

9-20-2018

## Strengths and coping strategies in the life narratives of sexual minority women

Laurie Drabble  
*San Jose State University*, [laurie.drabble@sjsu.edu](mailto:laurie.drabble@sjsu.edu)

Karen F. Trocki  
*Alcohol Research Group*

Brenda Salcedo  
*Franklin-McKinley School District*

Bobbi R. Morales  
*Kaiser Permanente San José Medical Center*

Rachael Korcha  
*Alcohol Research Group*

Follow this and additional works at: [https://scholarworks.sjsu.edu/faculty\\_rsca](https://scholarworks.sjsu.edu/faculty_rsca)



Part of the [Family, Life Course, and Society Commons](#), [Gender and Sexuality Commons](#), and the [Social Work Commons](#)

---

### Recommended Citation

Laurie Drabble, Karen F. Trocki, Brenda Salcedo, Bobbi R. Morales, and Rachael Korcha. "Strengths and coping strategies in the life narratives of sexual minority women" *Journal of Gay & Lesbian Social Services* (2018): 409-429. <https://doi.org/10.1080/10538720.2018.1509757>

This Article is brought to you for free and open access by SJSU ScholarWorks. It has been accepted for inclusion in Faculty Research, Scholarly, and Creative Activity by an authorized administrator of SJSU ScholarWorks. For more information, please contact [scholarworks@sjsu.edu](mailto:scholarworks@sjsu.edu).

**Title: Strengths and coping strategies in the life narratives of sexual minority women**

**Authors:**

Laurie A. Drabble, Ph.D. *Corresponding Author*  
Associate Dean, Professor  
San José State University, College of Health and Human Sciences  
One Washington Square, San José, CA 95192  
laurie.drabble@sjsu.edu  
(408) 924-5836

Karen F. Trocki, Ph.D.  
Research Scientist, Alcohol Research Group  
Emeryville, CA  
ktrocki@arg.org

Brenda Salcedo, MSW,  
District Social Worker, Franklin-McKinley School District  
Email: brendasalcedo@hotmail.com

Bobbi R. Morales, MSW,  
Kaiser Permanente San Jose Medical Center  
Adult Psychiatry  
San Jose Kaiser Permanente Adult Psychiatry  
5755 Cottle Road, San Jose, CA 95123  
bobbirose1234@yahoo.com

Rachael A. Korcha, M.A.  
Associate Scientist, Alcohol Research Group  
6475 Christie Ave. Suite 400, Emeryville, CA 94608  
e-mail: rkorcha@arg.org  
phone: 510-597-3440

**Acknowledgements:**

Research reported in this publication was supported by the National Institute on Drug Abuse of the National Institutes of Health under Award Number R01DA036606 and the National Institute on Alcohol Abuse and Alcoholism under Award Numbers R21AA17947 and P50 AA05595. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health. The authors thank Patricia Walker, MSW and Erin Hohengarten, MSW for their contributions as research assistants.

## **Strengths and coping strategies in the life narratives of sexual minority women**

### Abstract

This study explored self-described strengths and strategies for coping with stress among sexual minority women (SMW), drawing on qualitative narratives of sexual minority and heterosexual women who were recruited from a population-based sample. In-depth follow-up qualitative telephone interviews were conducted with 48 women who had participated the National Alcohol Survey, a U.S. population-based survey. Participants included 25 SMW and 16 matched exclusively heterosexual women. Narrative data were analyzed using inductive thematic analysis and constant comparison to explore the study aim, with an emphasis on themes that diverged or that were particularly salient for SMW relative to heterosexual women. Strengths and coping strategies that were especially meaningful in the narratives of sexual minority women emerged in two areas. First, participants described development of intrapersonal strengths through nurturing an authentic sense of self and embracing multifaceted identity. Second, participant described multiple strategies for cultivation of interpersonal resources: navigating distance and closeness with family of origin, cultivating supportive friends and chosen family, connecting to community, finding solace and joy with animals, and engaging in collective action. Findings underscore the importance of considering protective factors that are salient to SMW in developing or refining prevention and intervention efforts.

**Key Words:** Sexual minority women, qualitative, minority stress, resilience, and coping.

## Introduction

Research on disparities in risk for hazardous drinking and alcohol-related problems have consistently found higher rates of alcohol consumption, hazardous drinking, and alcohol related problems among sexual minority women (SMW) compared to heterosexual women. For example, probability studies of alcohol and drug use in the United States that include sexual orientation measures, such as the National Alcohol Survey (NAS) and the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) have found higher odds of reporting heavy drinking, alcohol-related consequences and dependence symptoms, other drug use, and substance use treatment among SMW compared to heterosexual women (Allen & Mowbray, 2016; Drabble, Midanik, & Trocki, 2005; Gattis, Sacco, & Cunningham-Williams, 2012; Kerridge et al., 2017; McCabe, Hughes, Bostwick, West, & Boyd, 2009). Research from other countries also suggest higher risks for alcohol use disorders and alcohol-related problems among SMW compared to heterosexuals (Hughes, Szalacha, & McNair, 2010; Hughes, Wilsnack, & Kantor, 2016; King et al., 2008).

Minority stress is one of the primary theories for explaining disparities in risk for psychological distress and other negative health outcomes among sexual minorities (Meyer, 2003). According to minority stress theory, the cumulative impact of stress associated with prejudice and discrimination, expectations of rejection, managing visibility of identity, and self-stigmatization contribute to increased risk for psychological distress and health problems (Frost, 2017; Meyer, 2003; Meyer & Frost, 2013). Research confirms that health outcomes, such as alcohol-related problems, are predicted by minority stress at the individual-level (e.g., internalized stigma, psychological distress; Amadio & Chung, 2004; Lehavot & Simoni, 2011; Livingston, Christianson, & Cochran, 2016), interpersonal-level (e.g., perceived stigma and

experiences of victimization, rejection, and discrimination; Drabble, Trocki, Hughes, Korcha, & Lown, 2013; Gilbert & Zemore, 2016; Hughes, Johnson, Steffen, Wilsnack, & Everett, 2014; Lewis, Mason, Winstead, Gaskins, & Irons, 2016; Lewis, Winstead, Lau-Barraco, & Mason, 2017; McCabe, Bostwick, Hughes, West, & Boyd, 2010; Wilson, Gilmore, Rhew, Hodge, & Kaysen, 2016), and systems-level (e.g., bans against same-sex marriage and absence of legal protections against employment discrimination or hate crimes; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). More recently, minority stress theorists have suggested viewing disparities through a lens that simultaneously attends to the negative impact of minority stress and factors that contribute to resiliency and stress resistance (Frost, 2017; Meyer, 2015).

Research to date has focused disproportionately on negative health outcomes associated with minority stress, while studies focused on factors that allow sexual and gender minorities to thrive in the face of adversity are still emerging (de Lira & de Morais, 2017; Hill & Gunderson, 2015; Meyer, 2015). Meyer (2015) emphasizes the complementary relationship between minority stress theory and emerging research on resilience and coping among sexual minorities, pointing out that the impact of stress on health is influenced by resiliency factors and coping processes. Meyer defines resilience as "the quality of being able to survive and thrive in the face of adversity," which may include a wide array of factors that "can lead to a more positive adaptation to minority stress and thus, mitigates the negative impact of stress on health (p. 210)." Coping refers to the "efforts the person makes to adapt to stress" (Meyer, p. 210), whether or not those efforts are successful.

Similar to minority stress theory, research on resilience and reducing stigma among sexual minorities focuses on factors along a social-ecological continuum, from proximal to distal influences (de Lira & de Morais, 2017; Hatzenbuehler & Pachankis, 2016; Meyer, 2015).

Kwon's (2013) review of literature on resilience identified three factors that promote health and well-being in LGB populations: social support, the ability to accept and process emotions, and hope and optimism. Other reviews have also identified individual level protective factors (such as positive identity), but concurrently emphasize the importance of interpersonal factors (such as family/intimate relationship strengths and connectedness to LGBT communities) and larger community and structural contexts such as access to LGBT community resources, advocacy for affirming laws and policies, and influencing social norms and attitudes (de Lira & de Morais, 2017; Hatzenbuehler & Pachankis, 2016; Hill & Gunderson, 2015; Lyons, 2015; Meyer, 2015; Watson, Morgan, & Craney, 2018).

Studies on risk and resilience among sexual minorities have disproportionately focused on men (Coulter, Kenst, & Bowen, 2014; de Lira & de Morais, 2017; Hill & Gunderson, 2015; Institute of Medicine, 2011), although there appear to be differences in experiences of minority stress and resilience by gender that warrant exploration (Goldbach & Gibbs, 2015; Hequembourg & Brallier, 2009; Lyons, 2015). For example, a review and empirical study of resilience among sexual minorities found that support from heterosexual friends and family were more significant predictors of resilience among SMW than sexual minority men (Lyons, 2015). There remains a need for research designed to better understand factors that may protect against hazardous drinking and other health risks among SMW (Balsam, 2003; Condit, Kitaji, Drabble, & Trocki, 2011; de Lira & de Morais, 2017; Frost, 2017; Hughes, Matthews, Razzano, & Aranda, 2003; Kwon, 2013).

A few studies have examined strengths and coping strategies among SMW that appear to buffer risk of hazardous drinking and related health problems. For example, Lewis and colleagues found that social connectedness reduced risk of hazardous drinking among lesbians

(Lewis et al., 2016). Other recent studies have also emphasized the importance role of connection to LGBTQ community (Lambe, Cerezo, & O'Shaughnessy, 2017; Mason, Lewis, Winstead, & Derlega, 2015; McNair et al., 2016; Zimmerman, Darnell, Rhew, Lee, & Kaysen, 2015), collective self-esteem (Mason et al., 2015), and positive identity (Szymanski, Mikorski, & Carretta, 2017) in buffering the impact of minority stress on hazardous drinking and mental health outcomes among SMW. Studies have also underscored the role of positive coping and coping through education/advocacy (Craig, Austin, Alessi, McInroy, & Keane, 2017; Szymanski et al., 2017) rather than maladaptive coping (e.g., drinking to cope with stress, self-blame, disengagement) in risk of hazardous drinking (Lewis et al., 2016) and psychological distress (Kaysen et al., 2014; Rabinovitch, Perrin, Tabaac, & Brewster, 2015) among SMW. Although these studies provide important insights into the strengths and coping strategies of SMW, a majority of these studies are conducted with non-probability samples of SMW and may not fully capture the strengths and coping strategies of SMW in the general population.

A majority of studies with sexual minorities rely on non-probability samples obtained through LGBT venues, media, or social and community networks (Meyer & Wilson, 2009). Non-probability samples of sexual minorities likely disproportionately represent individuals who are visible and connected to sexual minority communities; consequently, individuals sampled through non-probability methods may have different characteristics and may experience different stressors and resiliency factors than sexual minorities who are recruited through probability sampling (Dewaele, Caen, & Buysse, 2014; Drabble et al., 2018; Hottes, Bogaert, Rhodes, Brennan, & Gesink, 2016) Although stigma and fear of discrimination may impact participation and disclosure of minority sexual identity in probability samples (Robertson, Tran, Lewark, & Epstein, 2018), population-based studies remain important for obtaining minimally biased

samples of SMW. Because research to on strengths and coping strategies of SMW have relied primarily on non-probability samples, the experiences, perspectives, and strengths of SMW who may not be actively involved in LGBT communities or social networks are not well explored. Furthermore, studies that rely on non-probability samples of SMW rarely afford the opportunity for comparisons with heterosexual women from a similar sampling frame.

In this study, we draw on qualitative narratives of sexual minority and heterosexual women who were recruited from a population based sample to explore the following research question: How do sexual minority women describe their strengths and coping strategies, and how might these differ by sexual identity?

### **Methods**

This project was part of a larger mixed methods study designed to explore correlates of alcohol and drug-related problems among sexual minorities compared to heterosexuals. In-depth interviews were conducted with 48 women who were recruited as a follow-up interview sample from a larger national telephone-based quantitative household probability survey, the National Alcohol Survey in 2010 (n=3,825 women). Women who were classified as sexual minorities (identified as lesbian or bisexual and heterosexual-identified women who reported same-sex partners; n=122) in the National Alcohol Survey and a matched group of exclusively heterosexual women (n=16) were invited to participate in an in-depth, semi-structured interviews conducted by telephone. The matched heterosexual sample was created by generating list of randomly selected exclusively heterosexual women matched to key characteristics including age, ethnicity, relationship status, education, drinking status in the past year (drinker/none) and a lifetime measure of having consumed five or more drinks at least monthly throughout at least one decade of their life. The lifetime heavier drinking measure was constructed as a

dichotomous variable based on responses to questions about how often respondents had five or more drinks on one or more occasions in each decade of their life (teens, 20's, 30's and 40's) depending on age. The list of prospective heterosexual matches was identified as interviews with SMW progressed. This process allowed us to obtain matches for individuals or groups of respondents who shared similar characteristics. For example, one white heterosexual women, aged 50-59, in a partnered relationship and with a high school education, might serve as “match” for three SMW with similar characteristics.

Excluding disconnected/wrong numbers or ineligible (e.g., male) respondents, the response rate was 50 percent (48 interviewed; 48 refusals, incomplete interviews, or no response). The final qualitative sample for the parent study included 32 SMW (15 lesbians, 10 bisexuals, and 7 women who identified as heterosexual and reported same-sex partners) and 16 exclusively heterosexual women. Participant age ranged from 21 to 67 years of age. Approximately 64.6 percent (n=31) of the participants were White, 22.9 percent (n=11) were African American, and 12.5 percent (n=6) were Latina. Approximately 31.3 percent (n=15) were heavier drinkers at some point in their lives.

Interviews were conducted by telephone using a semi-structured interview guide. Because the purpose of the parent study was to explore potential correlates and mediators of alcohol and drug problems among SMW, the interview guide used a life-history approach and consisted of questions that encouraged story telling rather than responses to narrower questions that presumed specific experiences, risks or protective factors. Although the interview guide included topics that had been identified in the National Alcohol Survey as associated with alcohol use and alcohol related problems, questions were framed to explore broadly participants' perceptions and life experiences. An early version of the interview guide was pre-tested with a

small purposive sample (Condit et al., 2011), and refined for use in the final study. The interview included eight primary questions and follow up probes related to study participants' life experiences in several areas including family of origin, friendships, identity, substance use, intimate relationships, trauma, experiences of being treated differently (e.g., discrimination), and experiences of recent stress. For example, the identity questions invited participants to talk about groups and communities with which participants identify and how their identity fits into their life story. Since participant descriptions related strengths and strategies for coping with stress or life challenges were embedded in responses to different questions, responses to any question related to mobilizing strengths in the face of adversity or broad coping strategies were included in analysis. Interviews were conducted between March and December of 2011 and lasted from 45 to 90 minutes. Interviews were audio taped and transcribed verbatim and qualitative data were managed with the assistance of qualitative software program (NVIVO).

An inductive thematic analysis (Braun & Clarke, 2006) was used to identify repeated patterns of meaning across narratives. Open coding was followed by an iterative process of identifying common categories and emerging themes. Although constant comparison is often associated with grounded theory research, it is also used in thematic analysis to compare meanings and categories within interviews, between cases, and between groups (Fram, 2013). In the current study, the authors used a constant comparison approach (Fram, 2013) to compare emerging meaning units and categories across cases, and to identify contrasts in themes between the narratives of sexual minority and heterosexual women. The goal of this comparison was to identify strengths and coping strategies of participants, highlighting themes related to resilience and coping with stress that were particularly salient among SMW. The authors maintained an open critical dialog about the emerging categories throughout analysis and used a consensus

model in reviewing, revising and finalizing themes. In reporting the themes that emerged through this process, we intentionally privilege the voices and perspectives of SMW by briefly summarizing ways the themes diverged between sexual minority and heterosexual group and illustrating themes salient to SMW with quotes.

## **Results**

Themes related to developing strengths in the face of adversity and coping with stressors that were particularly salient in the narratives of sexual minority compared to heterosexuals emerged in two broad areas: 1) creating and celebrating positive identity and 2) cultivating connection and community.

### **Creating and Celebrating Positive Identity**

#### **Nurturing an authentic sense of self**

Although a few heterosexual women described overcoming obstacles in the process of forging a personal identity or developing self-esteem, such as one participant (Latina, age 59) who identifies as "a parent, a grandma, a doer" but described being a "victim of verbal abuse for 20-some years" who "didn't feel I got the confidence and self-esteem until I started going to church," the narratives of sexual minority participants more frequently described active efforts to create a positive and authentic sense of self. These efforts were often described as a developmental process, which involved overcoming negative messages from family members and other social institutions, such as churches, over time. This dynamic was also often described in relation to ongoing efforts to defend against harmful messages or treatment. For example, one lesbian (White, age 48) described that when her identity "comes under some kind of an attack" she would seek "opportunities to learn about people and to learn about systems and to learn how to find the good people in those systems or the support people in those systems." She concludes,

"My identity has become stronger over time." The following quote from an African-American lesbian (age 51) also exemplified this theme.

And ever since I opened up that closet there's been family members that have been trying to put me back in the closet. There's been people that's been in my corner saying look, you've got to live your life for who and what you are and don't worry about what people think. So I'm at the point in my life where I'm not caring about what people think. I'm a person that beat to the beat of my own drum. I've always been that, so why wouldn't my sexuality be like that as well. I am defined by a black lesbian woman that I am. And it's not an easy thing to be because the majority of people don't like me because of my choice but I can't worry about what people think.

### **Embracing multifaceted identity**

Heterosexual women and SMW both described a mix of social roles and social locations in their narratives. For example, one heterosexual women (White, age 47) described herself as a "wife and mom" and "just your boring Caucasian middle class female" and another said, "I'm an aunt, I'm a grandma, I'm a mother, and my heritage is Mexican Indian" (age 47). Many heterosexual women explicitly described religious affiliations or being "spiritual" as important to their identities, or highlighted work roles and specific social group memberships that mattered to them, such as one who described an important part of her identity, "I am an absolute diehard Boston Red Sox fan" (White, age 59)

When asked about their individual identity and groups with whom they identify in an open-ended question, it was notable that many SMW in this sample describe a wide range of identities and community memberships that were frequently more divergent than those of heterosexual women. Many times, SMW referred explicitly to intersectional identities, such as

one participant (age 19) who commented, "So I am a black gay woman and I think that impacts a lot of what I do every day, all of the time ...to the point where I, my future career, I want to do direct advocacy work and women's health hopefully in minority communities." Although women often referred explicitly to sexual identity, race and gender, they also more frequently emphasized other identity labels, such as "artist," "writer," or "activist." For example, one bisexual/pansexual participant (African-American, age 21) describe her identity as "a very open-minded musician." Many concurrently described their identities in relation to their profession, roles related to work (such as membership in a union or professional organization), or home (such as being a mom). For example, one bisexual respondent (Latina, age 44) stated, "my biggest identity would be my work identity where I lead a fairly large group of people, so that would be my first identity currently. I do have other roles in my life, I have my identity as a mom."

### **Cultivating Connection and Community**

#### **Navigating distance and closeness with family of origin**

Narratives about relationships with family of origin varied among participants, and both heterosexual and SMW typically used language that described their relationships with families in terms of distance. Several common phrases were used to describe their family relationships such as, "we're distant," "we're not very close," "we're very close." However, analysis of the narratives of family histories among respondents revealed that it was more common among sexual minority participants than heterosexuals to describe shifts in distance and closeness, which often changed over time, in relation to anticipated or experienced level of familial acceptance. For example, one bisexual respondent (White, age 42) described tolerating a period of disconnection that was linked to parental disapproval.

So I'm very close to my mom, though we had a brief period in my early 20s when we had a bit of a rift when I came out as bisexual, but we are very close again, so it's just she had some struggles around that.

Some participants actively created distance from family of origin temporarily because of fear of family reactions. This was exemplified in a comment by one lesbian participant (White, age 54),

And I sort of pulled away from everybody somewhat when I started to realize my sexuality because I was kind of scared and not sure of the acceptance, which I think is fairly common. But once I came out and they went through what they needed to go through, everything is fine.

A few participants described maintaining more permanent boundaries with their families as a whole, or specific family members, as protection against rejecting or hurtful behavior related to sexual identity or gender presentation. For example, one SMW (heterosexual identified who described having partners of different sexes and gender identities, White, age 54) explained that the reason she became less involved with family holidays over the years "was unacceptance, in a sense - too much judgment...It just wasn't fun anymore."

### **Cultivating supportive friends and chosen family**

One of the primary themes related to both strengths and coping in life narratives of all women centered on creating family and cultivating supportive social connections. For example, one heterosexual woman (White, age 40) emphasized the centrality of her husband and close friends, who she met primarily at work or school, and commented on how "I like to air my ideas and complain and vent and maybe get advice" when under stress. Similarly, a bisexual woman (African-American, age 34) described using alcohol and drugs to cope with stress when she was younger, but now "I prefer to talk it out, that's the best way -- you just got to find the right person

to confide in." However, the definition of "family" and the construction of social connections were more varied among the narratives of sexual minority participants than heterosexual women. For example, one woman (heterosexual with same-sex partners, White, age 54) who is estranged from her family of origin stated, "my family is who I choose at a particular time in my life." Participants also frequently described friends and friendship networks as important strengths. In addition to personal friendships, many participants also described the importance of friendships that were linked to organizations or causes that were important to them. One bisexual participant (White, age 42) commented, "I have a lot of individual friendships; really special people all over the world. The closest I come to sort of group friends is that I'm a political activist, so a lot of my friendships are sort of within the bounds of my movement work."

Many participants described both informal and structured groups that were described as "helpful" with mediating both minority and general life stressors. For example, one bisexual woman (African-American, age 53) described a game group that she joined, "which I'm glad, because it's like therapy, once a month go and play cards and talk shit, drink some beer." Some descriptions of group membership are more formal, and explicit in relation to their therapeutic nature. For example, one lesbian participant (White, age 64) described her sense the impact of connecting with others by joining a self-help group. She further explains that through that group she learned how to give and receive support.

Yeah, I have-- since I'm a recovering alcoholic and addict, I think I've started to really develop social connection and relationships after I got in recovery. When I got into recovery, you begin to share with people who have been and had your similar experience. But that's where I learned about give and take, support and getting support. I mean, that

is an incredible-- I consider it a good thing that happens to those in recovery. We begin to learn how to do those things with people.

Most of the participants in relationships (both sexual minority and heterosexual) spoke about their partners as important sources of meaning and support, typified by one lesbian participant (White, age 62) who summarized "we're here for each other every day in every way." Relationships were described as providing "emotional security" and a place where "you can just say anything to your partner, be able to talk about things that are happening day-to-day or in the news or with other friends." Narratives among SMW diverged from heterosexual women primarily in relation to describing having to cope with disapproving family members or hostile work environment. For example, one lesbian respondent (White, age 48) described "having to become secretive and closeted in my forties" until her partner left the military: "I feel sad for the time that we had to give up while we were waiting for this time that we have before us but we both feel hopeful about the future."

### **Connecting to community**

Participants varied in the descriptions of community connection, from those who described having "no affiliations" to into those who described being highly engaged in social or volunteer communities. Although being part of community was important to both heterosexual and SMW participants, the narratives of SMW were more likely to reflect experiences of feeling isolated until discovering connection to affirming community. In many cases, SMW described the importance of connecting to LGBTQ specific communities. One lesbian participant (White, age 67) described the process of her discovery of LGBTQ community that typified this theme. "It was until I was 30 that I was closeted - then at 30, which is almost 40 years ago, I became

aware that, oh, my goodness, there were other people like me, and that was fun. She went on to elaborate,

And, you know, every one of those people, just like me, have a story to tell, and there's pain in every one of those people's stories, loneliness, hesitancy in coming out, not so hesitant, sickness, AIDS, on and on and on. And I just thought, wow. No reason to feel alone anymore.

There was a wide variety of affirming community groups that SMW described as central to their lives, such as "underground dance scene" and "political activism for women's rights." For example, one bisexual women (White, age 49) identified as a Star Trek fan, emphasizing the accepting and affirming values of the fan sub-culture and reflecting, "that fandom was really, more so than my family, probably with the exception of my grandfather, what really formed who and what I am and who and what I became." She described how her identity as a fan "became my social outlet and my social life" and connected her to "a whole wild creative movement."

Several SMW explicitly described past negative experiences with religious family members or religious institutions, such as one lesbian participant (White, age 29) who shared that she grew up going to a church with her family that was "extremely not gay-friendly at all." At the same time, close to one-third of SMW in the sample mentioned religion or spirituality as an important source of strength or as a defining dimension of their identity or community. One lesbian (African-American, age 51) stated, "I associate my identity in church as a choir member and my belief in God has never wavered regardless of who I date or who I'm with." Religious and spiritual affiliations (when mentioned) varied considerably among SMW (e.g., Catholic, Episcopalian, Buddhist, Pagan, Yogi). A few women who identified as in recovery from alcohol or drug dependence described a belief in a higher power as important for maintaining sobriety.

For example, one lesbian participant (African-American, age 58) said "I talk to God every day; we have numerous conversations all day every day and I ask him to give me strength and I don't drink as much." Although involvement in religious or spiritual communities appeared to be more noticeable in the narratives of heterosexual women, some SMW described finding and valuing such communities, such as one lesbian participant (White, age 64) who described finding a "church that has a special ministry and actually has broadened its ministry to people who are also gay, bisexual, or transgender."

### **Finding joy and solace with animals**

Several participants in this study described dogs or other animals as playing important supportive roles in their lives. Participants described animals as providing companionship and enriching their lives. For example, one lesbian participant (White, age 29) noted that she and her partner defined family as "us and our dog and our cat." Another lesbian (White, age 66) referred to her dog in response to a question about friends: "You know, I left out a friend - my dog. It may sound weird. He's a great companion and all and as a result, we do a lot of walking and all that stuff.... He's just a good companion and since I live by myself especially." Other participants described the positive impact of animals on social life, such as one lesbian participant (White, age 61), who described joyful experiences with her dog, explaining "I go over to the dog park a lot with her and there are lots of people there and I meet different people there too." The following statement of one participant (Bisexual, African American, age 53) described comfort that she found through a pet:

Right now I'm not intimate with anyone, which I'm happy-- I'm not happy with. It would be nice to have someone in my life. That's why I went and got a guinea pig so I'd have somebody happy to see me when I get home.

### **Engaging in collective action**

Many sexual minority participants described finding meaning and empowerment as members of organizations that promote social change or that address social issues. Although some heterosexual women also described being part of activist organizations, such as one participant (White, age 53) who was involved with "environmental concerns and civil rights and tenant rights," this theme was more evident in the narratives of SMW. For example, several SMW described their roles as community organizers, feminists or activists as important to their part of their current lives or their history. One lesbian (African American, age 58) reflected,

I've always been a person who is involved on and off socially, when I lived in Upstate New York, when the AIDS epidemic came out there was a bunch of us that would go to churches, especially African American churches and this was in the '80s and try to talk with them about gays in their church and the message that they usually give and how that's keeping people-- not helping people in their congregation who may be gay and so that's helping to spread the AIDS epidemic.

Several participants also described finding meaning and purpose in working collectively as part of social movements, political groups, humanitarian causes, or charitable organizations, such as one bisexual woman (White, age 42) who described her political activism, noting,

When I was able to understand the systems at work in the world that are- then I sort of understood my own agency better and I think I felt much more empowered to make change. I found my voice more and my ability to show leadership and take initiative in certain ways.

## Discussion

This study explored self-described strengths and strategies for coping with stress among SMW, with a specific focus on themes that diverged or that were particularly salient for SMW, compared to heterosexual women. In a context where SMW experience minority stress on multiple levels -- individual, interpersonal, and community/societal -- it was noteworthy that strategies for coping and strengths described by SMW were reflected on a similar continuum. On an individual level, SMW women described intrapersonal strengths that centered around the creation and celebration of positive identity through nurturing an authentic sense of self and embracing multifaceted identities. On interpersonal and community/societal levels, participants described intentional development of strengths and coping strategies related to creating connection and community in five areas: navigating distance and closeness with family of origin, cultivating supportive friends and chosen family, connecting to community, finding joy and solace with pets, and engaging in collective action.

Although heterosexual participants described some similar themes, such as dealing with family of origin issues and struggling to create and maintain social support, the narratives of SMW included greater complexity and specificity in relation to creating identities, re-configuring family and social networks, and community connections that were affirming for them. For example, SMW participants in the current study articulated the importance of creating (and sometime defending) positive identity as well as finding communities that are affirming in relation sexual identity. Embracing positive identity and connecting to supportive communities may be important strategies for countering microaggressions, the everyday derogatory messages and hostile behaviors directed toward marginalized social groups such as sexual minorities and people of color (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016; Nadal et al., 2011). It is

important for helping professionals working with sexual minorities to recognize that processes of assessing risk of identity disclosure, synthesizing multiple identities, choosing battles, and cultivating authenticity in often adversarial environments are ongoing, and often require continuing evaluation and development of new solutions (Levitt et al., 2016).

Although several of the themes in this study are reflected in other research focused on resiliency among sexual minority populations, such as the importance of positive identity development and the value of connecting to supportive LGBT communities (de Lira & Morais, 2017; Hill & Gunderson, 2015), it was notable that, when afforded an opportunity to describe identity and community in an open-ended fashion, participants often described a wide array of social roles, affiliations, or personal characteristics that had meaning for them. SMW frequently emphasized the importance of social group membership to their sense of belonging, whether these groups were professional, social, political, or artistic. Sexual minority specific networks and connections were mentioned frequently in the life stories of SMW, but were not generally described as the first or most salient source of identity or affiliation. Since many studies with SMW draw from volunteer samples, it is possible that the respondents in this follow-up study of a population-based sample reached SMW who are not typically accessed in such studies. Future studies are needed to better understand differences in characteristics and community connectedness between probability and non-probability samples of sexual minorities.

One of the purposes of this study was to broadly explore the narratives of SMW to identify potential coping strategies that may be neglected in literature to date. Some coping strategies described by participants in the current study have been echoed in other qualitative studies of life narratives of SMW, such as creating alternative family and connecting to community (Condit et al., 2011); however others are less evident in studies to date, such as

finding joy and solace in relationships with pets. Although role of pets or animal companions is not typically mentioned in literature on resilience and coping strategies of SMW, one notable exception is the work of Putney (2013, 2014), who conducted qualitative research to explore the perceived impact of companion animals on the psychological well-being of older lesbians. Similar to some of the participants in the current study, participants in the Putney study referred to their animals as family, described animal care giving as meaningful and fulfilling, and outlined ways that bonding with an animal helped to alleviate stress (Putney, 2014). Putney's research (2013, 2014) provides insights about why relationships with animals may be protective against the impact of minority stress for SMW. For example, Putney (2014) identified four areas of well-being that were enhanced through human-animal interaction: self-acceptance, positive relationships with others, personal growth (e.g., continuing to expand a capacity for loving and try new activities), and sense of meaning and purpose in life. Furthermore, the impact of companion animals on the psychological well-being of SMW may be particularly salient to SMW, who may experience less support from families of origin and more stressors related exposure to heterosexism in daily interpersonal interactions (Putney, 2013). Specifically, for some SMW, animals may help in fostering a sense of companionship and connection to community, navigating life transitions and losses, and buffering against stressors such as heterosexism (Putney, 2013). The importance of animal companionship, for at least some SMW, may be useful to consider in future intervention research.

### **Limitations**

Although this study was based on interviews with a follow up sample of respondents from a national survey and, as such, may be less biased than regional non-probability samples, there are several limitations. First, the interview guide for this study was designed to explore in

an open-ended manner the experience and perspectives of participants. Consequently, it was not possible to explore participant perceptions of different dimensions of minority stress and narratives varied considerably in the degree to which they addressed participant strengths or sexual-minority specific coping strategies. Second, although the follow-up study sample was drawn from a national population-based study, there is a risk of self-selection bias and it is not possible to generalize findings from interviewees to the general population. Third, interviews were conducted in English and perspectives from monolingual Spanish speaking respondents, who were included in the original national survey, are not represented. Fourth, the interviews were conducted by telephone and, although there is an emerging literature pointing to the comparable quality of qualitative interviews conducted in person and by phone including a study specific to this project (Drabble, Trocki, Salcedo, Walker & Korcha, 2016), it is possible that in-person interviews may have generated richer data. Finally, the interviews were conducted before significant policy changes in the United States that granted marriage recognition to same-sex couples. Although such shifts in policy and social context may influence experiences of stress and coping, research suggests that coping with stigma remains salient to sexual minority experience even after significant changes such as marriage recognition (Kuyper, de Roos, Iedema, & Stevens, 2016; Riggle, Drabble, Veldhuis, Wootton, & Hughes, 2018).

### **Implications for Practice and Research**

In spite of limitations, the findings of the study identified themes that may be useful in the an emerging, body of research on resilience among SMW. In the current study, participants described a wide range of identities and community affiliations that were salient in their lives and support networks. These findings underscore the importance of conducting future research on possible protective factors using both probability and non-probability samples. Research with

sexual minorities continue to rely heavily on non-probability sampling for several reasons. Non-probability samples with sexual minorities are more feasible than probability sampling in terms of cost and time, yield samples of sufficient size to allow examination of within group differences (e.g., comparisons across sexual identity or race/ethnicity), and allow for exploration of sexual-minority-specific risk and protective factors (Institute of Medicine, 2011; Meyer & Wilson, 2009). At the same time, studies comparing probability and non-probability sampling suggest that sample characteristics, and indicators of risk and resiliency, may differ between SMW who represented in studies using different sampling strategies (Boehmer, Clark, Timm, Glickman, & Sullivan, 2011; Bowen, Bradford, & Powers, 2007; Dewaele et al., 2014; Hottes et al., 2016; Kuyper, Fernee, & Keuzenkamp, 2016). One recent study revealed both similarities and differences in risk for hazardous drinking, drug use and psychological distress between SMW from a large non-probability sample and women (both SMW and heterosexual) from a national probability sample (Drabble et al, 2018). Similar quantitative comparisons between SMW using difference sampling strategies, with heterosexual comparison, are needed to further investigate potential similarities and differences in measures of resiliency and coping. For example, future research with different samples of SMW could compare social support, community connections, and coping strategies between SMW in non-probability samples and those from probability samples, who may be less connected to sexual and gender minority organizations and social networks.

Thematic areas identified in this study suggest domains that may prove useful in interventions designed to enhance resiliency and foster coping strategies to protect against health risks, including hazardous drinking, among SMW. Fostering a strong positive identity and collective action emerged as important strengths in this study. Teaching clients specific skills for

copied with discrimination, such as education (raising self- and other's awareness of discrimination) and advocacy (working to fight oppression at individual, community and policy levels) appear to be important to fostering positive identity (Szymanski et al., 2017). Cultivating supportive relationships and navigating distance and closeness with families also emerged as important coping strategies. The salience of these factors may be particularly important in social and political contexts in the United States where an increase in negative rhetoric and discriminatory policies impacting sexual and gender minorities appears to be amplifying stress on individual, family, and community levels (Riggle et al., 2018; Veldhuis, Drabble, Riggle, Wootton, & Hughes, 2018).

Community connection was also an important theme in this study. Other studies have documented the value of connection to sexual minority community for coping with minority stress among SMW (McNair et al., 2016; Zimmerman et al., 2015). In our sample, participants identified a wide range of communities that were important sources for accessing support and coping with stress, which included but extended well beyond, sexual minority specific communities. These findings may serve to remind helping professionals of the importance of investigating and supporting connections to communities that are most salient to the identity and priorities of individual SMW. In the current study, several participants highlighted the importance of religion or spirituality in relation to creating community or coping with stress, while others pointed to religion as a source of conflict. These findings also underscore the importance of attending to individual experiences and perceptions of the spirituality or religion in creating community and finding meaning among SMW.

## References

- Allen, J. L., & Mowbray, O. (2016). Sexual orientation, treatment utilization, and barriers for alcohol related problems: Findings from a nationally representative sample. *Drug and Alcohol Dependence, 161*, 323-330.
- Amadio, D. M., & Chung, Y. B. (2004). Internalized homophobia and substance use among lesbian, gay and bisexual persons. *Journal of Gay & Lesbian Social Services, 17*(1), 83-101.
- Balsam, K. F. (2003). Trauma, stress, and resilience among sexual minority women: Rising like the Phoenix. *Journal of Lesbian Studies, 7*(4), 1-8.
- Boehmer, U., Clark, M. A., Timm, A., Glickman, M., & Sullivan, M. (2011). Comparing sexual minority cancer survivors recruited through a cancer registry to convenience methods of recruitment. *Women's Health Issues, 21*(5), 345-352.
- Bowen, D. J., Bradford, J., & Powers, D. (2007). Comparing sexual minority status across sampling methods and populations. *Women & Health, 44*(2), 121-134.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.
- Condit, M., Kitaji, K., Drabble, L., & Trocki, K. (2011). Sexual-minority women and alcohol: Intersections between drinking, relational contexts, stress, and coping. *Journal of Gay & Lesbian Social Services, 23*(3), 351-375. doi: 10.1080/10538720.2011.588930
- Coulter, R. W., Kenst, K. S., & Bowen, D. J. (2014). Research funded by the National Institutes of Health on the health of Lesbian, Gay, Bisexual, and Transgender populations. *American Journal of Public Health, 104*(2), e105-e112.
- Craig, S. L., Austin, A., Alessi, E. J., McInroy, L., & Keane, G. (2017). Minority stress and heroic coping among ethnoracial sexual minority girls: Intersections of resilience. *Journal of Adolescent Research, 32*(5), 614-641.
- de Lira, A. N., & de Morais, N. A. (2017). Resilience in Lesbian, Gay, and Bisexual (LGB) populations: An integrative literature review. *Sexuality Research and Social Policy, (Published online 17 April)*, 1-11. doi: 10.1007/s13178-017-0285-x
- Dewaele, A., Caen, M., & Buysse, A. (2014). Comparing survey and sampling methods for reaching sexual minority individuals in Flanders. *Journal of Official Statistics, 30*(2), 251-275.
- Drabble, L., Midanik, L. T., & Trocki, K. F. (2005). Reports of alcohol consumption and alcohol-related problems among homosexual, bisexual and heterosexual respondents: Results from the 2000 National Alcohol Survey. *Journal of Studies on Alcohol, 66*, 111-120.
- Drabble, L., Trocki, K. F., Hughes, T. L., Korcha, R. A., & Lown, A. E. (2013). Sexual orientation differences in the relationship between victimization and hazardous drinking among women in the National Alcohol Survey. *Psychology of addictive behaviors, 27*(3), 639-648.
- Drabble, L. A., Trocki, K. F., Korcha, R. A., Klinger, J. L., Veldhuis, C. B., & Hughes, T. L. (2018). Comparing substance use and mental health outcomes among sexual minority and heterosexual women in probability and non-probability samples. *Drug and Alcohol Dependence, 185*, 285-292. doi: <https://doi.org/10.1016/j.drugalcdep.2017.12.036>

- Drabble, L., Trocki, K.F., Salcedo, B., Walker, P.C., Korcha, R.A. (2016) Conducting qualitative interviews by telephone: Lessons learned from a qualitative study of alcohol use among sexual minority and heterosexual women. *Qualitative Social Work*, 15 (1), 118-133.
- Fram, S. M. (2013). The constant comparative analysis method outside of grounded theory. *The Qualitative Report*, 18(1, Article 1), 1-25.
- Frost, D. M. (2017). The benefits and challenges of health disparities and social stress frameworks for research on sexual and gender minority health. *Journal of Social Issues*, 73(3), 462-476.
- Gattis, M. N., Sacco, P., & Cunningham-Williams, R. M. (2012). Substance use and mental health disorders among heterosexual identified men and women who have same-sex partners or same-sex attraction: results from the National Epidemiological Survey on Alcohol and Related Conditions. *Archives of Sexual Behavior*, 41(5), 1185-1197.
- Gilbert, P. A., & Zemore, S. E. (2016). Discrimination and drinking: A systematic review of the evidence. *Social Science & Medicine*, 161, 178-194.
- Goldbach, J. T., & Gibbs, J. (2015). Strategies employed by sexual minority adolescents to cope with minority stress. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 297-306.
- Hatzenbuehler, M. L., McLaughlin, K. A., Keyes, K. M., & Hasin, D. S. (2010). The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: A prospective study. *American Journal of Public Health*, 100(3), 452-459.
- Hatzenbuehler, M. L., & Pachankis, J. E. (2016). Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications. *Pediatric Clinics of North America*, 63(6), 985-997.
- Hequembourg, A. L., & Brallier, S. A. (2009). An exploration of sexual minority stress across the lines of gender and sexual identity. [Article]. *Journal of Homosexuality*, 56(3), 273-298. doi: 10.1080/00918360902728517
- Hill, C. A., & Gunderson, C. J. (2015). Resilience of lesbian, gay, and bisexual individuals in relation to social environment, personal characteristics, and emotion regulation strategies. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 232-252.
- Hottes, T. S., Bogaert, L., Rhodes, A. E., Brennan, D. J., & Gesink, D. (2016). Lifetime prevalence of suicide attempts among sexual minority adults by study sampling strategies: A systematic review and meta-analysis. *American Journal of Public Health*, 106(5), e1-e12.
- Hughes, T., Szalacha, L. A., & McNair, R. (2010). Substance abuse and mental health disparities: Comparisons across sexual identity groups in a national sample of young Australian Women. *Social Science & Medicine*, 71(4), 824-831.
- Hughes, T. L., Johnson, T. P., Steffen, A. D., Wilsnack, S. C., & Everett, B. (2014). Lifetime victimization, hazardous drinking, and depression among heterosexual and sexual minority women. *LGBT Health*, 1(3), 192-203.
- Hughes, T. L., Matthews, A. K., Razzano, L., & Aranda, F. (2003). Psychological distress in African American lesbians and heterosexual women. *Journal of Lesbian Studies*, 7(1), 51-68.
- Hughes, T. L., Wilsnack, S. C., & Kantor, L. (2016). The influence of gender and sexual orientation on alcohol use and alcohol-related problems: Toward a global perspective. *Alcohol Research: Current Reviews*, 38(1), 121-132.

- Institute of Medicine. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press.
- Kaysen, D. L., Kulesza, M., Balsam, K. F., Rhew, I. C., Blayney, J. A., Lehavot, K. (2014). Coping as a mediator of internalized homophobia and psychological distress among young adult sexual minority women. *Psychology of Sexual Orientation and Gender Diversity, 1*(3), 225-233.
- Kerridge, B. T., Pickering, R. P., Saha, T. D., Ruan, W. J., Chou, S. P., Zhang, H. (2017). Prevalence, sociodemographic correlates and DSM-5 substance use disorders and other psychiatric disorders among sexual minorities in the United States. *Drug and Alcohol Dependence, 170*, 82-92.
- King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry, 8*, 1-17.
- Kuyper, L., de Roos, S., Iedema, J., & Stevens, G. (2016). Growing up with the right to marry: Sexual attraction, substance use, and well-being of Dutch adolescents. *Journal of Adolescent Health, 59*(3), 276-282.
- Kuyper, L., Fernee, H., & Keuzenkamp, S. (2016). A comparative analysis of a community and general sample of lesbian, gay, and bisexual individuals. *Archives of Sexual Behavior, 45*(3), 683-693.
- Kwon, P. (2013). Resilience in lesbian, gay, and bisexual individuals. *Personality and Social Psychology Review, 17*(4), 371-383.
- Lambe, J., Cerezo, A., & O'Shaughnessy, T. (2017). Minority stress, community involvement, and mental health among bisexual women. *Psychology of Sexual Orientation and Gender Diversity, 4*(2), 218.
- Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of Consulting and Clinical Psychology, 79*(2), 159-170. doi: 10.1037/a0022839
- Levitt, H. M., Horne, S. G., Herbitter, C., Ippolito, M., Reeves, T., Baggett, L. R. (2016). Resilience in the face of sexual minority stress: "Choices" between authenticity and self-determination. *Journal of Gay & Lesbian Social Services, 28*(1), 67-91.
- Lewis, R. J., Mason, T. B., Winstead, B. A., Gaskins, M., & Irons, L. B. (2016). Pathways to hazardous drinking among racially and socioeconomically diverse lesbian women: Sexual minority stress, rumination, social isolation, and drinking to cope. *Psychology of Women Quarterly, 40*(4), 564-581. doi: <https://doi.org/10.1177/0361684316662603>
- Lewis, R. J., Winstead, B. A., Lau-Barraco, C., & Mason, T. B. (2017). Social factors linking stigma-related stress with alcohol use among lesbians. *Journal of Social Issues, 73*(3), 545-562.
- Livingston, N. A., Christianson, N., & Cochran, B. N. (2016). Minority stress, psychological distress, and alcohol misuse among sexual minority young adults: A resiliency-based conditional process analysis. *Addictive Behaviors, 63*, 125-131.
- Lyons, A. (2015). Resilience in lesbians and gay men: A review and key findings from a nationwide Australian survey. *International review of psychiatry, 27*(5), 435-443.
- Mason, T. B., Lewis, R. J., Winstead, B. A., & Derlega, V. J. (2015). External and internalized heterosexism among sexual minority women: The moderating roles of social constraints

- and collective self-esteem. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 313-320.
- McCabe, S. E., Bostwick, W. B., Hughes, T. L., West, B. T., & Boyd, C. J. (2010). The relationship between discrimination and substance use disorders among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 100(10), 1946-1952. doi: 10.2105/ajph.2009.163147
- McCabe, S. E., Hughes, T. L., Bostwick, W. B., West, B. T., & Boyd, C. J. (2009). Sexual orientation, substance use behaviors and substance dependence in the United States. [Article]. *Addiction*, 104(8), 1333-1345. doi: 10.1111/j.1360-0443.2009.02596.x
- McNair, R., Pennay, A., Hughes, T., Brown, R., Leonard, W., & Lubman, D. I. (2016). A model for lesbian, bisexual and queer-related influences on alcohol consumption and implications for policy and practice. *Culture, health & sexuality*, 18(4), 405-421.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. [Article]. *Psychological Bulletin*, 129(5), 674-697.
- Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 209-213.
- Meyer, I. H., & Frost, D. (2013). Minority stress and the health of sexual minorities. In C. J. Patterson & A. R. D'Augelli (Eds.), *Handbook of psychology and sexual orientation* (pp. 252-266). New York: Oxford University Press.
- Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology*, 56(1), 23-31.
- Nadal, K. L., Whitman, C. N., Davis, L. S., Erazo, T., & Davidoff, K. C. (2016). Microaggressions toward lesbian, gay, bisexual, transgender, queer, and genderqueer people: A review of the literature. *The Journal of Sex Research*, 53(4-5), 488-508.
- Nadal, K. L., Wong, Y., Issa, M.-A., Meterko, V., Leon, J., & Wideman, M. (2011). Sexual orientation microaggressions: Processes and coping mechanisms for lesbian, gay, and bisexual individuals. *Journal of LGBT Issues in Counseling*, 5(1), 21-46.
- Putney, J. M. (2013). Relational ecology: A theoretical framework for understanding the human-animal bond. *J. Soc. & Soc. Welfare*, 40(4), 57-80.
- Putney, J. M. (2014). Older lesbian adults' psychological well-being: The significance of pets. *Journal of Gay & Lesbian Social Services*, 26(1), 1-17.
- Rabinovitch, A. E., Perrin, P. B., Tabaac, A. R., & Brewster, M. E. (2015). Coping styles and suicide in racially and ethnically diverse lesbian, bisexual, and queer women. *Psychology of Sexual Orientation and Gender Diversity*, 2(4), 497-504.
- Riggle, E. D. B., Drabble, L., Veldhuis, C. B., Wootton, A., & Hughes, T. L. (2018). The impact of marriage equality on sexual minority women's relationships with their families of origin. *Journal of Homosexuality*, 65(9), 1190-1206. doi: 10.1080/00918369.2017.1407611
- Robertson, R. E., Tran, F. W., Lewark, L. N., & Epstein, R. (2018). Estimates of non-heterosexual prevalence: The roles of anonymity and privacy in survey methodology. *Archives of Sexual Behavior*, 47(4), 1069-1084. doi: 10.1007/s10508-017-1044-z
- Szymanski, D. M., Mikorski, R., & Carretta, R. F. (2017). Heterosexism and LGB positive identity: Roles of coping and personal growth initiative. *The Counseling Psychologist*, 45(2), 294-319.

- Veldhuis, C. B., Drabble, L., Riggle, E. D., Wootton, A. R., & Hughes, T. L. (2018). "We Won't Go Back into the Closet Now Without One Hell of a Fight": Effects of the 2016 presidential election on sexual minority Women's and Gender Minorities' Stigma-Related Concerns. *Sexuality Research and Social Policy*, *15*(1), 12-24. Retrieved from doi:10.1007/s13178-017-0305-x
- Watson, L. B., Morgan, S. K., & Craney, R. (2018). Bisexual women's discrimination and mental health outcomes: The roles of resilience and collective action. *Psychology of Sexual Orientation and Gender Diversity*, *5*(2), 182-193.
- Wilson, S. M., Gilmore, A. K., Rhew, I. C., Hodge, K. A., & Kaysen, D. L. (2016). Minority stress is longitudinally associated with alcohol-related problems among sexual minority women. *Addictive Behaviors*, *61*, 80-83.
- Zimmerman, L., Darnell, D. A., Rhew, I. C., Lee, C. M., & Kaysen, D. (2015). Resilience in community: A social ecological development model for young adult sexual minority women. *American Journal of Community Psychology*, *55*(1-2), 179-190.