



# Anticipated to Enacted: Structural Stigma Against Sexual and Gender Minorities Following the 2016 Presidential Election

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## Abstract

**Introduction** Structural stigma, or stigma at a society or policy level, has a negative impact on the mental and physical health of sexual and gender minorities (SGMs). In particular, political leaders and the policies they enact can limit the resources and safety of SGM. Following the 2016 presidential election, there was fear of an increase in structural stigma in the USA. However, research on the specifics of anticipated structural stigma is lacking.

**Methods** Using data from 187 participants who completed an online study conducted from 2016 to 2017, we used inductive thematic coding to examine anticipated structural stigma.

**Results** We found four themes: (1) anticipated negative consequences of specific anti-SGM political figures, (2) concerns about the loss of existing SGM rights, (3) fear of new anti-SGM policies, and (4) fears of vulnerability related to limited existing protections.

**Conclusion** We discuss how these themes tie into each other, map them onto existing structural stigma work, and use laws and policies that have been passed or proposed in the past 4 years to describe how these anticipated stigmas have become enacted.

**Keywords** Sexual minority · Gender minority · Structural stigma · Anticipated stigma

Sexual and gender minorities (SGMs) experience unique stress based upon their marginalized sexual and gender identities which put them at increased risk for psychopathology and physical health problems (Frost et al., 2015; Meyer, 2003). This stress, known as minority stress, arises from adverse social conditions that stigmatize SGM via prejudiced beliefs and discrimination which perpetuate and maintain oppression (Brooks, 1981; Meyer, 2003). Minority stress includes proximal stress processes (internalized stigma, concealment, and anticipated stigma) and distal stress processes (interpersonal and structural discrimination) (Meyer, 2003). While considerable growth has occurred in the field, most research has focused on

intra- and inter-personal level forms of stigma and has neglected structural issues that create and maintain stigma (Hatzenbuehler, 2014). Structural stigma is defined as “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized” (Hatzenbuehler & Link, 2014, p. 2). The limited research on structural stigma is a significant issue, as structural stigma contributes to health disparities (Hatzenbuehler, 2016), and little work has been given to anticipation of structural forms of stigma. Thus, we seek to examine the particular ways SGM anticipated stigma following the 2016 election, using qualitative data to allow for a more in-depth understanding of participant thought processes and emotional responses to the election.

The limited research on structural stigma in SGM has found connections to behavioral, psychosocial, and health outcomes. High country-level stigma in European countries has been associated with higher odds of not being tested for HIV, not using condoms, and having inadequate HIV-related knowledge (Pachankis et al., 2015), as well as lower life satisfaction and more concealment of sexual orientation (Pachankis & Bränström, 2018). In the USA, lesbian, gay, and bisexual adults living in states that have passed

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legislation attempting to limit marriage equality report higher psychological distress than those in other states (Riggle et al., 2009; Rostosky et al., 2009; Rostosky et al., 2010). Relatedly, transgender individuals living in states with higher levels of structural stigma reported more lifetime suicide attempts (Perez-Brummer et al., 2015). Additionally, Hatzenbuehler et al. (2020) found that people who reported past-year same-sex sexual partners and lived in areas with high structural stigma were at increased risk for mortality when compared to those who reported past-year same-sex sexual partners and lived in areas with low structural stigma. These findings document the profound effects of structural stigma on SGM well-being.

While the majority of structural stigma research has examined existing systemic discrimination, this line of research often fails to look into proximal stress processes, particularly anticipated structural stigma. Investigation into anticipated structural stigma may be a worthwhile venture given the extant evidence about anticipated interpersonal stigma. For instance, a study of those with concealable stigmatized identities, including SGM, found that anticipated stigma predicted psychological distress (Quinn & Earnshaw, 2013). Similarly, Williams and colleagues (2017) found that anticipated discrimination was associated with less perceived social support, self-compassion, and self-esteem in sexual minority adults. Additionally, anticipated stigma has been linked to social anxiety in gay and bisexual male college students (Pachankis et al., 2018) and depression and social isolation in gay and bisexual men, both of which were positively associated with suicide attempts (Salway et al., 2018). Anticipated stigma also predicted worse general health for transgender and non-binary adults living in rural areas (Whitehead et al., 2016).

Research on past campaigns and elections may give us some understanding of anticipated structural stigma in SGM, highlighting the negative affect associated with negative campaign messaging (Flores et al., 2018) and fears around lack of existing protections (Rostosky et al., 2010). However, the role of anticipated structural stigma or how it may manifest in SGM remains unclear. Thus, the current study aims to explore anticipated structural stigma reported by sexual and gender minorities following the 2016 presidential election.

Examining this topic may be particularly salient for SGM given the many potential policy implications germane to the lives of this population. Staunch conservative political views denouncing SGM were vocalized by many candidates during the 2016 US presidential election, resulting in many SGM being concerned about the outcome of the 2016 election and the potential to lose rights gained during the previous administration. SGM adults in the USA had considerable gains in the years leading up to the 2016 election, including marriage equality (Obergefell v. Hodges, 2015), protections against workplace discrimination based on sexual orientation or

gender identity (RIN 1250-AA07, 2014), and the repeal of Don't Ask, Don't Tell (H.R. 2965, 2010). Some researchers even questioned if stigma and its impact was reduced given the more hospitable views towards SGM individuals (Meyer, 2016); for instance, more Americans being in favor of marriage equality (Pew Research Center, 2019).

Hopes for continued progress for SGM were diminished leading up to the 2016 election. Prior to the election the country grappled with North Carolina's "bathroom bill" that prohibited transgender individuals from using a bathroom congruent with their gender identity (HB 2, 2016), and several other states attempted to pass similar bills (Kralik, 2019). The announcement of Mike Pence as Donald Trump's choice for Vice President was one of many factors that signaled possible diminished hope around SGM rights. During his time as Governor of Indiana, Pence signed a law extending legal protections from those exercising their religious beliefs and practices, which some thought would deleteriously impact SGM (Indiana SB 101, 2015). Pence's previous endorsement of conversion therapy and lack of support for the Ryan White Care Act were also alarming to SGM (Stack, 2016). After Trump was declared the President-Elect, many Americans reported feeling anxious as a result of the election and were concerned about the welfare of the country (American Psychological Association, 2017).

The results were particularly startling for many SGM individuals, as they reported increased concerns and fears about the incoming administration (Williams & Medlock, 2017). There were increased calls to crisis hotlines from SGM individuals (Trevor Project, 2016). A few studies even documented the anticipated and enacted stigma stemming from the 2016 presidential election outcomes among SGM individuals. One qualitative study found that SGM women reported structural-level concerns about national and global harm, fear for marginalized groups, fears of increased hate speech and violence, and concerns about loss of progress and rollback of rights (Veldhuis et al., 2018a). The same study documented participants expressing fear for their safety and increased negative affective states, such as stress and hopelessness following the election. A similar qualitative study of transgender and gender-nonconforming (TGNC) individuals found themes of concerns about increased public stigma against SGM and apprehension about abating policies and rights that protect transgender and gender-nonconforming individuals (Veldhuis et al., 2018b). Other studies documented increased anxiety and depressive symptoms, heterosexist experiences, interpersonal conflict, identity-related rumination, and vigilance as a result of the 2016 presidential election among SGM (Gonzalez, Pulice-Farrow, & Galupo, 2018a, b; Gonzalez, Ramirez, & Galupo, 2018a, b). Editorials in academic journals also speculated what a Trump administration could mean for SGM health via the possible dissolution of the Affordable Care Act, impending loss of

rights and enacting discriminatory legislation, and potential loss of funding for SGM research (Byne, 2017; Gonzales & McKay, 2017).

It is important to note that not all studies focused on negative outcomes of SGM individuals following the election. Riggle et al. (2018) highlighted positive changes following the election including SGM individuals seeing themselves as agents of change, learning how to use their privileged identities to pursue social justice, and increasing their political involvement. This is in line with previous work that suggests that those who experience stigma may participate in a process called “meaning making,” in which they attempt to reframe the situation and seek out positive ways to move forward (Frost, 2011), such as developing more accepting world views, political awareness, confidence, empathy, and community (Meyer et al., 2011).

Overall, the 2016 US presidential election generated much concern for the well-being of SGM. While previous research has examined enacted forms of structural stigma (Hatzenbuehler, 2016) and there has been some research on anticipated structural stigma at the state level (Riggle et al., 2018; Rostosky et al., 2010), there is limited data on anticipated structural stigma and on the presidential election’s impact on SGM individuals (Veldhuis et al., 2018a; 2018b). Thus, the current study examined the anticipated structural stigma that SGM individuals reported following the 2016 presidential election, utilizing inductive thematic coding so that our understanding of anticipated structural stigma would be rooted in the expressions of the participants (Braun & Clarke, 2006).

## Methods

### Participants

Participants were eligible if they lived in the USA, were 18 or older, and identified as LGBTQ. Data for this study were collected as part of a larger study that examined a range of psychological factors related to sexual minority stress in the wake of the 2016 presidential election (see Hirsch, Hirsch, et al., 2017a, b; Hirsch, Kaniuka, et al., 2017; Kaniuka et al., 2019). An invitation to take the survey was shared via online sexual and gender minority interest and support groups. Participants were not offered compensation for participating in the study. The study was approved by the Institutional Review Board at East Tennessee State University.

Participants answered a number of questions about their personal characteristics in addition to the one open-ended question used in this study. There were 496 participants in the larger study, 240 of whom responded in some way to the open-ended question at the end of the survey. Of those 240 responses, 187 were evaluated as being adequate for analysis

in this study in that they were complete and addressed the question asked. A full summary of the participant characteristics of this remaining sample can be found in Table 1.

### Measures

For this study, we included information from demographic questions to describe the sample (see Table 1), along with one open-ended question that was included as the last question in the online survey. The question asked participants “Please feel free to express your thoughts about what concerns you the most about your rights with Donald Trump as President of the United States based upon your sexual orientation and/or gender identity? We want to hear what you have to say, especially your thoughts and feelings at this time,

**Table 1** Participant characteristics

|   | M        | SD    |
|---|----------|-------|
| Age                                     | 37.74    | 16.93 |
|   | <i>n</i> | %     |
| Sex assigned at birth                   |          |       |
| Female                                  | 102      | 55%   |
| Male                                    | 82       | 44%   |
| Gender identity                         |          |       |
| Female                                  | 73       | 39%   |
| Male                                    | 63       | 34%   |
| Transgender                             | 18       | 10%   |
| Additional category                     | 12       | 6%    |
| Sexual orientation                      |          |       |
| Lesbian/gay                             | 99       | 53%   |
| Bisexual                                | 34       | 18%   |
| Queer                                   | 21       | 11%   |
| Pansexual                               | 13       | 7%    |
| Asexual                                 | 7        | 4%    |
| Other please specify                    | 7        | 4%    |
| Heterosexual/straight                   | 5        | 3%    |
| Education                               |          |       |
| Graduate degree                         | 68       | 36%   |
| Bachelor’s degree (4 years of college)  | 49       | 26%   |
| Associate’s degree (2 years of college) | 10       | 5%    |
| Some college (no degree)                | 46       | 25%   |
| High school (includes GED)              | 10       | 5%    |
| Some high school                        | 3        | 2%    |
| Race                                    |          |       |
| White/Caucasian                         | 154      | 82%   |
| Multiracial                             | 12       | 6%    |
| Hispanic or Latino                      | 8        | 4%    |
| Asian (include Asian Indian here)       | 6        | 3%    |
| Other please specify                    | 2        | 1%    |
| Black or African American               | 2        | 1%    |
| American Indian or Alaska Native        | 1        | 1%    |

and for the future.” Data used for this analysis were collected between late November 2016 and early June 2017.

## Analysis

Authors coded the 187 brief responses to the open-ended question using inductive thematic coding (Braun & Clarke, 2006). Each coder read all of the responses, after which we created a list of themes based on the content of the responses. We revised the codes and created a codebook based on analysis of the first 30 responses, which we applied to the entire dataset. The first author coded all of the responses and both of the other authors coded approximately two thirds of the responses. After coding independently, we met to come to a consensus on responses about which our coding was not aligned until we reached 100% agreement on codes applied to all responses.

## Results

Four themes emerged from the analysis of sexual and gender minorities’ reflections on the political climate following the 2016 presidential election and their thoughts about the future. Each of these themes was related to fears or anxieties surrounding various aspects of the political climate. The themes from most common to least common were as follows: (1) anticipated negative consequences of specific anti-SGM political figures, (2) concerns about the loss of existing sexual or gender minority rights, (3) fear of new anti-SGM policies, and (4) fear of vulnerability related to limited existing protections (see Table 2). Below, we explore these themes in more depth, providing examples of participant responses that highlight key aspects of the themes.

### Anticipated Negative Consequences of Specific Anti-SGM Political Figures

The theme most commonly expressed ( $n = 82$ ) was one in which participants wrote about their fear, concern, or worry about the consequences of the election or appointment of specific political figures, identifying them either by name or political position. The most frequently named political figure was President Donald Trump. One participant wrote, “I am afraid of what he is going to do this country. He is not fit to be the president” (35-year-old, Asian, gay man). The frequency of this theme, and of specifically mentioning the President, may have been influenced by the phrasing of the question posed in the survey text, which asked participants to reflect specifically on their concerns about Trump’s presidency.

Numerous other political figures were also mentioned by name. Several participants expressed fear about the beliefs

and possible future actions of the Vice President, Mike Pence ( $n = 14$ ). A few participants even expressed that they were more concerned about Mike Pence’s stance on SGM issues than they were about Donald Trump’s. Participants also expressed worry over other cabinet members, both by name and by position, as well as generally expressing fear about Congress and the Supreme Court. One participant expressed fear related to multiple political positions writing, “The cabinet he has assembled speaks for itself: almost exclusively male, White, heterosexual, and wealthy – the ultimate intersection of privileges. The majority Republican houses of Congress also represent a threat to our (LGBTQA) security. The thought of multiple potential Supreme Court appointments happening under this administration terrifies me” (50-year-old, White, gay man).

### Concerns About the Loss of Existing SGM Rights

The second most commonly expressed theme ( $n = 74$ ) was related to fear, concern, or worry over losing an existing right or resource specifically relating to one’s sexual orientation or gender identity. Some participants mentioned specific rights or resources they were afraid to lose, such as marriage equality or the ability to access hormone therapy. For instance, one participant wrote they were afraid the new administration would be “taking away rights...such as right to domestic partnerships, marriage equality, protection from discrimination at work, rights to see lifelong partners in the hospital, attend their funerals, etc.” (27-year-old, White, gender queer, heteroflexible). Some participants wrote more generally and expressed concern that as a country we may “move backwards” or “lose progress.” One participant wrote “I feel that any progress the LGBT+ community has made in the past will be halted, reversed, and made worse,” (24-year-old, White, genderqueer, lesbian/gay). Others expressed a general fear of losing current protections, such as one who simply stated, “I worry that our current protections will disappear” (62-year-old, White, queer woman).

### Fear of New Anti-SGM Policies

Along with the fear of losing existing rights or resources, participants ( $n = 29$ ) also expressed fear related to new discriminatory legislation that may be passed under the new administration. Some participants were fairly general, such as one who wrote, “I am also concerned that bills could be pushed through a GOP-controlled congress that Trump would sign that would infringe upon my rights as a gay man” (30-year-old, White, gay man). However, other participants mentioned specific laws or policies that concerned them. Many participants mentioned religious freedom or other “license to discriminate” laws. For instance, one participant wrote they feared the administration would

**Table 2** Anticipated structural stigma themes

| Theme  | Examples  | Frequency |
|--|---|-----------|
| Anticipated negative consequences of specific anti-SGM political figures | <p>“I am concerned because Donald Trump only gives lip service to protecting gays and other minorities; but his true intentions are clear from the people he has surrounded himself with. There probably is not another contemporary politician as homophobic as Mike Pence; or Dr. Ben Carson and his selection of Jeff Sessions as AG and Gorsuch on the Supreme Court makes clear how hostile he really is toward minorities of all stripes”(52-year-old Black, gay, two-spirit individual).</p> <p>“Trump’s discriminatory rhetoric seem to give bigots the right &amp; legitimacy to engage in hate crimes and get away without much penalty” (55-year-old, White, gay man).</p> <p>“My fear for the LGBTQA community doesn’t begin and end with Donald Trump, but with the individuals with whom he is surrounding himself. The cabinet he has assembled speaks for itself: almost exclusively male, White, heterosexual, and wealthy – the ultimate intersection of privileges. The majority Republican houses of Congress also represent a threat to our (LGBTQA) security. The thought of multiple potential Supreme Court appointments happening under this administration terrifies me. It’s difficult to maintain optimism” (50-year-old White gay man)</p> | 82        |
| Concerns about the loss of existing SGM rights                           | <p>The right to marry, and the laws protecting the LGBT safety and well being of the LGBT community being taken away (65-year-old White lesbian woman).</p> <p>“I believe Donald Trump and the people he’s appointed and also our Congress-people and Senators will probably see to it that we will lose some rights and I believe gay conversion camps will be alive and well (63-year-old White lesbian woman).</p> <p>“I’ve finally gained the ability to start being myself without risk of losing my job. Now I’m worried things will roll backwards since it’s still so fresh” (24-year-old White pansexual trans woman).</p> <p>“I feel that his administration will destroy any gain that The LGBT community made in the last 8 years” (33-year-old White lesbian woman).</p>   | 74        |
| Fear of new anti-SGM policies  | <p>“... the enactment of religious freedom laws that do nothing but make it okay to discriminate against LGBT individuals” (43-year-old pansexual woman).</p> <p>“...I’m also afraid of my state politicians not learning any lessons from North Carolina’s legal and economic woes and passing their own hateful bathroom bill...” (32-year-old White bisexual woman).</p>   | 29        |
| Fears of vulnerability related to limited existing protections           | <p>“I live in the south. it was already dangerous enough living down here even when the american govt was heavily populated by liberal minded people. now i have a president supported by the KKK and people who support conversion therapy. how do you think i feel” (24-year-old White sexual agender individual)</p> <p>“I am in North Carolina. HB2! Crazy nasty no rights is already true here. We have enough no right to work, have an apartment, etc. Fortunately, in Asheville things are better but legally, I can be fired for being married, thrown out of my apartment for being gay and worse, some in my family voted against my rights by voting for Trump. Very painful and causes family splits” (61-year-old White gay man).</p> <p>“I just want to be able to use the bathroom of the gender I identify with, or in the least be able to identify as male. I’m afraid with Trump there will be many more hoops for me to jump through to legally change my gender, and it terrifies me because I know it’s so hard and expensive already” (18-year-old White queer trans man).</p>  | 16        |

start “allowing people to openly discriminate against LGBTQ people in health care, employment and housing” (52-year-old, White, straight, trans man) and one respondent expressed fear of “so-called religious freedom will be used extensively for discrimination” (61-year-old, White, gay man).

In addition, several participants mentioned laws that may specifically target transgender individuals. Some participants mentioned specific laws, such as one who wrote, “I am more and more concerned about the bathroom bills” (37-year-old, White, straight, trans man). Others expressed a more general fear of anti-transgender legislation, such as one who stated, “As a trans



person, I am worried that laws condoning discrimination will be passed, and that more obstacles to legal and medical transition will be made” (19-year-old, White, asexual, trans man).

### Fears of Vulnerability Related to Limited Existing Protections

Finally, some participants ( $n = 16$ ) noted that they currently lack legal protections, thus putting them at risk in a new political environment that they perceive to be less SGM friendly than before. Some participants wrote about specific protections that they do not currently have and how this made them feel vulnerable. For instance, one participant wrote, “I fear for myself as a gay man who still is not protected from workplace or housing discrimination in my state” (20-year-old, Arab and European, gay man). Some participants specifically mentioned they had been looking forward to a different outcome from the 2016 election with the hope that new protections would be on the way, such as one who wrote, “Just before election, [I] found out my insurance won’t cover any trans care, then, after the election I realized I’d been holding out hope that would change it Hillary won” (41-year-old, White, genderqueer, femme attracted to femme).

### Additional Responses

Though not directly related to the topic of interest in this study, it is also worth noting that many participants ( $n = 42$ ) expressed concerns about the rights and vulnerability of other marginalized individuals under a Trump presidency, such as people of color and immigrants. Furthermore, a few participants ( $n = 7$ ) expressed no fear regarding the political climate. Two of the participants expressed open support for Donald Trump or his policies, such as, “I am with Trump on getting rid of Mexicans working here. I am also with Trump on closing borders. It’s so hard to get by now why do we want more people here?” (58-year-old, White, gay man). One other participant stated they were “good with” Donald Trump but did express concern over Vice-President Mike Pence (22-year-old, Native American, straight trans man). An additional four participants did not express explicit support for Trump, but felt he would not have a negative impact or should be given a chance. For instance, one participant stated, “I don’t understand why everyone feels so threatened by President Trump. Just because people are gay does not mean he is going to punish us. Good lord give the man a chance” (40-year-old, White, gay man). Others felt that other branches of government would limit what he was able to do, so there was no need for alarm. For example: “...because of the inherent checks and balances in our democratic system that I continue to believe in, he will be unable to satisfy

those that support him and they will abandon him” (57-year-old, White, gay man).

### Discussion

The goal of this study was to examine the anticipated structural stigma that SGM experienced following the 2016 Presidential election. We identified four key areas of anticipated stigma: (1) anticipated negative consequences of specific anti-SGM political figures, (2) concerns about the loss of existing SGM rights, (3) fears of new anti-SGM policies, and (4) fears of vulnerability related to limited existing protections. These four areas expand on existing research that primarily found fears around loss of existing rights (Veldhuis et al., 2018a; 2018b) and highlight how structural stigma functions at multiple levels, and these levels interact to create an overall sense of safety or vulnerability.

The first theme highlights the importance of specific figures and offices in impacting one’s anticipation of stigma. Structural stigma has previously been discussed in the form of discriminatory policies, lack of protective policies, and cultural norms (Hatzenbuehler, 2014), while little focus has been paid to the individuals and offices behind these various forms of structural stigma. However, our participants highlighted the power that President Trump, Vice President Mike Pence, and those appointed by this executive pair have over the rights and privileges of SGM in the USA. The other three areas of anticipated stigma—loss of existing SGM rights, new anti-SGM legislation, and current lack of protections—rely on those in power to enact or fail to enact them.

While we know that experienced structural stigma has a negative impact on SGM mental and physical health (Hatzenbuehler, 2014, 2016, 2017; Hatzenbuehler et al., 2020; Pachankis & Bränström, 2018; Perez-Brummer et al., 2015), research has not examined the psychological and physical health impact of *anticipated* structural stigma. Previous research suggests that anticipating *public* (intraindividual) stigma is related to increased psychological distress, which in turn was related to increased physical health problems, in those with concealable stigmas, including SGM (Quinn & Chaudoir, 2009; Quinn & Earnshaw, 2013). Given the salience of anticipated structural stigma, especially in the current political atmosphere of the USA, similar outcomes are likely. We see this reflected in our participants’ responses, as they highlight specific psychological responses to the election, such as “fear,” “worry,” and “anxiety,” that are linked to their anticipation of various forms of structural stigma. These fears reported by our participants are in line with the fears expressed in previous studies of state-level anticipated stigma (Riggle et al., 2009; Rostosky et al., 2009; Rostosky et al., 2010).

We can see the importance of these political positions as we look over the past 4 years. Many of those elected to President Trump's cabinet have a history of denying SGM rights, including his Secretary of Education, Attorney General, Secretary of Health and Human Services, Secretary of Department of Labor, Secretary of Housing and Urban Development, and Secretary of State (Agerholm, 2016; GLAAD, 2020). We can then map how those offices went on to remove existing SGM rights in education (Kreighbaum, 2017; RIN 1840-AD36, 2019; Turner & Kamenetz, 2018), military service (DTM-19-004, 2020; Santiago, 2017), healthcare (Simonoff et al., 2019), criminal justice (Change Notice 5200.04 CN-1, 2018), and housing (National Center for Transgender Equality, 2017; National Low Income Housing Coalition, 2019; RIN 2506-AC53, 2019), tying specific political offices (theme 1) to the removal of existing SGM rights (theme 2). Additionally, several federal offices developed "religious freedom" policies, such as Health and Human Services (HHS, 2018; RIN 0945-AA10, 2019) and the Department of Labor (RIN 1250-AA08, 2019; RIN 1250-AA09, 2019), tying specific political offices (theme 1) to the development of new anti-SGM policies (theme 3).

While the question focused on the Presidential election, many participants also mentioned state-level anticipated stigma, highlighting that a lack of federal protections makes one vulnerable (theme 4) to the loss of existing SGM rights (theme 2) and new anti-SGM policies (theme 3) at the state level. These fears around vulnerability due to a lack of federal protections following the 2016 election mimic fears of vulnerability following the 2006 election (Rostosky et al., 2010). These feelings of vulnerability are well founded, as we can see how anticipated stigma has become enacted over the past 4 years at the state level. Moreover, many participants' responses combined descriptions of anticipated stigma and enacted stigma, making the two difficult to tease apart in some instances. It is important to discuss enacted forms of stigma in this context to demonstrate both the connections between the two forms of stigma in the real world, as described by participants themselves, and to highlight the theoretical connections between proximal and distal stressors.

Several states have introduced bills to seek to overturn marriage equality in the state (North Carolina HB 65, 2019; North Carolina HB 780, 2017; South Carolina HB 4949, 2018; South Dakota HB 1215, 2020; Tennessee HB 892, 2017; Tennessee HB 1369, 2019; Tennessee HB 2410, 2020; Wyoming HB 167, 2018). Additionally, many states have passed or attempted to pass policies allowing for discrimination on the basis of religious belief in several areas (e.g., providing services, adoption and foster care, healthcare access) since the 2016 election (American Civil Liberties Union [ACLU], 2018; ACLU, 2019; ACLU, 2020). Some of these laws have support from the federal government. For

instance, South Carolina's 2018 law that allowed religiously affiliated services to discriminate against SGM caregivers was backed by an exemption from HHS's Office of Civil Rights (Wagner, 2019). Transgender rights have been particularly targeted in state policies. For instance, some of our participants specifically noted they were afraid of policies like North Carolina's HB 2, which prohibited people from using the bathroom in line with their gender identity and is commonly referred to as the "bathroom bill". While North Carolina's HB 2 was partially overturned, the new law put in place still allows for individual businesses and agencies to limit bathroom use on the basis of biological sex (HB 142, 2017). North Carolina inspired many states to try to follow suit, and in 2017, sixteen states considered legislation similar to North Carolina HB 2 (Kralik, 2019). Several states are also targeting health care access for transgender youth. Seventeen states have proposed bills to make it illegal for medical providers to provide gender-affirming care to transgender youth (ACLU, 2020; Conron & O'Neill, 2020), despite research that suggests that gender-affirming care improves overall well-being (see Cornell, 2017 for review) and access to puberty suppression reduces suicidal ideation in transgender youth (Turban et al., 2020).

## Limitations and Future Directions

One of the primary limitations of this study is that the qualitative data comes from written responses to an online and anonymous survey. This data collection method did not allow us to follow up with participants, ask for clarification, or develop dialogue with the participants. Given the online nature of the study, we were limited to one question and the wording of the question was limited in scope. Additionally, we had issues with survey completion, with only 48.38% ( $n = 240$ ) of the total 496 participants responding to the open-ended questions. Future research should develop better strategies for conducting mixed-methods research online and providing anonymous ways to follow up with participants.

The nature of the single, open-ended question also had the potential to skew the results, as it specifically asked people to reflect their thoughts and concerns related to LGBTQ+ rights following the election of Donald Trump. This likely led to an increase in identification of the themes we found around fear and little responses that did not express fear about the election. The question wording also likely had an impact on the frequency of Theme 1, as many mentioned Donald Trump by name, given he was named in the question.

Further, there are some issues of homogeneity within the sample. Our participants were mostly White and well-educated, limiting the perspective offered. Additionally, data collection was limited to those who had access to and

were engaged with online SGM social or support groups; therefore, we did not gather data from SGM who are more closeted or who lack SGM community connectedness. Future research should explore ways to gather data from a wider range of SGM participants and use mixed data collection strategies to gather in-person and online data (Meyer & Wilson, 2009).

## Implications and Conclusion

Overall, we found that many participants reported anticipating some form of structural stigma from governmental leaders or laws and policies following the 2016 presidential election. While some of the responses were expected, based on the wording of the question, such as discussion of fears related specifically to political figures, there was a wide range of responses that went beyond the scope of the question and the quantitative survey that made up the larger study. Our participants described a wide range of anticipated stigmas and showed an intimate understanding of how political figures have an impact beyond their position. These findings highlight the ways in which anticipated structural stigma maps onto forms of enacted structural stigma (discriminatory policies and lack of protective policies; Hatzenbuehler, 2014) and add a new dimension highlighting the power of political figures.

Over the past 4 years, we have seen those anticipated stigmas become enacted on federal and state levels. The SGM in our study were able to anticipate specific policy changes that would come with the change in leadership. We are likely to see psychological and physical consequences for SGM, especially trans and non-binary individuals, who are disproportionately impacted by the laws and policies we have seen enacted.

Policy makers should work to reverse what has been put into place over the past 4 years, while also finding ways to make sure SGM are protected at federal and state levels. Those interested in a political career should work with SGM communities to develop policies of protection and to develop lasting infrastructure to support the community that could remain in place even when anti-SGM politicians are elected. For instance, the United States Congress could pass the Equality Act, which would amend the Civil Rights Act to include protection on the basis of sexual orientation and gender identity (H.R.5., 2019). In the meantime, clinicians should work to develop therapeutic strategies that will assist SGM in processing and responding to structural stigma, and community organizations should work to develop resources to deal with the laws and policies that are currently in place.

## Declarations

**Ethical Approval** This study was performed in compliance with ethical standards for research involving human participants as outlined by the Declaration of Helsinki. It was approved by the Institutional Review Board of East Tennessee State University.

**Informed Consent** Electronic informed consent was gathered from all participants in the study.

**Conflict of Interest** The authors declare that they have no conflict of interest.

## References

- Agerholm, H. (2016). *Everyone appointed to Donald Trump's cabinet so far has opposed LGBT rights*. The Independent. <https://www.independent.co.uk/news/world/americas/donald-trump-cabinet-appointments-lgbt-records-stances-president-elect-white-house-a7446886.html>
- American Civil Liberties Union. (2018). *Past legislation affecting LGBT rights across the country (2018)*. <https://www.aclu.org/past-legislation-affecting-lgbt-rights-across-country-2018>
- American Civil Liberties Union. (2019). *Past legislation affecting LGBT rights across country 2019*. <https://www.aclu.org/past-legislation-affecting-lgbt-rights-across-country-2019>
- American Civil Liberties Union. (2020). *Legislation affecting LGBT rights across the country*. <https://www.aclu.org/legislation-affecting-lgbt-rights-across-country>
- American Psychological Association. (2017). *Many Americans stressed about future of our nation, new APA Stress in America survey reveals*. <https://www.apa.org/news/press/releases/2017/02/stressed-nation>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research*, 3(2), 77–101.
- Brooks, V. R. (1981). *Minority stress and lesbian women*. Lexington Books.
- Byne, W. (2017). Sustaining progress toward LGBT health equity: A time for vigilance, advocacy, and scientific inquiry. *LGBT Health*, 4, 1–3. <https://doi.org/10.1089/lgbt.2016.0211>
- Change Notice 5200.04 CN-1 – Transgender Offender Manual. (2018). <https://www.bop.gov/policy/progstat/5200-04-cn-1.pdf>
- Conron, K. J., & O'Neill, K. (2020). *Prohibiting gender-affirming medical care for youth*. The Williams Institute. <https://williamsinstitute.law.ucla.edu/publications/bans-trans-youth-health-care/>
- Cornell University Public Policy Research Portal. (2017). *What does the scholarly research say about the effect of gender transition on transgender well-being?* <https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>
- DTM-19-004 – Military Service by Transgender Persons and Persons with Gender Dysphoria. (2020). <https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dtm/DTM%2019-004.PDF?ver=2020-03-17-140438-090>
- Flores, A. R., Hatzenbuehler, M. L., & Gates, G. J. (2018). Identifying psychological responses of stigmatized groups to referendums. *PNAS*, 115(15), 3816–3821. <https://doi.org/10.1073/pnas.1712897115>
- Frost, D. M. (2011). Social stigma and its consequences for the socially stigmatized. *Social and Personality Psychology Compass*, 5, 824–839. <https://doi.org/10.1111/j.1751-9004.2011.00394.x>
- Frost, D. M., Lehavot, K., & Meyer, I. H. (2015). Minority stress and physical health among sexual minority individuals. *Journal of Behavioral Medicine*, 38, 1–8. <https://doi.org/10.1007/s10865-013-9523-8>



- GLAAD. (2020). *Trump accountability project*. <https://www.glaad.org/trump>
- Gonzales, G., & McKay, T. (2017). What an emerging Trump administration means for lesbian, gay, bisexual, and transgender health. *Health Equity, 1*, 83–86. <https://doi.org/10.1089/heq.2017.0002>.
- Gonzalez, K. A., Pulice-Farrow, L., & Galupo, M. P. (2018). “My aunt unfriended me:” Narratives of GLBTQ family relationships post 2016 presidential election. *Journal of GLBT Family Studies, 14*, 61–84. <https://doi.org/10.1080/1550428X.2017.1420845>.
- Gonzalez, K. A., Ramirez, J. L., & Galupo, M. P. (2018). Increase in GLBTQ minority stress following the 2016 US presidential election. *Journal of GLBT Family Studies, 14*, 130–151. <https://doi.org/10.1080/1550428X.2017.1420849>.
- H.R.2965 – Don’t Ask, Don’t Tell Repeal Act of 2010. (2010). <https://www.congress.gov/bill/111th-congress/house-bill/2965>
- H.R.5 – Equality Act. (2019). <https://www.congress.gov/bill/116th-congress/house-bill/5/text/eh>
- Hatzenbuehler, M. L. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations. *Current Directions in Psychological Science, 23*, 127–132. <https://doi.org/10.1177/0963721414523775>.
- Hatzenbuehler, M. L. (2016). Structural stigma: Research evidence and implications for psychological science. *American Psychologist, 71*, 742–751. <https://doi.org/10.1037/amp0000068>.
- Hatzenbuehler, M. L. (2017). Structural stigma and health. In B. Major, J. F. Dovidio, & B. G. Link (Eds.), *The Oxford handbook of stigma, discrimination, and health* (pp. 105–121). Oxford University Press.
- Hatzenbuehler, M. L., & Link, B. G. (2014). Introduction to the special issue on structural stigma and health. *Social Science & Medicine, 103*, 1–6. <https://doi.org/10.1016/j.socscimed.2013.12.017>.
- Hatzenbuehler, M. L., Rutherford, C., McKetta, S., Prins, S. J., & Keyes, K. M. (2020). Structural stigma and all-cause mortality among sexual minorities: Differences by sexual behavior?. *Social Science & Medicine, 244*, 112463. <https://doi.org/10.1016/j.socscimed.2019.112463>
- Health and Human Services. (2018). *HHS announces new Conscience and Religious Freedom Division*. <https://www.hhs.gov/about/news/2018/01/18/hhs-ocr-announces-new-conscience-and-religious-freedom-division.html>
- Hirsch, J. K., Hirsch, K. K., Mann, A., Williams, S. L., Dodd, J., Cohn, T. J., & Chang, E. C. (2017). Post-election concerns about rights and safety are related to the mental health of LGBTQ communities: This is not fake news. *Forward Newsletter, 257*.
- Hirsch, J. K., Kaniuka, A., Brooks, B., Hirsch, K. K., Mann, A., Williams, S. L., & Dodd, J. (2017). What the Trump? Anticipated rejection and concern about rights are associated with suicide risk in LGBTQ communities, but can resilience trump risk?. *The Clinical Psychologist, 70*(2), 17–20. <https://www.div12.org/wp-content/uploads/2017/05/tCP-May-2017.pdf>
- Indiana State Bill 101 - Religious Freedom Restoration Act. (2015). <https://www.indianahousepublicans.com/clientuploads/PDF/RFR/SEA101%20RFR%20Law.pdf>
- Kaniuka, A., Pugh, K. C., Jordan, M., Brooks, B., Dodd, J., Mann, A. K., et al. (2019). Stigma and suicide risk among the LGBTQ population: Are anxiety and depression to blame and can connectedness to the LGBTQ community help? *Journal of Gay & Lesbian Mental Health, 23*, 205–220. <https://doi.org/10.1080/19359705.2018.1560385>.
- Kralik, J. (2019). “Bathroom bill” legislative tracking. National Conference of State Legislatures. <https://www.ncsl.org/research/education/bathroom-bill-legislative-tracking635951130.aspx>
- Kreighbaum, A. (2017). *Transgender protections withdrawn*. Inside Higher Ed. <https://www.insidehighered.com/news/2017/02/23/trump-administration-reverses-title-ix-guidance-transgender-protections>
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674–697. <https://doi.org/10.1037/0033-2909.129.5.674>.
- Meyer, I. H. (2016). Does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda? *Psychology of Sexualities Review, 7*, 81–90.
- Meyer, I. H., Ouellette, S. C., Haile, R., & McFarlane, T. A. (2011). “We’d be free”: Narratives of life without homophobia, racism, or sexism. *Sexuality Research and Social Policy, 8*, 204. <https://doi.org/10.1007/s13178-011-0063-0>.
- Meyer, I. H., & Wilson, P. A. (2009). Sampling lesbian, gay, and bisexual populations. *Journal of Counseling Psychology, 56*, 23–31. <https://doi.org/10.1037/a0014587>.
- National Center for Transgender Equality. (2017). *HUD purges publications that helped shelters keep transgender people safe*. <https://transequality.org/press/releases/hud-purges-publications-that-helped-shelters-keep-transgender-people-safe>
- National Low Income Housing Coalition. (2019). *Democratic representatives condemn HUD actions undermining housing first model and safety of LGBTQ community*. <https://nlihc.org/resource/democratic-representatives-condemn-hud-actions-undermining-housing-first-model-and-safety>
- North Carolina House Bill 142. (2017). <https://www.ncleg.net/Sessions/2017/Bills/House/HTML/H142v5.html>
- North Carolina House Bill 2 - Public Facilities Privacy & Security Act. (2016). <https://www.ncleg.gov/Sessions/2015E2/Bills/House/PDF/H2v0.pdf>
- North Carolina House Bill 65 – Marriage Amendment Reaffirmation Act. (2019). <https://www.ncleg.gov/BillLookup/2019/H65>
- North Carolina House Bill 780 – Uphold Historical Marriage Act. (2017). <https://www.ncleg.gov/BillLookup/2017/HB%20780>
- Obergefell v Hodges, 576 U.S. \_\_\_\_ (2015). [https://www.supremecourt.gov/opinions/14pdf/14-556\\_3204.pdf](https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf)
- Pachankis, J. E., & Bränström, R. (2018). Hidden from happiness: Structural stigma, sexual orientation concealment, and life satisfaction across 28 countries. *Journal of Consulting and Clinical Psychology, 86*, 403–415. <https://doi.org/10.1037/ccp0000299>.
- Pachankis, J. E., Hatzenbuehler, M. L., Hickson, F. C., Weatherburn, P. J., Berg, R., Marcus, U., & Schmidt, A. (2015). Hidden from health: Structural stigma, sexual orientation concealment, and HIV across 38 countries in the European MSM Internet Survey. *AIDS, 29*, 1239–1246. <https://doi.org/10.1097/QAD.0000000000000724>.
- Pachankis, J. E., Sullivan, T. J., Feinstein, B. A., & Newcomb, M. E. (2018). Young adult gay and bisexual men’s stigma experiences and mental health: An 8-year longitudinal study. *Developmental Psychology, 54*(7), 1381–1392. <https://doi.org/10.1037/dev0000518>.
- Perez-Brumer, A., Hatzenbuehler, M. L., Oldenburg, C. E., & Bockting, W. (2015). Individual- and structural-level risk factors for suicide attempts among transgender adults. *Behavioral Medicine, 41*, 164–171. <https://doi.org/10.1080/08964289.2015.1028322>.
- Pew Research Center. (2019). *Attitudes on same-sex marriage*. <https://www.pewforum.org/fact-sheet/changing-attitudes-on-gay-marriage/>
- Quinn, D. M., & Chaudoir, S. R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. *Journal of Personality and Social Psychology, 97*, 634–651. <https://doi.org/10.1037/a0015815>.
- Quinn, D. M., & Earnshaw, V. A. (2013). Concealable stigmatized identity and psychological well-being. *Social and Personality Psychology Compass, 7*, 40–51. <https://doi.org/10.1111/spc3.12005>
- Riggle, E. D., Rostosky, S. S., Drabble, L., Veldhuis, C. B., & Hughes, T. L. (2018). Sexual minority women’s and gender-diverse individuals’ hope and empowerment responses to the 2016 presidential election. *Journal of GLBT Family Studies, 14*, 152–173. <https://doi.org/10.1080/1550428X.2017.1420853>.

- Riggle, E. D., Rostosky, S. S., & Horne, S. G. (2009). Marriage amendments and lesbian, gay, and bisexual individuals in the 2006 election. *Sexuality Research & Social Policy*, 6, 80. <https://doi.org/10.1525/srsp.2009.6.1.80>.
- RIN 0945-AA10 – Protecting Statutory Conscience Rights in Health Care; Delegations of Authority. (2019). <https://www.federalregister.gov/documents/2019/05/21/2019-09667/protecting-statutory-conscience-rights-in-health-care-delegations-of-authority>
- RIN 1250-AA07 – Implementation of Executive Order 13672 Prohibiting Discrimination Based on Sexual Orientation and Gender Identity by Contractors and Subcontractors. (2014). <https://www.federalregister.gov/documents/2014/12/09/2014-28902/implementation-of-executive-order-13672-prohibiting-discrimination-based-on-sexual-orientation-and>
- RIN 1250-AA08 – Affirmative Action and Nondiscrimination Obligations of Federal Contractors and Subcontractors: TRICARE and Certain Other Health Care Providers. (2019). <https://www.federalregister.gov/documents/2019/11/06/2019-23700/affirmative-action-and-nondiscrimination-obligations-of-federal-contractors-and-subcontractors>
- RIN 1250-AA09 – Implementing Legal Requirements Regarding the Equal Opportunity Clause’s Religious Exemption. (2019). <https://www.federalregister.gov/documents/2019/08/15/2019-17472/implementing-legal-requirements-regarding-the-equal-opportunity-clauses-religious-exemption>
- RIN 1840-AD36 – Student Assistance General Provisions, The Secretary’s Recognition of Accrediting Agencies, The Secretary’s Recognition Procedures for State Agencies. (2019). <https://www.federalregister.gov/documents/2019/11/01/2019-23129/student-assistance-general-provisions-the-secretarys-recognition-of-accrediting-agencies-the>
- RIN 2506-AC53 – Revised Requirements Under Community Planning and Development Housing Programs (FR-6152). (2019). <https://www.reginfo.gov/public/do/eAgendaViewRule?pubId=201904&RIN=2506-AC53>
- Rostosky, S. S., Riggle, E. D. B., Horne, S. G., Denton, F. N., & Huellemeier, J. D. (2010). Lesbian, gay, and bisexual individuals’ psychological reactions to amendments denying access to civil marriage. *American Journal of Orthopsychiatry*, 80, 302–310. <https://doi.org/10.1111/j.1939-0025.2010.01033.x>.
- Rostosky, S. S., Riggle, E. D., Horne, S. G., & Miller, A. D. (2009). Marriage amendments and psychological distress in lesbian, gay, and bisexual (LGB) adults. *Journal of Counseling Psychology*, 56(1), 56–66. <https://doi.org/10.1037/a0013609>.
- Salway, T., Gesink, D., Ibrahim, S., Ferlatte, O., Rhodes, A. E., Brennan, D. J., et al. (2018). Evidence of multiple mediating pathways in associations between constructs of stigma and self-reported suicide attempts in a cross-sectional study of gay and bisexual men. *Archives of Sexual Behavior*, 47, 1145–1161. <https://doi.org/10.1007/s10508-017-1019-0>.
- Santiago, J. (2017). The transgender military ban: A major step back for LGBT rights. *Loyola Public Interest Law Reporter*, 56.
- Simonoff, C., Wang, T., & Cahill, S. (2019). *In its third year in office, the Trump administration dramatically expanded discriminatory anti-LGBT policies*. The Fenway Institute. <https://fenwayhealth.org/wp-content/uploads/Trump-Administration-Year-3-Brief.pdf>
- South Carolina House Bill 4949 – Marriage and Constitution Restoration Act. (2018). [https://www.scstatehouse.gov/sess122\\_2017-2018/bills/4949.htm](https://www.scstatehouse.gov/sess122_2017-2018/bills/4949.htm)
- South Dakota House Bill 1215. (2020). [https://sdlegislature.gov/legislative\\_session/bills/Bill.aspx?Bill=1215&Session=2020](https://sdlegislature.gov/legislative_session/bills/Bill.aspx?Bill=1215&Session=2020)
- Stack, L. (2016). *Mike Pence and “conversion therapy”*: A history. The New York Times. <https://www.nytimes.com/2016/11/30/us/politics/mike-pence-and-conversion-therapy-a-history.html>
- Tennessee House Bill 1369 – Tennessee Natural Marriage Defense Act. (2019). <https://legiscan.com/TN/bill/HB1369/2019>
- Tennessee House Bill 2410 – Disentanglement Act. (2020). <https://legiscan.com/TN/bill/HB2410/2019>
- Tennessee House Bill 892 – Tennessee Natural Marriage Defense Act. (2017). <https://legiscan.com/TN/bill/HB0892/2017>
- Trevor Project. (2016). *Crisis contracts from youth to Trevor Project surge immediately following the election*. [https://www.thetrevorproject.org/trvr\\_press/crisis-contacts-from-youth-to-the-trevor-project-surge-immediately-following-the-election/](https://www.thetrevorproject.org/trvr_press/crisis-contacts-from-youth-to-the-trevor-project-surge-immediately-following-the-election/)
- Turban, J. L., King, D., Carswell, J. M., & Keuroghlain, A. S. (2020). Pubertal suppression for transgender youth and risk of suicidal ideation. *Pediatrics*, 145, e20191725. <https://doi.org/10.1542/peds.2019-1725>.
- Turner, C. & Kamenetz, A. (2018). *The education department says it won’t act on transgender student bathroom access*. NPR. <https://www.npr.org/sections/ed/2018/02/12/585181704/the-education-department-says-it-wont-act-on-transgender-student-bathroom-access>
- Veldhuis, C. B., Drabble, L., Riggle, E. D. B., Wootton, A. R., & Hughes, T. L. (2018a). “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, 12–24. <https://doi.org/10.1007/s13178-017-0305-x>.
- Veldhuis, C. B., Drabble, L., Riggle, E. D., Wootton, A. R., & Hughes, T. L. (2018b). “I fear for my safety, but want to show bravery for others”: Violence and discrimination concerns among transgender and gender-nonconforming individuals after the 2016 presidential election. *Violence and Gender*, 5, 26–36. <https://doi.org/10.1089/vio.2017.0032>.
- Wagner, S. (2019). *Re: Request for deviation or exception from HHS regulations 45 CFR § 75.300(c)*. <https://governor.sc.gov/sites/default/files/Documents/newsroom/HHS%20Response%20Letter%20to%20McMaster.pdf>
- Whitehead, J., Shaver, J., & Stephenson, R. (2016). Outness, stigma, and primary health care utilization among rural LGBT populations. *PLoS one*, 11(1).
- Williams, D. R., & Medlock, M. M. (2017). Health effects of dramatic societal events—ramifications of the recent presidential election. *New England Journal of Medicine*, 376, 2295–2299. <https://doi.org/10.1056/NEJMms1702111>.
- Williams, S. L., Mann, A. K., & Fredrick, E. G. (2017). Proximal minority stress, psychosocial resources, and health in sexual minorities. *Journal of Social Issues*, 73, 529–544. <https://doi.org/10.1111/josi.12230>.
- Wyoming House Bill 167 – Marriage and Constitution Restoration Act. (2018). <https://legiscan.com/WY/bill/HB0167/2018>

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