerance subscale in the current sample ranged from 3.83 to 5.00 (M = 4.70, SD = .43). On this subscale, 100% of the heterosexual participants

responded with “strongly disagree” to the items, “As far as I’m concerned, female bisexuality is unnatural,” and “Female bisexuality is harmful to society because it breaks down the natural divisions between the sexes.”

Supplementary Analyses

My sample included 73 gender minority participants including 46 genderqueer/gender non-binary individuals, 9 transgender men, 9 transgender women, and 9 “other” genders (e.g., agender, gender fluid, questioning). This group identified with a variety of sexual identity labels including queer (49.3%), lesbian (17.8%), pansexual (9.6%), bisexual (8.2%), no label (8.2%), asexual (4.1%), and gay (2.7%). The majority (N = 63, 86.3%) participated in the first wave of data collection that did not include measures designed specifically for gender minority participants. A minority (N = 10, 13.7%) participated in the second wave of data collection and were presented with measures designed to be more appropriate for gender minorities.

Regarding female-perpetrated sexual coercion victimization, 34.25% of gender minority participants endorsed victimization experiences, 21 of them in the first wave of data collection (33.3% of those responding to items on the Sexual Experiences Survey that was also used to measure victimization with cisgender participants), and 4 of them in the second wave of data collection (40.0% of those responding to items on the Sexual Experiences Survey that was modified specifically for gender minority participants). This total reported rate of victimization was comparable to the portion of cisgender women who endorsed female-perpetrated sexual coercion victimization (31.6%). However, the endorsement rate in the first wave of collection should be interpreted with caution and may be an underestimate due to some items on the scale not accurately

representing the bodies of all gender minority participants (e.g., “A woman inserted fingers or objects into my vagina without my consent.”). It is possible that the version of the SES that was modified for gender minority participants yielded a more accurate representation of victimization rates.

Among gender minority participants who endorsed victimization on the SES that was not modified for gender minority participants, the most frequently endorsed tactics implemented by perpetrators were “Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I didn’t want to” (endorsed by 61.90% of victims), followed by “Taking advantage of me when I was too drunk or out of it to stop what was happening” (endorsed by 57.14% of victims), and “Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to” (endorsed by 52.38% of victims). The sexual act most commonly endorsed by victims was genital fondling without penetration (endorsed by 90.48% of victims) followed by oral sex (endorsed by 57.14% of victims) and vaginal penetration with fingers or objects (endorsed by 52.38% of victims). Among the 4 participants who endorsed victimization on the SES that was modified for gender minority participants, the tactic most frequently endorsed was “Showing displeasure, criticizing my sexuality or attractiveness, getting angry but not using physical force, after I said I didn’t want to” (endorsed by 75.0% of victims), followed by “Taking advantage of me when I was too drunk or out of it to stop what was happening” (endorsed by 50% of victims) and “Telling lies, threatening to end the relationship, threatening to spread rumors about me, making promises I knew were untrue, or continually verbally pressuring me after I said I

didn't want to" (endorsed by 25.0% of victims). The sexual act most commonly endorsed by victims was "A woman touched, stroked, fondled, or penetrated my genitals with her hand, object, or genitals without my consent" (endorsed by 75.0% of victims), followed by "A woman had oral sex with me or made me have oral sex with her without my consent" (endorsed by 25.0% of victims) and "A woman made me touch, stroke, fondle, or penetrate her genitals with my hand, object, or genitals without my consent" (endorsed by 25.0% of victims).

In terms of perpetration of sexual coercion against a woman, 27.14% ($N = 19$) of gender minority participants endorsed using at least one of the tactics presented on the Sexual Strategies Scale. This is notably higher than the 19.2% of cisgender participants who endorsed perpetration experiences, although the difference in perpetration rates between the two groups was not significantly different, $X^2 (1, N = 323) = 1.58$, $p = .21$, likely due to the small sample size. For gender minority participants, perpetration and victimization were not independent based on a McNemar test, $p = .38$. Participants who endorsed perpetration were significantly more likely to endorse victimization (57.9%%) than those who did not report perpetration (42.1%). The tactics most frequently endorsed by participants were "Continuing to touch and kiss her in the hopes that she will give in to sex" (endorsed by 89.47% of perpetrators), followed by "Asking her repeatedly to have sex" (endorsed by 50% of perpetrators), "Taking off your clothes in the hopes that she will give in to sex" (endorsed by 31.58% of perpetrators), "Taking off her clothes in the hopes that she will give in to sex" (endorsed by 26.32% of perpetrators), and "Questioning her commitment to the relationship (e.g., saying 'if you loved me, you would')" (endorsed by 15.79% of perpetrators).

Discussion

The present study addressed sexual coercion perpetration and victimization within women's same-sex sexual experiences. In particular, this study addressed the relationship between minority stress and women's experiences with same-sex sexual coercion. This study further aimed to examine whether the relationship between minority stress and same-sex sexual coercion is significantly influenced by psychological variables including feelings of powerlessness, psychological distress, social support, and alcohol use. Interpretation of results will be discussed first, followed by study strengths and limitations. The paper will conclude with clinical implications and suggestions for future research.

Interpretation of Results

My results add novel findings to the current literature on women's same-sex sexual coercion by reporting rates at which the sample reported experiencing perpetration and victimization as well as outlining the tactics implemented by perpetrators and sexual acts experienced by victims. Previous literature has reported inconsistent rates at which women may perpetrate or be victims of same-sex sexual coercion due to a dearth of studies directly investigating the phenomenon. This is the first study, to my knowledge, to directly investigate sexual coercion perpetrated by women against women that did not conflate sexual coercion with other relationship violence and that asked participants if they had been victims of sexual coercion since age 14 rather than in their most recent romantic relationship. Additionally, this study did not specifically target sexual minority women but rather recruited women of diverse sexual identities who had ever had sexual contact with another woman. Although only sexual minority participants were included in

analyses exploring the role of sexual minority stress on experiences with same-sex sexual coercion, heterosexual women were included in the descriptions of base rate experiences as well as tactics implemented by perpetrators and sexual acts reported by victims.

More specifically, 31.6% of cisgender participants in the sample reported experiencing at least one incident of same-sex sexual coercion victimization since age 14. Although this is considerably lower than the rate of predominantly male-perpetrated sexual coercion against sexual minority women reported in previous studies (e.g., 71.2% reported by Hequembourg et al., 2013), it is significantly higher than the rate found by Pepper and Sand (2015) who reported that 12.8% of participants endorsed sexual coercion victimization in their most recent same-sex relationship. The rates in my sample are likely lower than Hequembourg and colleagues because I specifically asked about experiences that were perpetrated by a woman. Research has consistently shown that both heterosexual and sexual minority women are more likely to report experiences with male-perpetrated sexual coercion than female-perpetrated (e.g., Balsam, Rothblum & Beauchaine, 2005; Long, Ullman, Long, Mason, & Starzynski, 2007; Walters et al., 2013). My findings are likely higher than those reported by Pepper and Sand (2015) because I queried about participant's experiences since adolescence (in order to exclude childhood sexual abuse) rather than simply those occurring in same-sex relationships.

Nearly 20% of the sample (19.9%) reported experiencing at least one incident of sexual coercion victimization perpetrated by another woman during which the perpetrator "took advantage of me when I was too drunk or out of it to stop what was happening." To my knowledge, no prior studies have used the Sexual Experiences Scale (Koss et al., 2007) to ask women about specific coercive tactics a woman has used to convince them

to have sex. The rate of victims in my sample endorsing this specific tactic, however, is considerably lower than the 53.1% reported in Gilmore et al. (2014) among a sample of lesbian and bisexual women. Although Gilmore and colleagues did not collect the gender of the perpetrator, they did use the SES (Koss et al., 2007) to ask lesbian and bisexual women about their experiences with (conceivably mostly male-perpetrated) sexual coercion victimization. Similarly, Gilmore and colleagues reported that 45.8% of their sample endorsed victimization either by "threatening to physically harm me or someone close to me" or "by using force, for example holding me down with their body weight, pinning my arms, or having a weapon," which were conceptualized together in their study as "forced sexual assault." Considerably less of my sample (14.6%) reported that a woman had used at least one of these "force" tactics to perpetrate sexual coercion against them. Other studies have found that sexual minority women are more likely to report male perpetrators than female perpetrators when asked about tactics such as the use of force, being held down, or threatened verbally or with a weapon (e.g., Hequembourg et al., 2013; Balsam et al., 2005). It is probable that women are more likely to use verbally coercive tactics such as lying than they are to use more violent tactics.

Regarding perpetration of same-sex sexual coercion, 20.2% of the sample reported using at least one of the tactics listed on the Sexual Strategies Scale (SSS; Strang et al., 2013) to convince a woman to have sex after she had already said no. This is significantly lower than was reported by VanderLaan and Vasey (2009) who reported that 38.20% of the non-heterosexual woman in their sample endorsed utilizing physical tactics and 17.98% endorsed the use of non-physical tactics to perpetrate sexual coercion against a woman at least once since adolescence. VanderLaan and Vasey (2009) used a revised

version of the Sexual Experiences Survey (Koss et al., 2007) to measure perpetration and considered "physical" tactics to include repeated physical attempts, physical force, or holding someone down; "non-physical" tactics included threatening to end the relationship, telling lies, verbally pressuring, or threatening to use physical force. The perpetration tactics most commonly endorsed in my sample were predominantly examples of enticement strategies and verbal coercion as classified by Strang et al. (2013) including continuing to touch and kiss her in the hopes that she will give in to sex (endorsed by 14.6% of participants in this study), taking off your clothes (5.9%), asking her repeatedly (4.0%), accusing her of leading you on (2.0%) and telling her lies (1.2%). The authors of the SSS categorized "taking advantage of the fact that she is drunk/high" (endorsed by 3.6% of my sample) to be use of intoxication, a separate strategy from enticement or verbal coercion. The strategies considered threats or force on the SSS (comparable to the "physical" tactics listed by VanderLaan and Vasey) such as tying a woman up, holding her down, or blocking her from leaving the room, were endorsed by either a negligible proportion of my sample (i.e., .4%) or by no participants at all. It is possible that the different self-reported rates of perpetration were due to the use of different measures. However, in the only study to date comparing women's endorsements of perpetration between these two measures reported that women were more likely to endorse perpetration on a modified version of the SSS than on the SES (Buday & Peterson, 2015). It is possible that the participants in this study were simply underreporting due to the sensitive nature of the items, particularly because I was asking about perpetration against another woman, which many participants may have felt more embarrassed about than if I had asked about perpetrating against a man or did not

mention the gender of the victim. It is also possible that respondents viewed their own use of verbally coercive behaviors or use of intoxication to convince a woman to have sexual activity as not serious enough to report because they did not involve the use of threat or force (Buday & Peterson, 2015).

Internalized homophobia, same-sex sexual coercion perpetration, and feelings of powerlessness. My results did not support the hypothesis that feelings of powerlessness would mediate the relationship between internalized homophobia (proximal minority stress) and perpetration of same-sex sexual coercion. This is likely due, at least in part, to the fact that the sample endorsed fairly low levels of both perpetration and internalized homophobia. It is also possible that, for women, perpetration of sexual coercion is not motivated by a desire for power and control, as was postulated by Russell and Oswald (2001) who found that, for female perpetrators in their sample, a desire for power and social dominance was not predictive of sexual coercion perpetration against men. Although power and control have been found to be associated with relationship violence in women's same-sex relationships (e.g., Balsam, 2001; Girshick, 2002b; Renzetti, 1992), the direct relationship between powerlessness and perpetration is unclear. Further, a *desire for* power and control is not necessarily the same as feelings of powerlessness. Thus, perhaps the Personal Sense of Power (Anderson et al., 2012) was not the most accurate measure for this complex construct.

Further, although feelings of powerlessness were associated with internalized homophobia in this sample, internalized homophobia was also not associated with perpetration. This was a particularly surprising finding in light of a number of previous studies that have found otherwise (e.g., Edwards & Sylaska, 2013; Balsam & Szymanski,

2005). Perhaps internalized homophobia was not related to perpetration due to participants' negative evaluation of themselves leading them to feel less deserving of and entitled to sex and thus be *less* likely to perpetrate. Indeed, the variables were negatively associated in my sample, although the relationship was not significant. It is also important to consider the complexity of internalized homophobia, a term that Szymanski et al. (2008a) note is an "inadequate descriptor of the external and internalized oppression experienced by LGB person," (p. 511). For example, stigma consciousness, or the expectation of experiences of discrimination and prejudice related to one's minority sexual identity, has been shown to be related to perpetration of same-sex IPV among sexual minority women (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011). Future research could benefit from more nuanced conceptualizations and measurement of proximal minority stress.

Distal minority stress, same-sex sexual coercion perpetration, and psychological distress. My results also did not support the hypothesis that psychological distress would mediate the relationship between experiences with heterosexist harassment, rejection, and discrimination (distal minority stress) and perpetration of same-sex sexual coercion. Although distal minority stress was associated with psychological distress in this sample, neither of the variables were associated with perpetration. It is possible that, although psychological distress has been found to be associated with sexual coercion and relationship violence perpetration among men (Peterson et al., 2018; Semiatin et al., 2017), distress is not associated with perpetration for women. It is also possible that the specific distress variables I measured (depression, anxiety, and stress) are not predictive of perpetration in women but that other variables

such as anger, hostility, difficulties with emotion regulation, and/or PTSD symptoms more clearly explain the relationship (Birkley & Eckhardt, 2015; Taft et al., 2006).

Further, although distal minority stress was associated with psychological distress in this sample, it was not associated with same-sex sexual coercion perpetration. Little research has investigated distal factors of minority stress, particularly with regard to sexual coercion. However, a recent study explored the association between intimate partner violence and distal minority stress among LGBT individuals in Latin America (Swan et al., 2019). The researchers also used the HHRDS (Szymanski, 2006) to measure experiences with heterosexist discrimination and separately measured the relationship violence variables of sexual, psychological, and physical perpetration and victimization. They reported a significant relationship between sexual coercion perpetration and heterosexist discrimination, but only for the HHRDS subscale of "other" discrimination, which encompasses experiences of mistreatment by people in service jobs, strangers, and helping professions. They did not, however, find sexual coercion perpetration to be associated with harassment and rejection by close others (i.e., friends, family, dating partners) or with workplace and school discrimination. Although their sample consisted of individuals who identified with a variety of gender labels, their results potentially indicate that specific kinds of discrimination are more predictive of perpetration for LGBT individuals than other forms of discrimination. Future research could further explore the distinct effects of a wider variety of heterosexist discrimination on sexual minority women, particularly in terms of experiences with same-sex sexual coercion.

Internalized homophobia, same-sex sexual coercion victimization, and social support. My results also did not support the hypothesis that social support would mediate

the relationship between internalized homophobia and same-sex sexual coercion victimization. This finding was likely in part due to the fact that the sample endorsed a relatively high level of social support across all three categories measured (significant other, friends, and family). Because lack of social support has been shown to be a risk factor for sexual coercion victimization in a number of prior studies (Cecil & Matson, 2005; Lovestad & Krantz, 2012; Zweig et al., 1997), it is possible that this relationship would, in fact, be significant in a sample with a broader distribution of perceived social support. However, it is also possible that same-sex sexual coercion victimization in sexual minority women is not associated with social support and instead is associated with other more specific variables such as identity concealment or social isolation (Balsam, 2001; Renzetti, 1992). However, a lack of support specifically from an LGBT community also did not mediate the relationship between internalized homophobia and same-sex sexual coercion victimization in this sample.

Further, although internalized homophobia was associated with social support in this sample, it was not associated with same-sex sexual coercion victimization. This was a surprising finding given that internalized homophobia has previously been found to be associated with both physical and sexual violence victimization in women's same-sex relationships (Balsam & Szymanski, 2005) as well as with unwanted sexual experience victimization among LGBTQ college students (Murchison et al., 2017). In a review of the literature on minority stress and intimate partner violence (IPV) among sexual minority women, Lewis, Milletich, Kelley, and Woody (2012) concluded that factors such as relationship quality and substance use appear to play an important role in the relationship between minority stress and experiences of IPV. Although I did not measure experiences

of sexual coercion victimization specifically within the context of women's same-sex relationships, additional factors specifically related to relationships in which victimization occurs could interact with internalized homophobia to increase risk for victimization.

Distal minority stress, same-sex sexual coercion victimization, and hazardous alcohol use. My findings also did not support the hypothesis that problems related to alcohol use would mediate the relationship between experiences with heterosexist harassment, rejection, and discrimination (distal minority stress) and same-sex sexual coercion victimization. Despite the indirect effect proving insignificant, distal minority stress was significantly associated with victimization in this sample. The relationship was not, however, explained by problems related to alcohol use, and instead the two variables were directly associated. Nonetheless, this important finding adds to the extant literature identifying experiences with heterosexist discrimination as a predictor for IPV victimization among sexual minority women (Balsam & Szymanski, 2005; Sutter et al., 2019) by demonstrating that same-sex sexual coercion victimization is similarly associated with experiences of heterosexist discrimination.

Surprisingly, problems related to alcohol use were not associated with distal minority stress in this sample, contrary to prior research showing a significant relationship between heterosexist discrimination and substance use among LGBTQ individuals (e.g., McCabe et al., 2010; Lehavot & Simoni, 2011; Wilson et al., 2016; Weber, 2008). Notably, each of the four aforementioned studies conceptualize problems with substance use in different ways: McCabe et al. (2010) measured DSM-IV abuse and/or dependence symptoms across ten different substances; Lehavot and Simoni (2011)

measured problems related to drug and alcohol use as well as number of cigarettes smoked per day; Wilson et al. (2016) measured number of drinks consumed per week and consequences related to drinking; and Weber (2008) measured problems related to drug and alcohol use and dependency. It is possible that a broader conceptualization of substance use rather than just consequences related to alcohol use would have led to a significant association with distal minority stress in the current sample as well. Furthermore, the measure I used to evaluate problematic drinking in this sample asks only about past-year consequences related to alcohol consumption. Given that I asked about same-sex sexual coercion victimization that happened since age 14 and whether participants had *ever* experienced any of the heterosexist harassment, rejection, and/or discrimination items, perhaps asking participants if they had *ever* experienced any of the alcohol-related problems on the RAPI would have produced a more accurate representation of the sample's experiences with alcohol use. Similarly, problems related to alcohol use were not associated with same-sex sexual coercion victimization in my sample. Future research can likely benefit from a more thorough investigation of this relationship utilizing measures that inquire about multiple substances as well as problems related to use over a longer period of time.

Impacts of sexual identity. Interestingly, my findings did not demonstrate any differences in terms of the pathways through which minority stress may lead to experiences with same-sex sexual coercion perpetration or victimization for participants of different sexual identities. Although I did not have specific hypotheses as to how sexual identity may impact the relationship between minority stress and same-sex sexual coercion, I did believe there may be some difference between groups due to prior

research demonstrating, for example, that bisexual women are more likely than women of other sexual identities to report relationship violence (e.g., Goldberg & Meyer, 2012; Messinger, 2011) and sexual coercion victimization (e.g., Ford & Soto-Marquez, 2016, Walters et al., 2013; Hequembourg et al., 2013). Similarly, additional research has demonstrated differences between women of varying sexual identities in terms of alcohol use (e.g., Hughes et al., 2010), experiences with discrimination (e.g., Hatzenbuehler at al., 2009), and rates of self-harm (Smalley et al., 2016). It is possible that the sexual identity groups did not contain enough participants to lend significant power to the mediation analyses. However, there might not have been a difference between the groups even with a larger sample given that the mediation analyses were not significant in the larger combined sample. Nonetheless, I did find significant differences between the groups in terms of internalized heterosexism and experiences with heterosexist discrimination, indicating that future research using a larger sample might benefit from further exploring the potential differences between women of various sexual identities and the pathways between sexual minority stress and sexual coercion perpetration and victimization. It also could be the case that, although women of various minority sexual identities likely have diverse experiences in terms of discrimination, victimization, and other psychological variables, the pathways between minority stress and victimization might not differ significantly between groups.

Findings for heterosexual participants. My findings indicate that same-sex sexual coercion is not an experience solely limited to sexual minority women. Of the very small number of heterosexual women in my sample, 25% endorsed experiences with same-sex sexual coercion victimization and 17% endorsed experiences with perpetration.

Studies only recruiting participants who identify as sexual minority may be underestimating women's exposure to experiences with same-sex sexual coercion. Furthermore, my results speak to the importance of considering sexual behavior in addition to sexual identity in investigations of sexuality-related topics due to the fact that sexual identity often changes over time (Diamond, 2008) and sexual behavior and identity do not always align, particularly for women (Diamond, 2005).

Although there were not enough heterosexual participants to allow us to perform statistical analyses using only their responses, scale means indicated that they held fairly low levels of prejudicial attitudes toward sexual minority women. Despite reporting both sexual coercion victimization and perpetration experiences involving other women, the heterosexual women in my sample appeared to hold fairly positive views of non-heterosexual women.

Findings for gender minority participants. Although my study was initially conceptualized as a study of cisgender women's experiences with same-sex sexual coercion, I included participants who identified as a woman and/or were assigned female at birth, leading to a sample of 73 gender minority participants. The majority ($N = 46$) of whom identified as genderqueer/gender non-binary, but there was a large diversity of both gender identities (e.g., transman, transwoman, agender, gender fluid, transmasculine) and sexual identities (e.g., queer, lesbian, bisexual, pansexual, asexual, gay, no label) among this group.

The rate of female-perpetrated sexual coercion victimization among gender minority participants in my sample (34.25%) was comparable to the victimization rate reported by cisgender participants in the sample (31.6%) and was much lower than the

lifetime sexual assault victimization rate of 47% reported by a large national survey of transgender individuals (James et al., 2016). This is not surprising as I did not measure male-perpetrated sexual coercion in this study. These results also should be interpreted with caution due to the fact that participants were asked specifically about victimization experiences that were perpetrated by a woman—a question that admittedly rests on the false assumption that gender is a binary, categorical, and stable construct (Hyde et al., 2018)—which potentially may have been a difficult question for gender minority participants to interpret.

Despite the fact that 73 participants completed the measure, other gender minority participants commented both at the end of the study and on social media advertisements that they were unsure if my use of the word "woman" was intended to signify "cisgender woman" or a "woman gender identity." One participant specifically noted that she chose not to finish the survey because she "felt uncomfortable and unable to answer many of the questions, as a lesbian trans woman." Despite the potential confusion regarding terminology in the survey, very few studies have specifically measured sexual coercion, sexual assault, and/or relationship violence victimization experiences among gender minority populations. Future research could benefit from measurement tools that implement more inclusive language and that potentially allow gender minority participants to record the gender identity of the perpetrator(s) using open-ended items rather than multiple choice items. Furthermore, given that a notable portion of the cisgender sample described their sexual identity as queer or pansexual—labels that are often intended to connote an openness to sexual attraction to genders other than men and women (e.g., Galupo, Ramirez & Pulice-Farrow, 2017)—measurement tools designed to

capture diverse gender identities of perpetrators for sexual *and/or* gender minority participants could potentially result in more accurate rates of victimization experiences among participants.

The rate of sexual coercion perpetration against a woman among gender minority participants in the current sample was also relatively high (27.14%) and was notably higher than the perpetration rate reported among cisgender participants in the sample (20.2%). This difference in reported perpetration rates could potentially be due to gender minority participants holding a broader definition of the word "woman" in the question asking "Which of the following strategies have you used to convince a woman to have sex activity (genital or anal contact or penetration) after she initially said no?" Very little prior research has been conducted on gender minority experiences with perpetration of sexual coercion, sexual assault, or relationship violence, which both indicates that my findings are novel and also points to complications regarding their interpretation. In the only study known to us that investigated perpetration among gender minority individuals, sexual minority women were interviewed about their experiences with IPV victimization in past relationships with transgender men (Brown, 2007). Of the women interviewed in this study, 25% reported experiencing emotional, verbal, and/or physical abuse perpetrated by their previous transgender partner. None of the victims reported sexual abuse or sexual assault victimization perpetrated by the partner. The sample size of this study was particularly small ($N = 20$), and the researcher originally intended to interview women about their partner's gender transition, not his perpetration of abuse. She concluded that, although the victims in her study identified the stress of living as a gender minority and the pressure many transgender men feel to conform with traditional

manifestations of masculinity as rationale for their abuse, this line of reasoning may lead many victims to feel reluctant to discuss or report their experiences due to fears of reinforcing negative stereotypes about transgender men (p. 387). Additional research is warranted to further clarify the rates and correlates of sexual coercion victimization and perpetration among gender minority individuals, particularly in light of Brown's conclusion than victims may be particularly unwilling to disclose their experiences due to fears of "outing" their partner, fueling transphobia or heterosexism/cissexism, or exposing their partner to backlash by the LGBTQ community and/or law enforcement.

Limitations and Future Directions

This study is not without limitations. Although the study was advertised in a variety of locations, the bulk of the sample was recruited from Facebook Queer Exchange groups and snowball sampling was used, which limits the generalizability of the findings. Thus, despite attempting to directly target minority groups (older women, racial minority women, non-college educated women, and women who identify with sexual identities other than lesbian or bisexual), the sample was somewhat homogenous: Participants were relatively well-educated, non-religious, high-income earning individuals with relatively little psychological distress. Participants in Queer Exchange groups may be particularly "out" about their sexual identity, unlikely to experience a significant amount of internalized heterosexism and likely to exhibit a sense of pride regarding their minority sexual identity. However, although the sample was homogenous in many ways, participants did report living in diverse parts of the U.S. as well as a handful of other countries and were relatively diverse in terms of racial/ethnic and sexual identity variables.

My sample exhibited relatively restricted ranges on many of the primary variables I wished to examine, particularly variables related to experiences with minority stress; specifically, the sample reported relatively low levels of internalized heterosexism and experiences with heterosexist harassment, rejection, and discrimination. This is, unfortunately, a relatively common occurrence in research attempting to link minority stress with various outcomes among sexual and gender minority populations, as recruiting participants who are not "out" about their sexual identity, are higher in in internalized heterosexism, and/or have little connection to the LGBT community is difficult (e.g., Carvalho et al., 2011; Edwards & Sylaska, 2013; Szymanski, Kashubeck-West, & Meyer, 2008b). Future research can benefit from population-based sampling rather than utilization of snowball methods as well as additional attempts to directly target individuals who experience higher levels of shame and distress related to their sexual identity, possibly by recruiting individuals who practice non-LGBT affirming religions (Barnes & Meyer, 2012), by targeting individuals who are currently seeking or previously sought conversion therapy or other treatment for distress related to their LGBT identity (Morrow & Beckstead, 2004), or by recruiting participants who report experiencing discomfort disclosing their sexual identity to others (Newcomb & Mustanski, 2010). In addition, the standard measures used to gauge the construct of internalized heterosexism are both outdated and limited in scope. The development of new measures that are designed to be inclusive of a variety of identities and that capture more subtle aspects of internalized heterosexism is warranted. Furthermore, more comprehensive investigations into the impact of distal minority stress could further

contribute to our understanding of the unique impact that discrimination has on the mental and physical health of sexual and gender minorities.

In addition, the cross-sectional nature of my data does not lend itself to inferences about causal ordering. Although Hayes (2018) asserts that mediation analyses can certainly be done using cross-sectional data, the analyses themselves are typically interpreted as one variable causing another which, in turns, leads to a third variable, and this interpretation cannot be made in the case of cross-sectional data. Because I did not collect information regarding the timeline of, for example, experiences with discrimination and same-sex sexual coercion victimization, these variables were used in mediation models although they may have actually occurred for the participant in a different order.

Similarly, because all of the data were self-report, the sensitive nature of the data may have led to underreporting on a number of measures. This issue may particularly salient in the current sample due to aforementioned fears of reinforcing negative stereotypes in the LGBTQ community. Although I repeatedly mentioned the confidential nature of my data collection methods, respondents may have felt motivated to conceal their experiences with perpetration and/or victimization due to a desire to protect themselves and/or their perpetrator(s) who may have also identified as sexual and/or gender minorities. The base rates of victimization and perpetration I reported may also have been unreliable due to potential confusion as to what I meant by my use of the term "woman." Some individuals may have interpreted "woman" broadly to include experiences perpetrated by/against cisgender women, transgender women, individuals who identified as a woman at the time and no longer identify as such, and/or individuals

who currently identify as a woman and no longer identify as such. Other individuals may have only included experiences perpetrated by/against cisgender women. The fluidity and non-binary nature of gender identity will be an essential issue for research on LGBTQ sexual coercion and relationship violence to address moving forward.

Finally, although the sample size for the study was a moderate size (N = 339), only cisgender participants were included in the primary analyses, lending relatively little power to some analyses, particularly analyses that were stratified by sexual identity. Future studies could benefit from a much larger and more diverse sample that allows for a more thorough investigation of the impact of sexual and/or gender identity on the experiences of victims and perpetrators, particularly in light of my findings that participants of different sexual identities endorsed varying rates of both distal and proximal minority stress. Furthermore, my conceptualization of minority stress as being related simply to participants' sexual and/or gender identity is a narrow view of an issue that is indeed diverse and extensive. It is plausible, for example, that participants in this study had experienced discrimination related to identity factors other than simply their sexual identity, and that these experiences with discrimination were also associated with a higher likelihood of sexual coercion victimization. Although this conceptualization of minority stress is well beyond the scope of the current investigation, there is currently a push within multicultural psychological research to consider intersecting identities, within-group differences, and the ways in which identity is shaped across contexts when designing multiculturally competent research studies (e.g., Clauss-Ehlers, Chariboga, Hunter, Roysircar, & Tummala-Narra, 2019). For example, recently published guidelines emphasize the importance of researchers attending to the fluidity of research participants'

identity, considering the impact of culturally-sensitive language when designing surveys and measures, working toward clarifying the impact of social and physical environments on the lives of vulnerable populations, and recognizing the roles of power, privilege, and oppression by incorporating both qualitative and quantitative research design, utilizing community-based participatory research, designing studies aimed at investigating mental and physical health disparities, and working toward developing evidence-based interventions that are appropriate for diverse populations (Clauss-Ehlers et al., 2019). Future research will benefit from more nuanced measurement processes that allow for an examination of the role of intersecting identities (e.g., racial/ethnic identity, sexual identity, gender identity, socioeconomic status), social environments, and cultural resilience on sexual and gender minority individuals' experiences with sexual coercion victimization and perpetration.

Clinical Implications

Limitations notwithstanding, my study adds novel information to the extant literature regarding victimization and perpetration rates of women's same-sex sexual coercion. This understudied topic may have been previously ignored by researchers who incorrectly believed that women do not perpetrate sexually against other women. My findings add meaningful contributions by clarifying the sexual acts and tactics most frequently endorsed by victims as well as the tactics used by perpetrators. These findings hold practical implications for mental and health care providers working with sexual minority women by providing evidence that sexual coercion is not solely a male-perpetrated experience. Assisting providers with understanding the victimization experiences of sexual minority women can help them to assess for victimization

experiences in sensitive ways while also considering the possibility that some victims might feel reluctant to disclose their victimization experiences due to fears of contributing to negative stereotypes about sexual minority women. Additionally, assisting providers with assessing for experiences of heterosexist discrimination, as well as working to develop methods for helping women to cope with these experiences, could prove beneficial in assisting patients to decrease their risk for victimization. It may also potentially help victims to understand the ways in which experiences with discrimination, rejection, and mistreatment related to their minority sexual identity have impacted their mental health, view of self, and expectations of further mistreatment. Moreover, my findings indicate that female-perpetrated sexual coercion victimization also occurs among heterosexual women and gender minority individuals. By understanding the diversity of victimization experiences that women and gender minorities are potentially faced with, providers can be more inclusive in their approach to helping LGBTQ patients manage the possible consequences of these oftentimes traumatic events.

My findings can also serve to inform interventions aimed at reducing the risk of perpetration of same-sex sexual coercion by recognizing that perpetrators can be women of any sexual identity as well as gender minority individuals. Unfortunately, the only variable in this study significantly associated with perpetration was problems related to alcohol use. Although recognizing the risk that problematic alcohol use potentially plays in sexual coercion perpetration provides a clear avenue for intervention, research on other risk factors for women's same-sex sexual perpetration is needed to better inform prevention efforts. Nevertheless, my work can potentially contribute to efforts to humanize perpetrators of sexual coercion against women by recognizing that they can

take the form of a variety of gender and sexual identities. Efforts aimed at responding to sexual coercion victimization and perpetration within LGBTQ communities can benefit from addressing the needs of a diversity of experiences, identities, and contexts. Supportive services and community agencies should use inclusive language in advertising materials so that LGBTQ people know they are welcome, and services provided should include programs for victims as well as perpetrators.

Summary

The current study served to investigate women's experiences with same-sex sexual coercion—an understudied topic that is, nevertheless, quite timely in the era of #MeToo. My findings serve to broaden the discussion on women's experiences with sexual coercion by including the voices of individuals often not included in research studies on the issue. Among cisgender women in the sample, 31.6% reported experiencing sexual coercion perpetrated by a woman and 20.2% endorsed perpetrating sexual coercion against another woman. Among gender minority participants in the sample, 34.25% endorsed female-perpetrated sexual coercion victimization and 27.14% reported perpetrating sexual coercion against a woman. In this study, I also sought to explore the role that minority stress plays in sexual coercion experiences as well as whether the psychological variables of perceived powerlessness, psychological distress, social support, and alcohol use mediate the relationship between minority stress and perpetration and victimization experiences. Although the mediation models were not significant, a number of variables were significantly associated with perpetration and/or victimization. Most notably, experiences with heterosexist discrimination was associated with same-sex sexual coercion victimization. By adding to the literature a more diverse

perspective on victim's and perpetrator's experiences, researchers and treatment providers alike can gain a clearer understanding of the wide variety of victimization incidence in order to ask research questions that better serve sexual minority women and other LGBTQ individuals as well as to provide more accurate and affirmative care to this population.

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Appendix A: Demographics Questionnaire

What is your age? _____

How would you describe your primary racial or ethnic group? Please check all that apply.
American Indian/Native Alaskan ___
Asian or Pacific Islander ___
Black/African-American ___
Hispanic/Latina ___
Middle Eastern/North African ___
Another racial/ethnic identity ___ Please Specify: ____

Where do you currently live? (city, state) _____

What is the highest level of education you have completed?
__Less than high school.
__High school/GED
__Some College (no degree completed)
__2-year College Degree
__4-year College Degree
__Masters Degree
__Academic or Professional Doctoral Degree (PhD, JD, MD)

Are you current employed at a paid job?
__ Yes – Full-time
__ Yes – Part-time
__ Inconsistently (I am a temporary/seasonal worker)
__ No, I am unemployed

Which category best describes your yearly household income before taxes?
Below $15,000 ___ $15,000 – $24,999 ____ $25,000 – $39,999 ___
$40,000 – $54,999 ___ $55,000 – $69,999 ___ $70,000 – $84,999 ___
$84,999 - $99,999 ____ $ 100,000 to $150,000_____ $150,000 or more ___
How many individuals currently live in your household: _____

What is your religious affiliation?
Protestant Christian___ Catholic ___ Jewish ___ Buddhist _____
Muslim _____ None _____ Other (please specify) _____

Do you consider yourself religious or spiritual?
___Not at all ___Somewhat ___Very Much
To what extent has your religion or spirituality played a role in your sexuality and decisions about sexual relationships?
___Not at all ___Somewhat ___Very Much

Appendix B: Sexual/Gender Identity, Behaviors, and Attractions Items

What gender were you assigned at birth?
__Male
__Female
__Intersex

With what gender label do you currently identify?
__Male
__Female
__Transgender male
__Transgender female
__Genderqueer/Non-binary
__Other (please specify:_____)

How do you identify your sexual orientation/identity?
Heterosexual/Straight ____
Mostly Heterosexual/Straight ____
Bisexual _____
Lesbian _____
Mostly Lesbian _____
Pansexual _____
Queer _____
Asexual _____
I do not identify with/use any sexual identity label _____
Other_____ Please Specify: _____

Would your preferred sexual partner be:
1) Always male/masculine
2) Usually male/masculine, but sometimes female/feminine
3) Usually male/masculine, but sometimes androgynous
4) Usually androgynous, but sometimes male/masculine
5) Equally likely to be male/masculine or female/feminine
6) Equally likely to be male/masculine or androgynous
7) Equally likely to be female/feminine or androgynous
8) Equally likely to be male/masculine, female/feminine, or androgynous
9) Always androgynous
10) Usually androgynous, but sometimes female/feminine
11) Usually female/feminine, but sometimes male/masculine
12) Usually female/feminine, but sometimes androgynous
13) Always female/feminine

In your lifetime, with how many people have you had:
Oral sex

___male partners ___female partners ___other-gender partners
Genital fondling
___male partners ___female partners ___other-gender partners
Penis-vagina sex:
___male partners ___other-gender partners
Vaginal penetration with something other than a penis (e.g., fingers, dildo)
___male partners ___female partners ___other-gender partners
Penis-anal sex:
___male partners ___other-gender partners
Anal penetration with something other than a penis (e.g., fingers, dildo)
___male partners ___female partners ___other-gender partners

If you are currently in a relationship, which of the following is true of your relationship with your current partner? (Check all that apply.)
__We are married.
__We plan to be married in the future.
__We live together.
__We have a child/children together.
__We share important assets with each other (e.g., we own a home or car together; we are beneficiaries on each other's life insurance policies; etc.)
__We are in a committed, monogamous relationship (we only have sex with each other)
__We are in an open relationship (one or both of us has sex with other people WITH each other's knowledge and permission)
__We are in a non-monogamous relationship (one or both of us has sex with other people WITHOUT each other's knowledge or permission)
__We are in a sexual, non-romantic relationship (e.g., 'friends with benefits', etc.)
__ Not Applicable (I am not in a relationship)

What is the gender identity of your current, primary romantic/sexual relationship partner?
__Male
__Female
__Transgender man
__Transgender woman
__Genderqueer/Non-binary
__Other (please specify:_____)
__ Not Applicable (I am not in a relationship)

Have you ever been in a romantic and/or sexual relationship with a woman? If yes, what was the longest relationship duration? (years, months)

Have you ever been in a romantic and/or sexual relationship with a man? If yes, what was the longest relationship duration? (years, months)