

ORIGINAL ARTICLE

Social identification dimensions, sources of discrimination, and sexuality support as correlates of well-being among sexual minorities

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Funding information

Australian Government; Research Training Program Stipend scholarship

Abstract

Sexual minorities experience poorer well-being compared to their heterosexual peers, with discrimination explaining some of this disparity. However, according to the rejection identification model (RIM; Branscombe et al., 1999), this impact of discrimination can be mitigated by minority social identification. The aim of the current study was to test the associations of discrimination and social identification with well-being (measured as psychological distress, loneliness, and life satisfaction) among sexual minorities, and to expand on past research by considering multiple dimensions of social identification and the unique roles of family discrimination and peer sexuality support in well-being. A survey was completed by 184 young adult cisgender gay men and lesbian women aged 18–30 years ($M = 22.78$, $SD = 3.49$). Different than proposed in the RIM, there were no indirect associations of discrimination (either from family or from others) with well-being via social identification. However, family discrimination was directly related to poorer well-being, and peer sexuality support was indirectly related to less psychological distress and loneliness through one component of minority identification (ingroup affect).

1 | INTRODUCTION

Numerous studies document the poorer well-being of sexual minorities relative to their heterosexual peers (Hill et al., 2020; Johns et al., 2013, 2017), with this disparity partially attributed to the negative impact of discrimination (Feinstein et al., 2012; Fingerhut et al., 2010; Lea et al., 2014). One model that outlines the role of discrimination in poor well-being is the rejection identification model (RIM; Branscombe et al., 1999). The RIM explains how discrimination can be detrimental to well-being but, at the same time, it can be beneficial to social identification as a minority group member and, in turn, relate to better well-being. Thus, the RIM highlights direct and indirect ways that discrimination can impact social integration and personal functioning.

The RIM has been useful for explaining sexual minorities' well-being. However, there are few studies assessing the relations proposed in the RIM among sexual minority persons (Bourguignon et al., 2020; Chan, 2022; Doyle & Molix, 2014). These studies show some support for associations of discrimination and social identification with well-being, but also highlight experiences unique to sexual minorities that are important to consider. In the present study, we considered two additional social influences identified in past research as relevant for sexual minorities—discrimination from family members (differentiating *family discrimination* from *other discrimination*), and sexuality-specific support from sexual minority peers (*peer sexuality support*). We then tested the direct and indirect (via sexual minority identification) effects of family and other discrimination, as well as

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peer sexuality support, on well-being. In addition, founded on a multidimensional conceptualization of social identification (Cameron, 2004), three components of minority identification were tested as mediators.

The context for this study was Australia. Thus, it is relevant to note the high acceptance of sexual minorities in Australia. For example, almost 62% of Australians voted in favor of marriage equality in a voluntary national referendum in December 2017 (Gravelle & Carson, 2019). More recently, in a survey of 1012 adults, only 14% of Australians believed homosexuality should not be accepted (Poushter & Kent, 2020). Despite this, Hill et al. (2020) reported that sexual minority Australians report poorer well-being than heterosexual Australians.

2 | THE REJECTION IDENTIFICATION MODEL AND THREE COMPONENTS OF MINORITY IDENTIFICATION

The RIM was developed to understand how discrimination and minority group identification are related to well-being (Branscombe et al., 1999). In the RIM, a key mediator linking discrimination to well-being is minority group identification (or simply, minority identification) drawn from social identity theory (SIT; Tajfel & Turner, 1979). SIT proposes that self-categorization as a member of any group involves adoption of the group label, as well as the behaviors, attitudes, and values that are considered typical of that group. Identifying as a group member, in turn, can influence how one feels about themselves and the group (Turner & Reynolds, 2012). Some authors argue that identification with a minority group can be a “social curse”—that is, that identifying more strongly with a minority group can be detrimental for group members’ well-being, at least partially because it results in perceptions of greater discrimination (Begeny & Huo, 2017; Wakefield et al., 2019). In contrast, the RIM proposes that, while perceiving discrimination based on minority status negatively affects well-being, this negative association may be somewhat mitigated by the impact that discrimination has on identification. That is, discrimination may also lead minority members to identify more strongly with their minority group (Schmitt & Branscombe, 2002), with this higher level of identification then expected to boost well-being. In other words, discrimination is proposed to have a *direct negative* effect on well-being, but this can be offset by an *indirect positive* effect on well-being via a greater level of identification with the minority group (Branscombe et al., 1999).

Numerous studies have supported some or all associations proposed in the RIM in a range of minority populations. For example, in a study with African Americans (Branscombe et al., 1999), discrimination had direct and indirect effects on well-being, including personal self-esteem, collective self-esteem, and frequency of negative emotions. Similar findings were reported in a study with Latino students (Cronin et al., 2012), and all associations proposed in the RIM were supported in two studies of women (Leonardelli & Tormala 2003; Schmitt et al., 2002). Ramos et al. (2012) also found

that discrimination led to an increase in international students’ minority group identification over time. Yet not every study testing such associations has found support; for example, Jasinskaja-Lahti et al. (2009) found ethnic identification was not significantly related to discrimination nor distress in their longitudinal study of Russian and Estonian immigrants in Finland.

Discrimination and social identification have also been related to well-being among sexual minority persons, consistent with the RIM. In two studies, discrimination and well-being were associated with greater sexual minority identification, where minority identification was assessed in a sample of lesbian women (Fingerhut et al., 2005), and in a sample of gay men and lesbian women (Fingerhut et al., 2010). In both studies, greater discrimination was associated with participants reporting stronger identification with their minority group, with stronger identification also associated with better well-being (i.e., more satisfaction with life and less depressive symptoms). While these associations support key relationships proposed in the RIM, only the direct pathways were assessed, with the possible mediating effect of identification not tested. Chan (2022) also supported a positive association between discrimination and social identification in a sexual minority sample, however, they did not assess well-being within their study.

Two additional studies of discrimination, social identification, and well-being in sexual minority people have produced inconsistent findings. Doyle and Molix (2014) found the indirect effect of discrimination through identification was significant for gay men’s self-esteem, but this was not the case for positive affect. A more recent study from Bourguignon et al. (2020) supported the direct associations between discrimination and both social identification and well-being in three separate samples of gay men and lesbian women. The direct association between identification and well-being, however, was not supported, nor were the indirect pathways originally proposed in the RIM. The mixed findings of these studies indicate that further research testing associations of discrimination, minority social identification, and well-being in sexual minority people is required.

In testing the indirect pathway, it is important to consider how minority identification is conceptualized and assessed. Many studies with sexual minorities have conceptualized minority social identification as unidimensional (Bourguignon et al., 2020; Branscombe et al., 1999; Chan, 2022; Doyle & Molix, 2014; Fingerhut 2005, 2010). However, Tajfel (1981) defined social identity as “that part of an individual’s self-concept which derives from knowledge of membership of a social group (or groups) together with the value and emotional significance attached to that membership” (p. 255). Therefore, according to this definition, social identity has both cognitive and affective aspects. Consistent with this multidimensional view, Cameron (2004) proposed a three-factor model of social identification, which comprised a cognitive process labeled centrality and two affective processes labeled ingroup affect and ingroup ties. Centrality refers to the frequency with which a social group comes to mind, as well as the importance the individual places on that group membership when defining themselves as a person. Ingroup affect

relates to the valence of the emotions one feels about their membership in a social group. Ingroup ties indicate the strength of the emotional bond that one feels with a social group (i.e., the extent to which they feel they are part of the group). These three processes can also be combined to produce an indicator of overall minority identification.

Considering the multiple dimensions of social identification can be important, given that previous research has found that the strength of associations of components of identification with discrimination and well-being can differ. In one longitudinal study of international students, discrimination was related to students' stronger endorsement of group centrality, but it had no relation to ingroup ties or affect (Ramos et al., 2012). In a study of multiracial individuals, Giamo et al. (2012) defined minority identification as having five components and found increased discrimination to be related to participants more strongly endorsing solidarity, ingroup homogeneity, and self-stereotyping, but not centrality or satisfaction. Further, satisfaction and self-stereotyping were related to greater life satisfaction, but centrality was related to lower life satisfaction. A study of sexual minorities by Doane (2017) assessed the centrality of one's minority identification, as well as ingroup belonging (akin to ingroup ties). Discrimination was related to each in a positive direction. These results highlight the importance of considering minority identification as a multifaceted construct.

Thus far, researchers testing the RIM with sexual minorities have utilized unidimensional conceptualizations of identification. Doyle and Molix (2014) assessed only behavioral identification, defined as "choices and actions that reflect one's social group membership," while Bourguignon et al. (2020) and Chan (2022) utilized Cameron's (2004) measure of identification but combined the three components to form a composite minority identification variable. An expanded understanding of how the components of identification might operate within this model for sexual minority people may clarify whether certain aspects are more or less beneficial for well-being.

3 | FAMILY DISCRIMINATION AND PEER SEXUALITY SUPPORT

In the current study, we also expanded the RIM in two ways by drawing from research on discrimination and social support. First, there is evidence to suggest that, for sexual minorities, the source of discrimination is important to consider when studying well-being (Figueroa & Zoccola, 2016). Yet, discrimination, as described in the RIM and in many past studies of sexual minorities, has often been measured as a general experience without specifying who it is coming from. This potentially conflates two forms of discrimination that could be important to consider in sexual minorities—family discrimination and other discrimination (Bourguignon et al., 2020; Doyle & Molix, 2014; Fingerhut, 2018). Some studies have been more specific about the source of discrimination, but they have measured the experience of other discrimination only (Chan, 2022; Fingerhut et al., 2005; Ramos et al., 2012). Second, while the focus of the RIM

has been on understanding the relationship between discrimination and well-being, there are positive aspects to social interactions that should be considered given that they may be important to both minority identification and well-being. One such positive social experience that has been linked to improved well-being is peer sexuality-specific support (Bourguignon et al., 2020; Davey et al., 2014; Doty et al., 2010). Therefore, we incorporated family discrimination and peer sexuality-specific support, which we expected would be relevant to explaining sexual minorities' identification and well-being.

3.1 | Sources of discrimination

Family members of sexual minority persons are often not sexual minorities themselves, potentially increasing the risk of family-based homophobic behaviors and attitudes (Snapp et al., 2015; Willoughby et al., 2010). The importance of considering family discrimination, separate to other discrimination, is highlighted by studies investigating the unique relationships of family versus other discrimination with the well-being of sexual minorities. Figueroa and Zoccola (2016), for example, found discrimination from family and friends was more strongly associated with sexual minorities' mental health problems than other discrimination. Also, it is widely known that family support is important for the well-being of sexual minorities (e.g., Ryan et al., 2010; Snapp et al., 2015).

In the current study, we assessed family discrimination separate to other discrimination and tested associations of each with minority identification and well-being. Although we could not locate previous studies of family discrimination and social minority identification, evidence of negative associations with social identification can be drawn from several studies of family rejection and support (i.e., more family rejection and less support could be indicators of discrimination). In these studies, having a less supportive family was associated with weaker identity as assessed from a personal identity perspective (Bregman et al., 2013; Willoughby et al., 2010). Where social identification is focussed on the individual as a member of a group, personal identity focuses on characteristics that define the person as an individual, unique from others, even those belonging to a same social group (Burke & Stets, 2009). Indeed, if a sexual minority individual is experiencing significant family discrimination, they may be less likely to explore the meaning and emotions related to their sexual minority group membership to avoid the risk of further family discrimination or even exclusion. Consequently, we expected a negative relationship between family discrimination and identification, in contrast to the positive association between other discrimination and minority identification specified in the RIM.

3.2 | Social support

Just as has been found for most individuals, social support has been shown to be associated with better well-being among minority group

members. For example, a meta-analysis focussing on ethnic minorities found social support was related to better well-being (Vera et al., 2020). This positive link has also been established in sexual minority populations. In two studies, social support was associated with sexual minorities' better well-being and less emotional or mental distress (Doty et al., 2010; Shilo & Savaya, 2011). In addition, social support has been related to less depression in a sample of gay men (Fingerhut, 2018), and ingroup support was associated with better self-esteem and life satisfaction for gay men and lesbian women in another study (Bourguignon et al., 2020).

While this link appears straightforward, considerations specific to sexual minority persons should be made. Types of social support, for instance, can vary from general support—that is, support for things that any person may experience (e.g., money concerns, medical stress)—to specific concerns related to being a sexual minority person. These concerns can require a range of support types including emotional (e.g., experiencing internal conflict), advice-giving (e.g., coming out as gay), or practical (e.g., being able to travel to sexual minority-specific events; Doty et al., 2010). These forms of support may be more or less strongly associated with well-being, with one study showing that sexuality-specific support was more strongly associated with better well-being (i.e., less emotional distress) than general support (Doty et al., 2010). Sexuality-specific support was also shown to reduce the negative impact of sexuality stress (e.g., discrimination) on emotional distress.

It is also important to consider who provides support. Doty et al. (2010) assessed sexuality support from family, minority friends, and heterosexual friends and found minority friends most able to provide this form of support, followed by heterosexual friends, with family perceived as the least able. Furthermore, the authors compared the associations between well-being and sexuality support from heterosexual and sexual minority peers, finding minority peer support was more strongly directly associated with less emotional distress, and was more protective against negative effects of sexuality stress on emotional distress compared to heterosexual peer support. The authors suggested these findings were likely because minority peers were more familiar with the specific challenges faced by sexual minority individuals, as well as being more aware and accepting of same-sex attractions. Supporting the findings of Doty et al., Bourguignon et al. (2020) assessed sexuality-specific support from minority peers with a one-item measure and found it was associated with improved self-esteem and satisfaction with life.

We expected that sexuality-specific support from minority peers (subsequently called peer sexuality support) would be positively associated with minority identification. Thus, such support could increase emotional connection to, and engagement with, the sexual minority community. In line with this argument, Doane (2017) found evidence of a positive relationship between peer general support and minority identification among sexual minorities. In addition, Bourguignon et al. (2020) found peer sexuality support was positively associated with sexual minority identification in a sample of gay men and lesbian women. To extend on the existing literature, the current study examined peer sexuality support, in addition to family and

other discrimination, as a correlate of social identification and well-being. Associations with the different aspects of identification were tested to improve understanding of which components may be more or less important in protecting well-being.

4 | THE CURRENT STUDY

In summary, we tested associations between two forms of discrimination (from family and from others), peer sexuality support, minority group identification, and well-being among cisgender gay men and lesbian women. To include measures of well-being consistent with previous studies of discrimination and social identification (Bourguignon et al., 2020; Branscombe et al., 1999; Cronin et al., 2012; Doyle & Molix, 2014; Schmitt, 2002), well-being was operationalized as psychological distress, loneliness, and life satisfaction. We also expanded past research in several ways to capture the unique experiences of perceived family discrimination and peer sexuality support as social experiences related to both minority identification and well-being. In addition, the mediating role of minority identification was considered, with identification tested both as a unidimensional construct, as per the original RIM, and as a three-dimensional construct, as per Cameron's (2004) three-factor model of social identification (i.e., centrality, ingroup affect, and ingroup ties). Drawing on the RIM, a positive indirect association was expected when unidimensional identification was considered (Branscombe et al., 1999). The study also explored whether the associations for each of the identification components from the multidimensional model were in a similar direction, and of a strength, as would be expected based on theory and previous research (Doane, 2017; Turner & Reynolds, 2012).

Gay men and lesbians who identified as cisgender were the focus of this study for two reasons. First, we only included those who endorsed cisgender as previous research has shown differences between cisgender sexual minorities and gender minorities in their experiences of discrimination (i.e., the extent to which they are treated unfairly, are socially excluded, and experience violence) as well as their mental health (e.g., psychological distress, depression, and anxiety), with those belonging to a gender minority group reporting more suffering (Hill et al., 2020). Second, research has found that people identifying as gay or lesbian have different experiences compared with other sexual minority identities. For example, bisexual people report different forms of discrimination (e.g., bi-erasure), as well as discrimination from not just heterosexual individuals, but from other sexual minority people (Chan et al., 2020). For other sexual orientations (e.g., asexual or demisexual), research is in the early stages so assuming their experiences are comparable to those of people identifying as gay and lesbian would be premature. Potential differences between gay men and lesbian women were assessed in the current study by including sexual orientation as a moderator of all relationships in the model due to differences identified in previous studies for key variables such as sexuality stressors (e.g., discrimination) and well-being (Doty et al., 2010; Hill

et al., 2020). The study sample was also limited to those aged 18–30 years as the mental health and well-being disparity between sexual minorities and others was found to be most pronounced among younger compared to older people in previous research (Leonard et al., 2012; Perales, 2016).

The following hypotheses were tested:

1. There will be direct associations of both forms of discrimination (family and other) with poorer well-being, and peer sexuality support with better well-being.
2. There will be a positive indirect association between other discrimination and well-being via unidimensional minority identification.
3. There will be a negative indirect association between family discrimination and well-being via unidimensional minority identification.
4. There will be a positive indirect association between peer sexuality support and well-being via unidimensional minority identification.

H2, H3, and H4 were also tested considering the three aspects of minority identification, namely ingroup ties, centrality, and ingroup affect. Thus, analyses to test H2, H3, and H4 were repeated replacing the single composite score for minority identification with the three subscale scores. The aim here was to determine whether each aspect of identification had associations of similar direction and strength with other measures when they were compared to the results for the unidimensional score, as would be expected according to theory (Turner & Reynolds, 2012).

5 | METHODS

5.1 | Participants and procedure

In total, 184 participants were recruited, with 118 identifying as lesbian cisgender women and 66 as gay cisgender men. Age of the participants ranged from 18 to 30 years ($M = 22.78$, $SD = 3.49$) and all lived in Australia. Regarding ethnicity, 143 (77.72%) participants self-identified as White/White Australian/European, 14 (7.61%) as Asian, five (2.72%) as Aboriginal, 10 (5.43%) as mixed-race, and 11 (5.98%) noted other ethnicities, with one (0.54%) person not reporting their ethnicity. For socioeconomic status, on a scale from 1 = *people who are economically worst off* to 10 = *people who are best off*, the sample rated themselves, on average, at 6.11 ($SD = 1.65$), placing them slightly higher than the mid-point of average socioeconomic status.

Before recruitment, ethical approval was obtained from a University Human Research Ethics Committee. Informed consent was also obtained from participants who then completed an anonymous online survey approximately 20 min in length. A nonrandom convenience sampling method was employed, with 45 participants recruited through a university first-year psychology subject research pool and the remainder from a broadcast to all

university staff, Facebook, Grindr, Reddit, other Australian universities, and community LGBTQAI+ organizations over a period of approximately 18 months. Participants could choose to enter a draw to win one of five \$50 gift vouchers. To boost numbers of gay men participants, a separate recruitment was conducted offering each participant a \$20 gift voucher. Personal details to dispense gift vouchers were collected in a separate survey, not linked to the main survey. If participants did not wish to enter the prize draw or receive the \$20 voucher, they were not required to enter their personal details.

5.2 | Measures

5.2.1 | Discrimination

The assumed deviance (e.g., “How often have people assumed you were a paedophile?”) and second-class citizen (e.g., “How often have people made statements against LGB individuals adopting?”) subscales of the Homonegative Microaggressions Scale (HMS; Wegner & Wright, 2016) were used to measure family and other discrimination separately. The original HMS consists of 33 items and assesses four microaggression subscales: assumed deviance, sexual minority member as a second-class citizen, assumptions of gay culture, and stereotypical knowledge and behavior. Wegner and Wright (2016) found that a commonality of the assumed deviance and second-class citizen subscales was the more overtly aggressive nature of the microaggressions, potentially leading them to be more detrimental for sexual minority identification. For this reason, the current study assessed only these subscales. Respondents were asked to consider their experiences over the past 6 months and rate each item from 1 (*hardly ever/never/not at all*) to 5 (*consistently/a great deal*). Item responses were averaged to obtain overall microaggression scores, with higher score indicating more microaggressions. All subscales of the original measure showed evidence of criterion-related validity as they were negatively related to positive sexual minority identity development (Wegner & Wright, 2016).

In the current study, two adaptations of the original HMS were developed to separately assess family discrimination (e.g., “How often have family members conveyed that it is your choice to not be heterosexual?”) and other discrimination (e.g., “How often have people outside of your family conveyed that it is your choice to not be heterosexual?”). Two items from the second-class citizen subscale were removed as the wording could not be changed to suit the two discrimination sources (“How often have religious leaders spoken out against homosexuality?” and “How often have you felt that TV characters have portrayed stereotypes of LGB individuals?”). This left nine of the original 11 items, as well as the nine assumed deviance subscale items. The adapted items represent slight alterations to the wording of the original items, with these alterations guided by two criteria: (1) ensuring item wording could be consistent across the family and other discrimination variations (e.g., “like crossing the street to walk or waiting for the next elevator” became “avoided

being in a room if you were present, or changed to a different seat if you sat near them”), and (2) ensuring item wording was relevant to a broader range of sexual minority individuals (e.g., “to be gay” became “to not be heterosexual”).

To confirm that the criteria proposed above were met, the altered items were subject to critique by a separate nonrandom convenience sample of 47 sexual minority participants (18–30 years, $M_{\text{age}} = 22.72$, $SD = 3.79$; 78.7% cisgender women) recruited through a university first-year psychology subject research pool. Feedback about the adapted items was obtained by asking participants to identify any items that were unclear or confusing. Participants' feedback was used to make final changes to the adapted scales. Cronbach's α were .93 for discrimination from family and .96 for discrimination from others.

5.2.2 | Peer sexuality support

The shortened form (Bregman et al., 2013; Doty et al., 2010) of the Social Support Behaviors Scale (SSB; Vaux et al., 1987) was used to measure current levels of peer sexuality support. The SSB consists of 22 items, 12 that measure advice/guidance (e.g., “Helped me think about a problem”) and 10 that measure emotional support (e.g., “Comforted me when I was upset”). To assess peer sexuality support, the participant was instructed to respond in relation to *some kind of problem related to your sexuality*. Response options ranged from 1 (*my sexual minority friends would not do this*) to 5 (*my sexual minority friends would certainly do this*). Items responses were averaged, with higher scores indicating more peer sexuality support. Validity of the SSB was supported in the development paper (Vaux et al., 1987). Cronbach's α in the current study was .97.

5.2.3 | Minority identification

Cameron's (2004) three-factor social identification measure was used to assess current sexual minority group identification. This measure was designed to be adapted to a range of social groups, with each item having a space to insert the group label, in this case, “sexual minority.” The three 4-item subscales of identification include centrality (e.g., “I often think about the fact that I am a sexual minority member”), ingroup affect (e.g., “In general I am glad to be a sexual minority member”), and ingroup ties (e.g., “I have a lot in common with other sexual minority members”). Item responses ranged from 1 (*strongly disagree*) to 6 (*strongly agree*). Reverse-scoring was applied where necessary before items were averaged to form composite and subscale scores, with higher scores indicating greater identification. Convergent and discriminant validity were tested and supported at development (Cameron, 2004). Cronbach's α were .79 for the composite scale, .82 for ingroup ties, .73 for centrality, and .86 for ingroup affect.

5.2.4 | Psychological distress

The 10-item Kessler Psychological Distress scale (K10; Kessler et al., 2002; e.g., “How often did you feel hopeless?”) was used to assess nonspecific psychological distress in the past 30 days. Response options ranged from 1 (*none of the time*) to 5 (*all of the time*). Responses were averaged, with a higher score indicating more psychological distress, Cronbach's $\alpha = .93$. The validity of the K10 has been supported in a range of samples (Donker et al., 2010; Hoffman et al., 2022).

5.2.5 | Loneliness

The 20-item UCLA Loneliness Scale–Version 3 (Russell, 1996, e.g., “How often do you feel alone?”) was used to assess current loneliness. Response options ranged from 1 (*never*) to 4 (*always*). After reverse-scoring the positively worded items, responses were averaged so that higher scores indicate greater loneliness, Cronbach's $\alpha = .91$. Convergent and construct validity of the scale were supported at development (Russell, 1996).

5.2.6 | Life satisfaction

Current global life satisfaction was assessed using the 5-item Satisfaction with Life Scale (SWLS; Diener et al., 1985; e.g., “I am satisfied with my life”). Response options ranged from 1 (*strongly disagree*) to 7 (*strongly agree*). Items were averaged, with higher scores indicating greater satisfaction, Cronbach's $\alpha = .89$. Validity was assessed and supported in the development process (Diener et al., 1985).

5.3 | Statistical analysis

Of the 184 participants, two (1%) did not complete the other discrimination scale and one (0.5%) did not complete the peer sexuality support scale. These three missing scores were replaced with the mean of the sample. Across other measures, only 1% of all items were missing. For participants missing these intermittent items, scale totals were calculated based on the completed items, as recommended by Tabachnick and Fidell (2013). Means, standard deviations and Pearson's correlations between all variables were calculated, and differences between lesbian women and gay men were examined for all variables using independent samples *t* tests (corrected α of .005).

Mediation analyses (Model 4) were conducted in PROCESS (Version 4) for IBM SPSS Statistics (Version 27). These analyses investigated family discrimination, other discrimination, and peer sexuality support as predictors of each of the three well-being outcomes in separate models, with composite minority identification

(or the three subscales of minority identification) as the mediator (6 models total). Moderated mediation analyses (Model 59) in PROCESS (Version 4) were conducted to assess the potential moderating effect of sexual orientation on all direct and indirect associations. Bootstrapping (5000 resamples) produced 95% confidence intervals for all indirect effects. Post hoc power analyses were conducted in G*Power (Faul et al., 2009).

6 | RESULTS

6.1 | Means, standard deviations, and zero-order correlations

Table 1 shows the means and standard deviations for all measures for the full sample and by sexual orientation group. Lesbian women and gay men were compared on all measures with the alpha adjusted for multiple comparisons ($\alpha = .005$). A significant difference was found only for ingroup ties, where lesbians reported feeling more tied to the minority group than gay men ($p < .005$).

Table 2 shows the correlations between measured variables. Regarding associations of the predictors with well-being outcomes, both family and other discrimination and were positively related to psychological distress and negatively related to life satisfaction. Family discrimination was positively related to loneliness, but other discrimination was not significantly associated with loneliness. Peer sexuality support was negatively associated with loneliness and positively associated with life satisfaction but was not associated with psychological distress. Regarding the associations between the predictors and minority identification, family discrimination was positively associated with ingroup ties, but not with other identification subscales or composite minority identification. Other discrimination was positively associated with minority identification centrality only. Peer sexuality support was positively associated with

composite minority identification and the ingroup ties and ingroup affect subscales, but not with centrality. Regarding the association between possible mediators and well-being outcomes, greater composite minority identification and ingroup ties were associated with less loneliness but were not related to psychological distress or life satisfaction. The centrality subscale was associated only with psychological distress, not loneliness or life satisfaction, and was unexpectedly in the positive direction. Ingroup affect was negatively associated with psychological distress and loneliness but was not related to life satisfaction.

6.2 | Tests of hypothesized associations

Table 3 shows the results of three regression models testing the direct and indirect (via composite minority identification) effects of discrimination and peer sexuality support on psychological distress (Model 1), loneliness (Model 2), and life satisfaction (Model 3). In addition, Table 3 includes the results of the model of discrimination and peer sexuality support as predictors of the mediator, composite minority identification. Across the three models of well-being measures, there was no association of other discrimination with well-being. However, partially supporting H1, associations between both family discrimination and peer sexuality support and well-being were found. Family discrimination was significantly associated with more psychological distress and loneliness and less life satisfaction. Peer sexuality support was significantly associated with less loneliness and more life satisfaction. Although greater peer sexuality support (but not family or other discrimination) was significantly associated with more minority identification, there were no significant indirect effects of either form of discrimination or peer sexuality support on well-being measures via minority identification. Thus, H2, H3, and H4 were not supported in these models.

TABLE 1 Descriptive statistics and comparisons of lesbian women and gay men.

Measure	Overall, M (SD) N = 184	Lesbian women, M (SD) n = 118	Gay men, M (SD) n = 66	t (df)	p Value
Family discrimination	1.71 (0.75)	1.75 (0.72)	1.63 (0.80)	1.09 (182)	.278
Other discrimination	1.71 (0.79)	1.80 (0.83)	1.55 (0.69)	2.04 (182)	.043
MI composite	4.33 (0.78)	4.43 (0.78)	3.90 (1.15)	2.26 (182)	.025
MI ingroup ties	4.28 (1.11)	4.49 (1.03)	3.90 (1.15)	3.57 (182)	<.005
MI centrality	4.01 (1.14)	4.14 (1.16)	3.77 (1.09)	2.17 (182)	.031
MI ingroup affect	4.72 (1.12)	4.66 (1.15)	4.83 (1.05)	-0.99 (182)	.326
Peer sexuality support	3.16 (0.66)	3.20 (0.67)	3.08 (0.64)	1.14 (182)	.255
Psychological distress	2.51 (0.88)	2.63 (0.85)	2.29 (0.88)	2.54 (182)	.012
Loneliness	2.33 (0.57)	2.32 (0.60)	2.35 (0.52)	-0.36 (182)	.723
Life satisfaction	4.11 (1.34)	4.16 (1.29)	4.02 (1.43)	0.69 (182)	.489

Abbreviation: MI, minority identification.

TABLE 2 Correlations between all continuous measures ($N = 184$).

	1	2	3	4	5	6	7	8	9
1. Family discrimination	-								
2. Other discrimination	.56***	-							
3. Peer sexuality support	.02	.08	-						
4. Minority identification, composite	.05	.12	.40***	-					
5. Minority identification, ingroup ties	.15*	.13	.39***	.79***	-				
6. Minority identification, centrality	.10	.17*	.09	.64***	.29***	-			
7. Minority identification, ingroup affect	-.13	-.05	.36***	.66***	.36***	.02	-		
8. Psychological distress	.36***	.27***	-.08	-.05	-.01	.15*	-.25***	-	
9. Loneliness	.22**	.09	-.42***	-.24***	-.25***	.11	-.37***	.54***	-
10. Life satisfaction	-.23**	-.17**	.16*	.04	.04	-.17	.12	-.42***	-.53***

* $p < .05$; ** $p < .01$; *** $p < .001$.

6.3 | Models of the cognitive and affective aspects of minority identification

The above analyses were repeated by replacing composite minority identification with the three subscales of ingroup ties, centrality, and ingroup affect. Peer sexuality support was positively associated with ingroup ties ($\beta = .38, p < .001$) and ingroup affect ($\beta = .37, p < .001$) but was not related to centrality ($\beta = .07, p = .33$). Consistent with composite minority identification, there were no significant associations between either form of discrimination and any aspect of multidimensional minority identification (all p 's $> .05$). Of the nine possible associations between the three mediators and three well-being indicators, there were three that were significant. Centrality was positively related with loneliness ($\beta = .17, p = .012$) and ingroup affect was negatively related to psychological distress ($\beta = -.20, p = .011$) and loneliness ($\beta = -.18, p = .012$). Significant associations between the three predictors and three well-being outcomes were the same as the composite identification models, except for the association between peer sexuality support and life satisfaction which was not significant ($\beta = .15, p = .058$). There were two significant indirect effects: peer sexuality support had negative indirect effects on psychological distress and loneliness via ingroup affect (psychological distress $B = -.10, SE[B] = 0.05, 95\% \text{ CI } B \text{ Lower} = -.20, \text{ Upper} = -.02, \beta = -.07$; loneliness $B = -.06, SE[B] = 0.03, 95\% \text{ CI } B \text{ Lower} = -.13, \text{ Upper} = -.004, \beta = -.07$).

6.4 | Associations among lesbian women compared to gay men

We tested whether sexual orientation moderated any associations, finding that sexual orientation moderated the association between peer sexuality support and ingroup affect only ($B = -.52, p = .034, \beta = -.31$). This interaction showed that, for lesbian women, peer

sexuality support was positively associated with ingroup affect ($B = .80, p < .001, \beta = .47$), whereas this association was not significant for gay men ($B = .28, p = .153, \beta = .19$) (see Figure 1).

7 | DISCUSSION

The well-being of sexual minority persons is comparatively worse than their heterosexual peers and evidence suggests this is partly due to their experiences of discrimination (Fingerhut et al., 2010; Hill et al., 2020). The RIM was developed to explain how identifying more strongly with a minority group may help to counteract the negative impact of discrimination for African Americans and has been supported in other minority groups including sexual minority people, although to a limited extent (Bourguignon et al., 2020; Branscombe et al., 1999; Cronin et al., 2012; Doyle & Molix, 2014). This study aimed to further investigate the applicability of the RIM to lesbian women and gay men in Australia through testing the associations proposed in the RIM and expanding it to include family discrimination (separate from other discrimination) and peer sexuality support. These two social influences were added given the evidence of their associations with well-being among sexual minorities (Doty et al., 2010; Figueroa & Zoccola, 2016). Finally, we considered two conceptualizations of minority identification; a composite conceptualization in line with the original RIM (Branscombe et al., 1999) and a multidimensional, SIT-based conceptualization separating cognitive from affective components of minority identification (Cameron, 2004). Overall, previous research supporting the RIM for a range of minority groups (Doane, 2017; Fingerhut et al., 2010) was not replicated. Instead, our extensions were relevant for explaining sexual minorities' group identification and well-being. Family discrimination was directly related to more psychological distress and loneliness, and less life satisfaction, and peer sexuality support was directly related to less loneliness. In addition, peer sexuality support

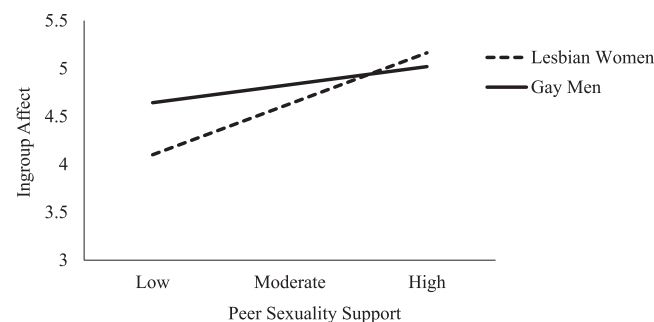
TABLE 3 Results of three regression models for psychological distress (Model 1), loneliness (Model 2), and life satisfaction (Model 3), and the model for the mediator minority identification ($N = 184$).

	<i>B</i>	<i>SE(B)</i>	95% CI <i>B</i>		β
			Lower	Upper	
Model 1: Psychological distress (PD)					
Direct effects					
Family dis → PD	.34***	.10	.15	.53	.29
Other dis → PD	.14	.09	-.05	.32	.12
Sexuality support → PD	-.09	.10	-.29	.10	-.07
Minority ID → PD	-.05	.09	-.22	.11	-.05
Indirect effects					
Family dis → PD	.00	.01	-.02	.02	.00
Other dis → PD	.00	.01	-.03	.01	.00
Sexuality support → PD	-.03	.04	-.10	.05	-.02
Model 2: Loneliness (Lon)					
Direct effects					
Family dis → Lon	.14**	.06	.06	.29	.23
Other dis → Lon	.01	.06	-.10	.12	.01
Sexuality support → Lon	-.34***	.06	-.46	-.21	-.39
Minority ID → Lon	-.08	.05	-.18	.03	-.10
Indirect effects					
Family dis → Lon	.00	.01	-.02	.01	.00
Other dis → Lon	-.01	.01	-.02	.01	-.01
Sexuality support → Lon	-.03	.03	-.09	.02	-.04
Model 3: Life satisfaction (LS)					
Direct effects					
Family dis → LS	-.33*	.15	-.63	-.02	-.18
Other dis → LS	-.13	.15	-.42	.16	-.08
Sexuality support → LS	.35*	.16	.04	.66	.17
Minority ID → LS	-.01	.14	-.28	.25	-.01
Indirect effects					
Family dis → LS	.00	.01	-.02	.03	.00
Other dis → LS	-.001	.02	-.04	.03	>-.001
Sexuality support → LS	-.007	.07	-.14	.13	-.003
Model of the mediator: Minority ID					
Family dis → minority ID	.00	.09	-.17	.17	.00

TABLE 3 (Continued)

	<i>B</i>	<i>SE(B)</i>	95% CI <i>B</i>		β
			Lower	Upper	
Other dis → minority ID	.08	.08	-.08	.24	.08
Sexuality support → minority ID	.46***	.08	.30	.62	.39

Abbreviations: dis, discrimination; ID, identification.

* $p < .05$; ** $p < .01$; *** $p < .001$.**FIGURE 1** Interaction effect of sexual orientation for the association between peer sexuality support and ingroup affect ($N = 184$).

had indirect (negative) effects on psychological distress and loneliness via one component of minority group identification—ingroup affect.

7.1 | The impact of family discrimination

We found that participants who reported more family discrimination were lonelier, more distressed, and less satisfied with life. When examining correlations, other discrimination was also significantly associated with more psychological distress and less life satisfaction, however, when entered in the mediation models with family discrimination and peer sexuality support, these associations were no longer significant. Thus, when considering the two forms of discrimination, it appears that family discrimination stands out as most strongly associated with well-being among lesbian women and gay men. Also, in contrast to a primary RIM proposition, participants who reported more discrimination did not identify more strongly with the minority group and, as such, minority identification did not offset the negative effect of family discrimination on the well-being of lesbian women and gay men.

These findings suggest the impact of discrimination on sexual minorities differs compared to other minorities in two important ways. First, in line with previous research (Figuerola & Zoccola, 2016), the effect of discrimination on well-being appears to be most impactful and negative when the discrimination is enacted by family. Second, family discrimination did not have a direct association with

minority identification. We had predicted, in contrast to the original RIM that posits a positive association between discrimination and identification, greater family discrimination would be associated with less identification; this was not supported. While two previous studies assessing family rejection, a form of discrimination (Hill et al., 2020), showed increased rejection was associated with less identification with the minority group, identity in these studies was conceptualized from a personal, rather than an SIT perspective (Bregman et al., 2013; Burke & Stets, 2009; Willoughby et al., 2010). This may explain why the associations in the current study differed. Future research is needed to understand the relationship between different forms of discrimination and personal identity as compared to group identification in sexual minority people.

While the current study found that minority identification did not mediate the relationship between family discrimination and well-being, the potential for a harmful effect of discrimination is clear. Therefore, investigating qualities that are able to be addressed within the individual that might weaken this relationship is important as this may highlight avenues to reduce harm. Future research could consider differences in the strength of the association between discrimination and well-being for people higher or lower on constructs such as strength of personal identity (Rostosky et al., 2018; Szymanski et al., 2017) or how open one is about their sexual orientation (Caldwell et al., 2023; Chang et al., 2021).

7.2 | The importance of support and identification conceptualization

Another extension made in this study was the inclusion of peer sexuality support, which was associated with less loneliness (but neither psychological distress nor life satisfaction). Adding to this, however, was the positive indirect associations of peer sexuality support with lower psychological distress and loneliness through ingroup affect only. Together, these findings suggest that peer sexuality support is important to consider when studying the well-being of lesbian women and gay men. Notably also, no significant indirect effects were found when the composite minority identification score was considered, which suggests it is important to consider cognitive separate from affective aspects of minority identification. Assessing minority identification using a multidimensional conceptualization increased understanding of the relationships between the variables of interest and provided more specific information for researchers interested in studying how to protect sexual minorities' well-being.

Previous research (e.g., Doane, 2017) showed a link between support and the perceived importance of group membership (i.e., the cognitive component of identification, centrality), as well as the connection one feels to their group (i.e., an affective component of identification similar to Cameron's [2004] ingroup ties). The current study did not replicate this, instead finding a link between support and the affective components of identification only. The different study findings may be due to the differences in how support

and identification were assessed. Perhaps most relevant, items utilized by Doane (2017) to assess support did not specifically ask about support for sexuality-related problems. Also, Doane measured internalized stigma (e.g., "I feel bad about myself because I am homosexual"), finding it was associated with less support and poorer well-being. A recent study with sexual minority persons showed that internalized stigma was associated with less minority identification (Chan, 2022). Future research could assess internalized stigma to understand whether it relates to specific components of multidimensional minority identification as well as well-being.

The results of the current study also support the assertion that having support for sexuality-specific concerns from sexual minority peers is particularly important for reducing sexual minorities' loneliness directly, as well as reducing both loneliness and psychological distress indirectly through increased ingroup affect (i.e., positive feelings about the minority group). This supports and extends the findings from Doty et al. (2010), where peer sexuality support was found to be beneficial for well-being (and was most beneficial compared to sexuality support from heterosexual friends and general support from both sources), as well as the findings from Bourguignon et al. (2020) where minority identification and support from ingroup members was positively associated. Given the negative associations of family discrimination but the positive associations of peer sexuality support (direct or indirect) with well-being, cultivating friendships with supportive minority peers may be one way to reduce loneliness and improve well-being that does not require involvement or approval from family. However, previous research has shown that many families may be supportive in relation to sexuality-specific concerns (Doty et al., 2010). Thus, although we suspect a great deal of (negative) covariation between family discrimination and sexuality support from family, the potential protective role of family sexuality support should be considered in future research.

7.3 | The moderation effect: Sexual orientation versus gender

We also tested whether the associations differed for lesbian women compared to gay men and found one moderation effect; peer sexuality support was positively and directly associated with ingroup affect only for lesbian women. This significant finding should be interpreted with some caution. While the sample of lesbian women was large enough to have sufficient power to detect a medium effect size (power = .89), the smaller sample of gay men reduced our power (power = .58). Furthermore, the number of moderation analyses conducted potentially increased the likelihood of a false significant finding (Tabachnick & Fidell, 2013). However, when considering the effect sizes, the effect size for the association amongst lesbian women was much larger than for gay men, suggesting a genuine difference in the role of sexuality specific support for more positive ingroup affect between the two groups. To further increase confidence in these findings, replication with another sample would be beneficial.

In addition, although the moderation effect could be a result of the differing role of peer sexuality support in minority identification in lesbian women relative to gay men, it is also possible this reflects gender differences. Previous research has shown that women, compared to men, provide and receive more social support, particularly emotional support from their peer relationships (Reevy & Maslach, 2001; Tamres et al., 2002; Tifferet, 2020). If women seek and receive support for emotional dilemmas related to their sexuality from sexual minority friends more readily than men, it follows that this could impact on the association between support and ingroup affect. The sexual orientation group difference in the association between peer sexuality support and ingroup affect may also be due to the measure of social support we used, which may favor behaviors more common in women than men. Previous research has indicated men and women are more similar when seeking and providing specific, concrete support (e.g., tangible or instrumental support) than when seeking and providing emotional or less tangible support (Reevy & Maslach, 2001; Tamres et al., 2002). The measure used to capture peer sexuality support in the current study addressed advice/guidance and emotional support. Subscales assessing more practical forms of support, such as socializing, practical assistance, and financial assistance, should be used in future research to assist in understanding which forms of sexuality-specific support are linked to well-being in minority groups in general, and specifically in gay men.

7.4 | Strengths, limitations, and conclusions

The current study contributed to the limited existing evidence for the applicability of the RIM for sexual minority people and extended it by considering two additional potential influences on minority identification and well-being—family discrimination and peer sexuality support. These extensions were built into the study to test a series of hypotheses about relationships between multiple forms of discrimination, peer sexuality support, multiple aspects of social identification, and multiple indicators of well-being. Furthermore, two conceptualizations of minority identification were assessed to understand the impact of identification as a single composite score versus considering three dimensions of centrality, ingroup affect, and ingroup ties. Despite these study strengths, there are several limitations to consider. First, the participants were drawn from a range of community sources, but there were overall low levels (on average) of perceived discrimination from family and others. This may be an outgrowth of Australian attitudes, whereby a high proportion of Australians believe homosexuality should be accepted (81%; Poushter & Kent, 2020). Nevertheless, the means for discrimination were similar to what has been reported in past research from the USA (Feinstein et al., 2012; Fingerhut et al., 2005, 2010).

Second, the sample had a higher number of lesbian women relative to gay men. It is unclear why we had a higher proportion of lesbian women participants. One possibility is that there are proportionately more women than men who identify as sexual

minority in Australia. However, accurate information regarding this is inconsistent and minimal as the Australian Bureau of Statistics does not collect this information in the national census (Carman et al., 2020; Wilson et al., 2020). Another possibility is that this difference is a function of gender. Among samples consisting of undergraduate students, women choose to participate in sexuality research at higher rates than men (Dickinson et al., 2012). While the current sample was not solely undergraduate students, universities were targeted for recruitment. Furthermore, although there is little reliable research addressing whether similar differences exist outside of the university setting, it is possible that women, in general, are more likely than men to participate in this form of research. Due to the lower numbers of cisgender men than women who participated in our study, the power to detect significant associations in gay men did not reach the cut-off to detect a medium effect size. Despite this, there was sufficient power to detect a medium effect size in the main analysis (power = .99). Furthermore, in the moderation analysis, the associations between social support and ingroup affect for lesbian women and gay men showed a large difference. Replicating the current study with a larger sample of gay men and conducting similar studies with other sexual and gender minority subgroups would add to these results.

Third, the cross-sectional nature of the study prevents causal interpretations or conclusions regarding whether other directions of effects might be plausible, for example, whether identifying more strongly with the minority group might lead to perceptions of greater peer support. Finally, the generalizability of these findings is likely to be limited to young lesbian women and gay men from Australia, a country with high acceptance of sexual minorities (Poushter & Kent, 2020). Further research with participants from other countries, who are older and who report different sexual orientations should be conducted before generalizing the current findings to all sexual minority persons.

Overall, the findings of the present study suggest that lesbian women and gay men feel more distressed and lonelier when they report more discrimination from their family and less sexuality support from minority friends. Family discrimination is also related to lower life satisfaction. However, key propositions of the RIM (Branscombe et al., 1999) were not supported and minority identification played a more minor role in these linkages than expected, with the indirect effects of peer sexuality support on well-being occurring via ingroup affect only. What is relevant to take-away is the significant role of family discrimination in the poorer well-being of sexual minorities. Finding factors that might reduce the impact of family discrimination could be essential, especially for those whose families are not amenable to discrimination intervention. To reduce loneliness and psychological distress, attention could be placed on increasing peer sexuality support and positive feelings about the minority group.

ACKNOWLEDGMENTS

This research was funded by a Research Training Program Stipend scholarship. Open access publishing facilitated by Griffith University, as part of the Wiley - Griffith University agreement via the Council of Australian University Librarians.

CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

Data available on request from the authors.

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How to cite this article: Hambour, V. K., Duffy, A. L., & Zimmer-Gembeck, M. J. (2023). Social identification dimensions, sources of discrimination, and sexuality support as correlates of well-being among sexual minorities. *Journal of Applied Social Psychology*, 53, 1045–1058. <https://doi.org/10.1111/jasp.12994>