



Understanding and Addressing the Health Implications of Anti-LGBTQ+ Legislation

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Abstract

Intensifying social discourse and political movements have stalled a trajectory of increasing support for lesbian, gay, bisexual, transgender, queer, plus (LGBTQ+) people. Emerging anti-LGBTQ+ restrictions and legislation have critical implications for organizations and workers. This anthology highlights anticipated challenges including effects on stigmatization at the individual and societal level, and negative physical and mental health-related consequences that vary across subgroups in the U.S. and beyond. In addition, this synthesis describes individual, ally, and organizational strategies for protecting and improving the health of LGBTQ+ workers. In so doing, this work provides timely, evidence-based predictions as well as recommendations to support LGBTQ+ workers.

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The lesbian, gay, bisexual, transgender, queer, plus (LGBTQ+) rights struggle over the last half a century has been— in many respects— one of the most successful civil rights struggles in U.S. history (see Davidson, 2022). The groundbreaking Stonewall Riots of 1969 served as one of the first watershed moments in rewriting the course of history for LGBTQ+ individuals and their health. LGBTQ+ patrons rose up against police who frequently raided a bar called the Stonewall Inn. Over the course of the next days and weeks, activist groups protested, picketed, and organized meetings, all of which galvanized a movement that established gay newspapers, initiated the first gay pride marches, and marked the beginning of unraveling inequality based on sexual orientation and gender identity (see Metcalf, 2023). The positive implications for the health of gay men, lesbian women, and other sexual orientation and gender identity minorities were obvious – their identities were beginning to be recognized, supported, and validated.

Another watershed moment, particularly as it relates to health implications of LGBTQ+ individuals, was the 1973 decision by the American Psychiatric Association to remove homosexuality from the Diagnostic and Statistical Manual, the American Psychiatric Association’s signature reference book. This historical decision led to the end of organized medicine’s formal stigmatization of homosexuality and helped reduce societal pathologization (see Drescher, 2015). Of course, it would take another forty years to remove asexuality, a lack of sexual desire, from the DSM (Drescher, 2015).

In 2003, the Supreme Court of the United States (SCOTUS) struck down a 17-year ruling (*Bowers v Hardwick*, 1986) that gave states power to criminalize sexual behaviors between same-gender individuals. The courts argued that the prior law violated due process guaranteed by the 14th Amendment and that same-gender couples were guaranteed their rights to privacy and state laws banning sodomy were unconstitutional (*Lawrence v Texas*, 2003).

The next several decades saw additional legal rulings that provided LGBTQ+ individuals with fundamental rights and protections. If they worked in the military, they could finally articulate that they were gay (Don’t Ask, Don’t Tell Repeal Act of 2010); hate crimes based on sexual orientation became punishable by federal laws; housing discrimination for federally assisted programs was prohibited; visitation and medical decision making rights to same-gender partners was ordered; and same-gender marriages were legalized nationwide (*Obergefell v Hodges*, 2015), which also legalized adoption for LGBTQ+ married people in many states.

The Employment Non-Discrimination Act (ENDA)— legislation proposed to prohibit discrimination in hiring and employment contexts nationwide— was never passed even though it was introduced in Congress each term for a quarter of a century. However, in June of 2020, the U.S. SCOTUS held that employment decisions based on sexual orientation or gender identity violate Title VII of the Civil Rights Act of 1964, thereby making employment discrimination on

the basis of LGBTQ+ identities illegal (*Bostock v Clayton County, Georgia; Harris Funeral Homes Inc. v EEOC*). By all signs, it looked as if discrimination on the basis of being LGBTQ+ was becoming a thing of the past. It was clear why the U.S. consistently ranked within the top 25 of 175 countries examined as having the most progressive LGBTQ+ rights (Equaldex, 2023) and the most accepting LGBT+ attitudes (Williams Institute, 2021). Simply put, who a person loves would no longer be the basis for discrimination.

Yet, in a 2023 verdict, the SCOTUS ruled that it is now legal for businesses to refuse to serve LGBTQ+ people (*Creative LLC v Elenis*, 2023). This case has contributed to changing the direction that rights had been progressing toward for 50 years, and the reverberations of this decision are extreme. According to the Human Rights Campaign at the time of writing this anthology, the year 2023 witnessed over 500 anti-LGBTQ+ bills introduced in state legislatures including 220 specifically targeting transgender people. This includes laws banning gender affirming care, laws that silence educators' discussions of gender identity and sexual orientation, and laws that allow intentional misgendering of transgender and non-binary people.

This emergent wave of anti-LGBTQ+ legislation has enormous implications for the health and well-being of people living in the U.S., including those in the U.S. workforce. For this Occupational Health Science anthology, prominent experts on LGBTQ workplace issues (a) summarize existing evidence that points to challenges and strategies for addressing the implications of anti-LGBTQ legislation, and (b) guide future scientific inquiry on this issue within the context of occupational health psychology.

Our anthology begins by documenting challenges and outcomes that are likely to emerge as a result of anti-LGBTQ+ legislation, opening with work by Lindsey, showcasing the instrumental and symbolic effects that the emerging movement can have on stigmatization at the individual and societal level. Corrington then describes the health implications of anti-LGBTQ+ legislation in the U.S., of which there are many. Nittrouer identifies important differences across subgroups in the health-related challenges; while LGBTQ+ individuals form a stigmatized group, there are differences in the health-related challenges and outcomes that members of the various subgroups (e.g., gay men versus bisexual individuals versus queer) face. Martinez describes the health challenges that gender nonbinary/nonconforming employees now face as the result of hundreds of laws that have been passed following the 2023 SCOTUS ruling. Holmes describes that society takes a sexuality blindness approach toward people who are non-heterosexual and describes the impacts on well-being. Ng describes that the rising discrimination against LGBTQ+ individuals is not just situated in the U.S. but that there are global trends as well. Dhani extends consideration of those affected by further exploring the stigmatization and suffering that health care providers are experiencing because the care that they would typically give to their patients has now been banned.

Turning to strategies for protecting and improving the health of LGBTQ+ workers, Sabat describes how LGBTQ+ individuals must safeguard their own health amidst the anti-LGBTQ+ legislation. Sawyer and Thoroughgood describe the critical role that allies have and must continue to play. And finally, Madera and Maneethi

describe organizational strategies for enhancing LGBTQ+ employee well-being, particularly as a result of the passage of recent anti-discrimination laws. We conclude with hope that the arc of justice in favor of the rights of LGBTQ+ individuals will soon bend back toward creating healthier personal and professional contexts for LGBTQ+ workers.

The Instrumental and Symbolic Effects of Anti-LGBTQ+ Legislation

Alex P. Lindsey

In June of 2023, the SCOTUS determined that it is legal for businesses to refuse to serve LGBTQ+ individuals (*Creative LLC v. Elenis*, 2023). According to the Human Rights Campaign (see Peele, 2023), this decision was accompanied by a record-breaking number of over 520 anti-LGBTQ+ bills proposed in state legislatures across the country in 2023, 70 of which have been enacted into law. These bills include legislation that bans gender affirming care, targets drag performances, prohibits educators from discussing gender identity and sexual orientation in their classrooms, allows others to intentionally misgender both transgender and non-binary individuals, and creates a license to discriminate against LGBTQ+ people (Peele, 2023). A natural question that follows for LGBTQ+ individuals, their allies, and occupational health scholars is: what are the likely effects of this wave of hateful legislation?

After reviewing the extant literature, it seems likely that these laws will have both instrumental effects (i.e., the intended effects of the laws) and symbolic effects (i.e., the latent effects of the laws, driven by social norms). These effects may give rise to both formal (i.e., job-related) and interpersonal (i.e., interaction-based) manifestations of discrimination against LGBTQ+ individuals in our workplaces.

Instrumental Effects Deterrence Theory contends that the illegality of a behavior will lead to a reduction in said behavior to the extent that the penalty for engaging in the behavior is certain and significant (Becker, 1968). This is referred to as the instrumental effect, and there is empirical evidence which supports the notion that laws prohibiting discrimination against LGBTQ+ individuals have an instrumental effect by reducing formal discrimination.

For instance, Barron (2009) conducted a study in which 255 human resource professionals were assessed on the degree to which they exhibited hiring discrimination toward gay applicants. Importantly, about half of these participants worked in regions where discrimination based on sexual orientation was legal, while the other half worked in regions where such discrimination was prohibited by law. Results showed that managers working in regions where sexual orientation discrimination was legal evaluated gay applicants as less hireable than non-gay applicants, while managers working in regions where sexual orientation discrimination was illegal displayed no preference between similarly qualified gay

vs. non-gay applicants. While this study was originally conducted to understand the effectiveness of laws prohibiting discrimination against individuals based on their sexual orientation, it can also aid us in predicting the instrumental effects of anti-LGBTQ+ legislation in terms of formal discrimination. Indeed, by passing laws that explicitly allow for discrimination against LGBTQ+ individuals, managers may no longer be deterred from engaging in formal discrimination against these individuals, which could manifest in unfair practices around hiring, promotions, access, distribution of resources, and treatment of customers (Hebl et al., 2002).

Symbolic Effects The recent wave of anti-LGBTQ+ legislation in the U.S. is also likely to have symbolic effects, which may give rise to interpersonal discrimination in our workplaces. Symbolic Legislation Theory posits that beyond their instrumental effects, laws also produce symbolic effects by communicating shared societal values, thereby creating social norms regarding how we should conduct ourselves (Přibáň, 2016). For example, if I know there is a local law prohibiting food and drink on public transportation, I may be deterred from bringing these items on the bus (i.e., the instrumental effect). However, given the social norm communicated by this law, I may also be motivated to avoid littering in an effort to maintain cleanliness in public spaces more generally (i.e., the symbolic effect). Similarly, if there are laws in place prohibiting formal discrimination against LGBTQ+ individuals in the workplace, this might also lead to a symbolic effect by motivating colleagues to treat this group more equitably and avoid engaging in interpersonal discrimination toward this group. Indeed, there is empirical work that supports this notion.

For example, Barron and Hebl (2013) conducted a field study wherein job applicants applied for retail positions while wearing a hat that either read “Gay and Proud” or “Texan and Proud” (i.e., applicant sexual orientation was manipulated, and applicants were blind to condition). Results showed that in regions without laws protecting sexual orientation minorities from formal discrimination, managers treated gay (vs. non-gay) applicants with significantly higher levels of interpersonal discrimination. However, in regions with laws prohibiting formal discrimination against sexual orientation minorities, managers treated gay (vs. non-gay) applicants with lower levels of interpersonal discrimination, indicated by increased helpfulness and decreased rudeness. Importantly, the authors also conducted a follow-up study in which they found largely consistent results when the presence (vs. absence) of sexual orientation anti-discrimination laws was manipulated in a lab (as opposed to field) setting.

Taken together, extant theory and empirical research suggest that the recent wave of anti-LGBTQ+ legislation is likely to have both instrumental and symbolic effects, leading to increases in both formal and interpersonal discrimination toward this group. This is quite concerning, given that meta-analytic evidence shows that both types of discrimination are similarly associated with detrimental effects on a host of important correlates, including individual work (e.g., job stress), organizationally relevant (e.g., job withdrawal), physical health (e.g.,

cardiovascular health), and psychological health (e.g., life satisfaction) outcomes (Jones et al., 2016). Given the bulk of germane research to date has focused on the efficacy of laws banning discrimination based on sexual orientation, we need future research that explicitly isolates the pernicious effects (and potential remedies) of this recent wave of anti-LGBTQ+ legislation, which essentially condones discrimination based on sexual orientation.

Health Implications of Anti-LGBTQ+ Legislation in the U.S.

Abby Corrington

Those who are LGBTQ+ and live in one of the 23 states where anti-LGBTQ bills have already been passed into law have experienced the most *immediate* effects of the recent resurgence of anti-LGBTQ+ legislation. These laws effectively legalize discrimination against LGBTQ+ individuals and include, but are not limited to, religious exemptions now allowing people to deny services to LGBTQ+ individuals; “Don’t Say Gay” bans of discussions of LGBTQ+ identities in classrooms; sports bans restricting trans youth from competing in athletics; bathroom bans barring trans students from using facilities consistent with their gender identity; and bans denying gender-affirming care for trans individuals (among others; ACLU, 2023). Whether LGBTQ+ individuals live in places where a) laws such as these have already been passed, such as Arkansas, Florida, North Dakota, Tennessee, or Texas (MAP, 2023; HRC, 2023); b) anti-LBQTQ+ bills have not yet been signed into law but are being advanced, such as Alaska, Arizona, Michigan, Vermont, and Wisconsin (ACLU, 2023); or c) there are currently no anti-LGBTQ+ bills or laws at the state level, which is the case in only three states—Delaware, Illinois, and New York (ACLU, 2023), the impacts of the hostile climate created by the record number of bills and laws designed to strip away the rights and protections of LGBTQ+ people are both numerous and robust. Importantly, regardless of the specific state of residence, the recent SCOTUS decision (303 Creative LLC v. Elenis, 2023) has made it legal for businesses to refuse service to LGBTQ+ individuals nationally. This legislation has received international criticism, with the Canadian government issuing a warning to its LGBTQ+ citizens who may be visiting the United States. The government cautions, “Some states have enacted laws and policies that may affect 2SLGBTQI+ persons [those who identify as Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex or those who use other terminologies] ...Check relevant state and local laws” (Austen, 2023).

Regardless of where members of the LGBTQ+ community live in the U.S. and whether they are directly affected by anti-LGBTQ+ legislation, they are living and working under “mega-threat” conditions, defined by Leigh and Melwani (2019) as “negative, large-scale, diversity-related episodes that receive significant media attention” (p. 565). In the aftermath of a mega-threat, members of the targeted group (in this case, LGBTQ+ individuals) can experience what Leigh and Melwani (2022) term “*embodied threat*”—concerns that they may be personally subjected to harm on account of their identity.

The implications of these mega-threat events are far-reaching, impacting individual LGBTQ+ people both mentally and physically, as well as their occupational performance. That is, even when members of the targeted group are not directly discriminated against, mega-threats can negatively impact their health and well-being (Bor et al., 2018; Curtis et al., 2021). The negative mental health-related effects of anti-LGBTQ+ legislation (both recent and historical) is well-documented. They include increased anxiety, depression, suicidality, and other psychological distress (Greene-Rooks et al., 2021; Raifman et al., 2018); generalized anxiety disorder and post-traumatic stress disorder (Hatzenbuehler et al., 2009); illicit substance use (Hatzenbuehler et al., 2015); alcohol and tobacco use (Pachankis et al., 2014); and reduced awareness of and engagement in HIV prevention (Oldenburg et al., 2015). The precursor to these and other mental health-related effects impacting targets of discrimination is stress, and specifically, minority stress (i.e., stress stemming from unique and hostile stressors faced by minorities see previous section; as well as, Carter, 2007; Harrell, 2000; Meyer, 1995; Meyer, 2003; Szymanski & Sung, 2010).

In addition to these mental health-related effects, however, findings within the field of health psychology suggest that the health consequences of anti-LGBTQ+ legislation extend to what are often considered to be more purely physical or biological outcomes, as well. That is, an abundance of health psychology research has shown that both acute and chronic stress can cause bodily inflammation (for reviews, see Segerstrom & Miller, 2004; Steptoe et al., 2007). Biophysically, stress leads to an increase in the production of pro-inflammatory cytokines, particularly interleukin-6 (IL-6) and tumour-necrosis factor (TNF; Glaser & Kiecolt-Glaser, 2005). These cytokines dysregulate the immune system and have been linked to numerous medical conditions and diseases that, together, comprise the leading causes of disability and mortality globally (Furman et al., 2019). These include cardiovascular disease, cancer, Type 2 diabetes mellitus, chronic kidney disease, non-alcoholic fatty liver disease, autoimmune and neurodegenerative disorders, inflammatory bowel disease, rheumatoid arthritis, and osteoporosis (Furman et al., 2019; Harris et al., 1999; Polinski et al., 2020; Sun et al., 2019).

So, what can be done to potentially prevent and address the stress induced by these anti-LGBTQ+ mega-threats, as well as its downstream consequences for individuals, organizations, and society? One avenue is increased empirical research on LGBTQ+ individuals in particular. For instance, from sociological and psychological perspectives, researchers might explore: what exactly are the most pressing stress-related exposures that LGBTQ+ individuals face (e.g., violence, childhood trauma, marginalization, discrimination, rejection, reduced social support, loneliness, bullying/harassment)? And in what contexts do LGBTQ+ individuals experience these stress-related exposures (e.g., healthcare, educational, occupational, personal)? From a health science perspective, researchers might identify the specific pathways through which stress leads to the health issues previously mentioned, as well as what can be done to bolster the immune systems of LGBTQ+ individuals to reduce or even counteract the negative effects of stress on health.

There are actions that DEI practitioners can take to remain steadfast in the face of this hostility, as well. Practitioners should draw upon empirical data, collaborate with the academy to best understand the directions of research on organizational

change, and stay prepared to address continued mega-threats. Further, DEI practitioners and scientists alike should engage in translational research to ensure that the knowledge and observations gained in laboratory, clinical, and community settings ultimately produces meaningful applications. In doing so, given the capitalist system by which society functions, it is critical to communicate and emphasize the capitalist case for ending anti-LGBTQ+ legislation to reduce the stress induced by these mega-threats. That is, the cost of these laws and their ramifications to health, health care, and productivity are startling. For example, one study estimated that the annual cost of stress-related illness and injury for the U.S. is more than \$300 billion, including costs related to stress-related accidents, absenteeism, employee turnover, diminished productivity, and direct medical, legal, and insurance costs (American Institute of Stress, 2022; American Psychological Association, 2017).

Lastly, something that *everyone*—researchers, practitioners, laypeople—can do to combat the strategic and sustained campaign against LGBTQ+ individuals is to organize against it. This can be done in numerous ways, such as making charitable donations to non-profit organizations working to influence policy, calling and writing letters to local and federal politicians, engaging in non-violent protests and demonstrations, canvassing to educate community members and help register voters, and generating major media awareness around these attacks. It is perhaps more imperative now than ever before that we come together as a community to ensure that all people—no matter their sexual orientation or gender identity—maintain our constitutional rights to “Life, Liberty, and the Pursuit of Happiness.”

How Work-Related Health Challenges and Outcomes Differ Within the LGBTQ+ Community

Christine L. Nittrouer

Health disparities, including poor mental health, psychological distress, suicidal ideation, and mental health disorders, such as depression and anxiety, are on the rise in the LGBTQ+ population as compared to the heterosexual and gender binary population (see Fredriksen-Goldsen et al., 2014; Liu & Reczek, 2021). Many of these disparities are influenced by a lack of protective laws for LGBTQ+ people, with its members experiencing on average worse health insurance coverage, less timely medical care, and less likely receipt of needed prescription medicine (Krehely, 2009). Without laws that afford them equitable access to health insurance and medical care, the LGBTQ+ population will continue to experience marginalization, such as worsening mental health (see Vu et al., 2022) and physical health impacts (see Mustanski & Macapagal, 2023). Research demonstrates that work-related stressors often spillover into negative health outcomes (see Holman et al., 2019; Santos & Reyes, 2023). Although there are some commonalities in the work-related health challenges that the LGBTQ+ population faces, it is important to also consider each subgroup separately. In identifying the unique stereotypes that confront each sub-identity, we can isolate those specific factors that might uniquely improve their work-related health.

Lesbian Employees

Lesbians are stereotyped as highly competent and able, typically outearning the average heterosexual woman, and do not appear to incur the gender stereotypes or motherhood penalty that heterosexual women and mothers experience (Peplau & Fingerhut, 2004). Lesbians are also stereotyped as being more masculine, independent, competitive, assertive, and self-confident than heterosexual women (Einarsdóttir, et al., 2015; Peplau & Fingerhut, 2004). Research suggests that, likely due to these stereotypes, lesbian (versus heterosexual) mothers report increased job role autonomy, and having more managerial support, which results in less work family interference (Tuten & August, 2006). However, research also suggests that lesbian women feel less personally safe, which informs their disclosure decisions, and is driven by pockets of hostility at work (Colgan et al., 2008). Driscoll et al. (1996) found evidence that when lesbian employees were in longer partnered relationships, they were more likely to disclose, and this mitigated negative occupational health outcomes related to work stress and coping (e.g., dreading attending work). Thus, it is important to recognize that while lesbian women may experience positive treatment in certain contexts, they still are penalized for having a minoritized sexual orientation—and are left unprotected in the absence of anti-discrimination legislation and policies.

Gay Employees

Gay men, relative to heterosexual men, are stereotyped as being more effeminate, and similar to heterosexual women, are viewed as more fit for communal and feminine-typed jobs (Rule et al., 2016). Research reports that gay men are particularly likely to experience minoritized stress (i.e., that living in a heterosexist society imparts particular and chronic stress on them related to their stigmatized identity which they endure daily (McConnell et al., 2018; Meyer, 1995)). Gay men who experience minoritized stress are more likely to also experience a two to three times increase in psychological distress (Meyer, 1995); and gay men who conceal their social identity are at significantly greater risk for physical health impairments (e.g., cancer and infectious diseases, such as pneumonia, bronchitis, sinusitis, and tuberculosis; Cole et al., 1995; Hart et al., 2011). In a study by Villicana et al. (2016) they found differing health implications for gay men by ethnicity; such that, when gay White men disclosed their sexual orientation this was better for their subjective well being or life satisfaction, due to their being able to be more themselves and having tighter relationships with friends and family (but this was not the case for gay Black men). Thus, gender stereotypes and deviations have different implications for gay men, and those from different ethnicities, as compared to lesbian women, and thus their nuanced differences in health outcomes.

Bisexual Employees

Research suggests that bisexual people experience a penalty for both violating heterosexist norms while also not clearly fitting into an easily definable, gender congruent

box (Arena & Jones, 2017; Corrington et al., 2019). Bisexual people are stereotyped as being hard to trust, ingenuine, and indecisive (see Corrington et al., 2019). Mendoza-Perez and Ortiz-Hernandez (2021) found that when bisexual men reported experiencing sexual orientation-based discrimination and violence (SO-DV) more frequently than gay men, there was a stronger association with worsening mental health outcomes. Further, in terms of experiencing subtle SO-DV, this was related to more distress, decreased vitality, and greater risk of suicidal ideation (Mendoza-Perez & Ortiz-Hernandez, 2021). Corrington et al. (2019) complementarily found, in their sample, that male employees who self-identified as bisexual reported experiencing significantly more discrimination in the workplace and increased minority stress, as well as worse substance abuse and psychological distress, than bisexual women. Arena and Jones (2017) also found that employees who identify as bisexual tend to self-disclose their gender identity significantly less frequently than gay and lesbian employees. This again speaks to the penalty incurred by being perceived to dramatically violate gender-congruent norms; bisexual individuals are subject to the penalty of double jeopardy, or multiple gender norm violations, and subsequently worse treatment. Because bisexual individuals are particularly subjugated, the absence of anti-discrimination legislation is especially concerning regarding their health and wellness.

Transgender Employees

Because people who are transgender may have more visible divergence from gender conforming norms than some other subgroups, particularly considering the transitioning process and the time this takes, when their identity is known, these individuals face stereotypes directly related to their perceived departure from gender norms (Sawyer et al., 2016). Unfortunately, the stigma against individuals who are transgender is often expressed aggressively and with hostility because of the on average more visible nature of their transitional gender identity. In a study conducted by Martinez et al. (2016) the authors found that people who identify as transgender reported that the transitioning process was vitally important to their professional (and personal) outcomes in terms of authenticity. Across three studies, Martinez et al. (2016) found that participants reported that it was crucial that they have gender congruence—or fit between one's inner feelings related to their gender and their outer expression. These feelings of fit were related to increased job satisfaction. In a chapter by Beauregard et al. (2021) the authors similarly discuss how individuals who are transgender are often the most “violently, physically, and psychologically targeted” in the workplace (p. 180). The resulting negative mental and physical health outcomes abound, including increased depression, anxiety, substance abuse, self-injury, and infection (see Beauregard et al., 2021). Because transgender people have an identity that can often be observed, even if not necessarily disclosed or fully known, their perceived gender incongruence can be great, making this hostility more normative (Worthen & Herbolsheimer, 2021). Often due to the threat of this hostility, some transgender people work hard to mask their gender identity or may not identify with it that strongly at all. Thus, anti-discrimination laws that protect

transgender people are critical to mitigating their experiences of overt (as well as subtle) discrimination.

Employees Who Are Questioning

People who are questioning resist others' attempt to classify them into a dominant identity. Importantly, from a questioning perspective, gender and sexuality are not static but rather dynamic, and thus questioning people are constantly in a stage of "becoming" who they are (Burchiellaro, 2021). There is an assumption of abnormality around people who are questioning or with identities that are not understood by majority members; and, there is a lack of research on these specific identities, likely due to their fluid nature (Nadal et al., 2016). Due to small sample size across multiple studies, although questioning participants are reported, specific findings related to their experiences are not broken out in the results, analyses, or findings (Eliason et al., 2011; Kelleher, 2009; Owens et al., 2022).

+ *Employees*

There are several other sets of individuals who fall into additional groups worth consideration. One is that of *intersex* individuals. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response, and/or secondary sex traits (Human Rights Campaign, 2023, p.1). These individuals have often felt unsafe and historically have had people overly focused on curing them, under the justification that this would prevent gender identity confusion or protect them from stigma (Cramer et al., 2015). These individuals are often subjugated due to their identity and have their decisions controlled by others. This is another identity on which there is limited research. One research article (Pratt-Chapman et al., 2022) discusses that people who are intersex do not necessarily identify with the LGBTQ+ community, but there is limited present research on this identity.

A second set of + individuals to consider is that of *asexual* employees. Asexuality exists on a spectrum, and there is a stereotype about people that as they age, they growingly become more or completely asexual. Because sex remains a taboo topic in many contexts, this stereotype persists in the absence of contradictory information (Vu et al., 2022). Anti-asexual bias (or bias against people who are asexual) has been documented as higher among men and positively correlated with subscribing to traditional gender norms and sexism. However, education, awareness, and inter-group contact has been shown to decrease this bias (Hoffarth et al., 2016). Using a 2014/2015 national sample from New Zealand, researchers did not find evidence of negative mental and physical health effects for individuals who self-identified as asexual as compared to heterosexual people (Greaves et al., 2017). Thus, it is possible to conclude that asexual individuals do not fit into traditional conceptualizations of minoritized sexual orientations, and thus, their health outcomes may vary substantively from other subgroups.

In sum, across subgroups, a variety of penalties are enacted when observers surmise that LGBTQ+ individuals violate observers' gender-related stereotypes. And,

the steeper the perceived violation, the greater the penalties—which manifest in various negative mental and physical health outcomes. Thus, anti-discrimination legislation is impactful and protective for each subgroup, but in mitigating different negative health outcomes.

Health Challenges that Gender Nonbinary/Nonconforming Employees Now Face

Larry R. Martinez

Social norms related to gender are pervasive. There are generally clear and ubiquitous expectations about how women and men are expected to talk, walk, dress, interact with others, and a host of other common behaviors, which are socialized at extremely young ages (Leaper & Friedman, 2007) and vary across time and different cultures. It is important to distinguish gender, which refers to the socially constructed expectations for women and men, from sex, which refers to one's identity in the context of biological markers of what is considered to be female or male. Although many essentialist narratives argue that biological markers are infallible indicators of gender, there are many instances in which biological markers develop or function in ways that do not support a clear demarcation between female and male.

Employees who identify as nonbinary may represent a variety of experiences along the gender spectrum. Transgender, an umbrella term for any person whose gender identity, gender expression or behavior does not conform to that typically associated with the sex to which they were assigned at birth, inherently involves a violation of traditional gender norms. Nonbinary employees typically reject a binary conceptualization of gender and construct or adopt identities that exist between traditional conceptualizations of “woman” and “man” or outside of the concept of a binary view of gender altogether. This may include gender expressions that are combinations of traditionally feminine and masculine traits and/or expressions that are decidedly neither feminine nor masculine. Nonbinary individuals may adopt terms such as “nonbinary,” “agender,” “genderqueer,” “two-spirit,” or others to describe themselves. Nonbinary gender identities can also be dynamic and people may adjust their identities and expressions of gender gradually over time or oscillate between traditionally feminine and masculine norms relatively quickly (Conlin et al., 2019; Galupo et al., 2017). In short, nonbinary gender identities question socially accepted assumptions about the importance of gender in society and at work and undermine rigid binary gender-based proscriptions.

People who are nonbinary report more negative interpersonal and health-related experiences than their binary transgender or cisgender counterparts (Budge et al., 2014; Burgwal et al., 2019; Harrison et al., 2012; James et al., 2016; Lefevor et al., 2019; Miller & Grollman, 2015). Nonbinary individuals who express their identities openly are more likely to report discrimination from others, but those who attempt to blend into a binary conceptualization of gender are more likely to report internal distress (Flynn & Smith, 2021). Some of the concerns reported by nonbinary employees include being assumed to have a binary identity (Dullum, 2022;

Matsuno et al., 2022; Osborn, 2022; Schulz, 2012) and being misgendered initially (Nadal et al., 2016) and/or chronically, even after asserting one's correct identity (Testa et al., 2015). Experimental work revealed that hypothetical nonbinary coworkers who were assigned male at birth were rated lower in likeability than their transgender or cisgender counterparts who were similarly assigned male at birth (i.e., transgender women and cisgender men). Furthermore, these lower ratings in likeability further predicted (i.e., mediated) lower ratings of performance compared to these groups (Dray et al., 2020).

These negative work experiences have been linked to negative health outcomes. For instance, nonbinary employees often report that correcting coworkers when they are misgendered and educating coworkers about nonbinary issues and identities is a particular form of emotional labor and has been linked to burnout (Barbee & Schrock, 2019; Dullum, 2022; Matsuno et al., 2022; Smith et al., 2023). Although there is a paucity of research linking workplace experiences among nonbinary employees and health-related outcomes, qualitative and theoretical work aligns with gender minority stress theory (Testa et al., 2015), which links discrimination based on gender identity with life stress, depression, and social anxiety. Much more research that links these experiences with health implications is sorely needed.

The ubiquitousness of the gender binary poses several challenges for organizational scientists, organizational leaders, and health professionals alike. All of these stakeholders should not assume gender binaries in their work (e.g., in demographic questionnaires, employee records, or health records). In addition, these stakeholders should recognize that the experiences of nonbinary people are distinct from those of binary transgender employees, sexual orientation minorities, and other groups. Other policies related to gender identity should be scrutinized as well, including the use of gendered pronouns, gendered restroom facilities, or requiring medical documentation for changing employee records. Health professionals can work toward adopting more of a collaborative care model, in which physical and psychological risk factors are assessed in conjunction. This would allow for an appreciation of the stressors associated with experiencing discrimination—which will be more likely following the recent SCOTUS ruling—to be considered in managing nonbinary employees' healthcare needs. Organizational leaders can enforce policies that protect from subtle and formal discrimination, have ombuds or similar positions with power to advocate on behalf of marginalized employees, and foster and maintain workplaces in which employees are open to learning and being held accountable for respecting one another (Dullum, 2022; Fey, 2022; McCarthy et al., 2022).

Relationships Should be Protected: How Sexuality Blindness Impacts Well-Being

Oscar Holmes IV

Undeniably, the past two decades have seen dramatic new pro-LGBTQ+ legislation with 34 countries now permitting same-sex marriages (Pew Research Center, 2023). Despite these legal gains, there is still a great deal of resistance towards

LGBTQ+ people, particularly partnered LGBTQ+ people (Holmes, 2019, 2020b; Roberson et al., 2023). In fact, two recent SCOTUS decisions (303 Creative LLC v. Elenis; Masterpiece Cakeshop v. Colorado Civil Rights Commission) highlighted that even in countries that have enacted pro-LGBTQ+ legislation like marriage equality, anti-LGBTQ+ rulings and legislation can still occur and erode the rights and adversely impact the well-being of LGBTQ+ people. Importantly, sexuality blindness, and not simply homophobia or heterosexism, seems to be the distinguishing factor at the heart of these recent SCOTUS rulings.

Sexuality blindness is defined as an ideology that can lead people to devalue or be biased against LGBTQ+ romantic relationships, render those relationships invisible, prefer LGBTQ+ couples mute or to keep their relationships private, or prefer LGBTQ+ couples refrain from demonstrating public displays of affection (Holmes, 2020b). Toward this end, sexuality blindness explains why some people can support some legislation barring employment discrimination against LGBTQ+ individuals, yet still support other legislation barring same-sex marriage. In 303 Creative LLC v. Elenis, website designer, Lorie Smith, preemptively sued the state of Colorado so that she would not have to make wedding websites for potential clients who are LGBTQ+ couples. In Masterpiece Cakeshop v. Colorado Civil Rights Commission, baker Jack Phillips, won the right to refuse to make wedding cakes for LGBTQ+ couples. In both of these cases, these business owners' objections were to providing their services to LGBTQ+ couples who were celebrating their romantic relationships. This is not simply objecting to LGBTQ+ individuals. It is possible, and perhaps likely, that both business owners have provided services to LGBTQ+ individuals in the past without incident. If an LGBTQ+ individual wanted Smith to make a business (rather than wedding) website and Phillips to make a birthday (rather than wedding) cake, both SCOTUS rulings are narrow in that it would still be illegal for these business owners to discriminate against these LGBTQ+ individuals for these particular services. In this commentary, I will focus on how these SCOTUS rulings, via sexuality blindness, have the potential to negatively impact LGBTQ+ couples' physical, psychosocial, and professional well-being (Holmes, 2020b). Romantic relationships, broadly defined, are at the core of sexuality blindness. Since extant research on sexuality blindness is limited, I will review research on romantic relationships and well-being and use that research to make inferences about sexuality blindness and well-being.

Romantic partners play a significant role in each other's identity development and life outcomes (Agnew et al., 1998; Drigotas et al., 1999; Petriglieri & Obodaru, 2019). Research has found that people in healthy romantic relationships experience a host of positive well-being outcomes over their single counterparts such as fewer illness rates, faster health recovery rates, better mental health, and greater life satisfaction (Hook et al., 2003). Likewise, couples tend to have greater financial well-being than their single counterparts (Korenman & Neumark, 1992), with dual-career couples also being more egalitarian in their relationships compared to their single- and dual-earner counterparts (Biernat & Wortman, 1991). Additionally, research has found that couples can positively influence each other's work engagement (Bakker & Demerouti, 2009) with this positive spillover not only improving their workplace performance, but also improving their home lives (Peeters et al., 2009). Interestingly,

Lu and colleagues (Lu et al., 2017) found that people in intercultural romantic relationships had increased creativity, workplace innovation, and entrepreneurship participation rates as these relationships provided them with significant cultural learning that they were able to exploit in their work-life domain. Other research has found that couples with conscientious spouses have greater job satisfaction, income, and promotion opportunities as conscientious spouses are active in eliminating career stallers while also proactive in creating career investment opportunities for their spouses (Solomon & Jackson, 2014). In general, couples enjoy more positive outcomes than their single counterparts because couples can mutually invest tangible and intangible resources in each other such as psychosocial, emotional, physical, and financial support that may be elusive to single people, particularly at critical life and career moments (Dutton & Heaphy, 2003; Holmes, 2020b; Miller & Stiver, 1997; Petriglieri & Obodaru, 2019).

Despite the positive well-being outcomes that LGBTQ+ couples typically experience (e.g., more household income, autonomy, power equality), sexuality blindness bias, as indicative in the recent SCOTUS rulings, presents credible threats to LGBTQ+ couples' well-being. For example, LGBTQ+ couples experiencing legally sanctioned discrimination when they seek professional services to celebrate their relationship can suffer enormous psychological, emotional, and physical tolls on their well-being. Indeed, a large body of research finds that discrimination can have nefarious effects on one's health such as stress-related mental and physical health outcomes like increased risk of hypertension, gastrointestinal issues, generalized anxiety, and lower life expectancy and life satisfaction (Branscombe et al., 1999; Holmes, 2020a; Kessler et al., 1999; Williams et al., 2019). Moreover, research suggests that LGBTQ+ couples receive less familial support of their relationship than their heterosexual counterparts (Kurdek, 2004). As a result, LGBTQ+ couples may experience more relationship stressors that reduce the quality and tenure of their relationships, which may further negatively impact their well-being. With respect to work and professional services, real estate transactions is a high-risk area in which people might apply these SCOTUS rulings to discriminate against LGBTQ+ couples. The rulings suggest that sellers and agents who enact sexuality blindness bias may now have some legal defense of this discrimination if they maintain their religious beliefs prohibit them from accepting LGBTQ+ romantic relationships. Such market limitations might also imbue greater financial, search, and time commitment costs for LGBTQ+ couples. Finally, for LGBTQ+ couples who are or want to become parents, sexuality blindness can cause them to face a host of well-being challenges from healthcare, educational, and childcare options to relationship/acceptance issues from other parents and peers of their children.

Considering the benefits of high-quality romantic relationships (Black et al., 2007; Kurdek, 2004; Solomon et al., 2005) and the threats that sexuality blindness poses to these benefits, if governments want to protect the health and well-being of LGBTQ+ couples, they must ban sexuality blindness discrimination. In light of the SCOTUS rulings, this would require passing new legislation prohibiting all forms of discrimination against LGBTQ+ people's romantic relationships (i.e., sexuality blindness) or newer SCOTUS rulings that overturn the current rulings. Organizations that want to protect the health and well-being of LGBTQ+ couples should add

specific non-discrimination policies, organizational practices, and initiatives that prohibit sexuality blindness and promote a culture that normalizes LGBTQ+ couples' romantic relationships and their familial structures. Additionally, specific benefits (e.g., legal assistance, individual and couples therapy, financial assistance with family planning and identity-affirming care, etc.) can be provided to help LGBTQ+ couples navigate some of the relationship challenges they may face due to sexuality blindness.

Taken together, the SCOTUS rulings provide poignant examples of how sexuality blindness uniquely differs from homophobia and heterosexism and can be enacted to support discrimination in ways that negatively impact the well-being of LGBTQ+ couples. Future research should be conducted to quantify this impact. For instance, scholars can conduct qualitative and quantitative research to document how LGBTQ+ couples' work lives have been impacted by the SCOTUS rulings and to better understand the nuanced discriminatory experiences LGBTQ+ couples face and the identity-management strategies they use to protect their well-being at work and outside of work. Specifically in careers in which romantic partners are more visible (e.g., media or leadership roles), work alongside their partner (e.g., the couple work for the same employer), or are expected to actively assist their partner (e.g., a partner attending a fundraising event or taking fundraising meetings on behalf of their politician or higher education spouse), the SCOTUS ruling potentially reopens a legal avenue to discriminate against LGBTQ+ couples that is troubling from an equity and well-being perspective.

Balancing Religious Covenants with LGBTQ+ Rights and Wellbeing

Eddy S. Ng

The tension between religious freedom and LGBTQ+ rights are not confined to the US. Canada, often viewed as welcoming and a safe haven for many LGBTQ+ refugees, recently saw the competing rights between religious freedom and LGBTQ+ equality contested at the Supreme Court of Canada (in *Law Society of British Columbia v. Trinity Western University*, 2018 SCC 32, [2018] 2 S.C.R. 293).

Trinity Western University (TWU), a small private evangelical Christian university in British Columbia, had in 2012, proposed to establish a new law school. At issue is TWU's "community covenant" which prohibits students from having sex outside of heterosexual marriage and defines marriage as between a man and a woman. The covenant specifically bans homosexual activities or sexual intimacy that violates the sacredness of marriage between a man and a woman (note: Brigham Young University has a similar honor code banning same sex romantic behaviors, BYU Honor Code Office, 2020).

Several provincial law societies (in British Columbia, Ontario, and Nova Scotia) refused to accredit the proposed law school on the grounds that the community covenant is discriminatory and would restrict access to legal education for LGBTQ+ students. Separate cases eventually wound up at the Supreme Court of Canada (SCC), which ruled (7–2) in support of law societies not accrediting TWU's law school.

An exclusionary law school would hurt public interest and the legal profession and restrict access to justice (Woolley & Salyzyn, 2019). Moral and legal arguments aside, anti-LGBTQ+ policies such as a community covenant can bring significant injury and harm to LGBTQ+ students who may choose to or are already in attendance at [religious] schools (Steck & Perry, 2018). In deciding the *LSBC v. TWU* case, the SCC focused on the impact of TWU's covenant in balancing religious freedom against the injury to [the equality rights of] others.

Faith and religious beliefs do not always have to be at odds with sexual orientations and gender expressions (Levy & Lo, 2013). Some LGBTQ+ students choose to attend religious colleges and universities to reaffirm their faith or to receive a Christian education (Ansari, 2018). Others may not even discover their sexual identities until college. If the law school had been established, some students may have been forced to sign the covenant in order to gain entry into TWU's law school. LGBTQ+ students would have to either "live a lie to obtain a law degree" and sacrifice important and deeply personal aspects of their lives or face the prospect of disciplinary action including expulsion. This unhealthy condition of enrollment may force LGBTQ+ students "back into the closet" as they fear being discovered or outed. Research has demonstrated that the constant need to monitor or suppress one's sexual orientation and gender identity can lead to anxiety, hyper-vigilance, self-censorship, and internalized homophobia (Meyer, 2003). The fear of being ostracized, shunned, and excluded is also amplified within a [Christian] context as LGBTQ+ students face a greater prospect of losing family and friends (cf. Cameron, 2017).

Religious covenants which assert that LGBTQ+ lifestyles are not accepted single out LGBTQ+ people as less worthy of respect and dignity than heterosexual people. These covenants, which consider homosexuality as a mental illness and morally sinful, reinforce negative stereotypes against LGBTQ+ individuals, and can induce individuals to develop an internalized sense of homophobia, feeling of shame and guilt (Hawkins, 2019; Kayal, 1992). LGBTQ+ individuals also experience long-term consequences such as lower self-esteem and spiritual loss (Super & Jacobson, 2011). Indeed, LGBTQ+ students in Christian colleges who experience dissonance in reconciling their faith with their sexualities, had feelings of worthlessness, suicidal thoughts, and reported incidents of self-harm (Craig et al., 2017). The self-hate emanating from internalized homophobia can also drive LGBTQ+ individuals to engage in hostile acts such as denigrating or hurling insults at other LGBTQ+ individuals (Thomas et al., 2014).

The presence of TWU's community covenant also means an absence of safe spaces for the LGBTQ+ community. For example, the university closed its theater department because it is seen as a safe space for LGBTQ+ students (cf. Sawatzky, 2023). This also leaves them isolated and without any support. Further, LGBTQ+ students are frightened of being discovered by university administration as they can be sanctioned or expelled for violating the covenant. This has spawned an unintended and dire consequence where the LGBTQ+ community are reluctant to report same-sex sexual violence and importantly, to receive support as sexual assault victims (Shipley, 2020). The psychological aftermath of sexual assault could create a lifetime deleterious effect, including post-traumatic stress disorder (PTSD) and impairing psychological

functioning and mental health (Hackman et al., 2022). The covenant essentially provides a cover (though a code of silence) that enables a culture of sexual assault and rape on campus to fester. The fear of reprisal for violating the student honor code has similarly prevented sexual assault victims from coming forward at Brigham Young University (Simms, 2018).

The covenant culture also contributes to indirectly hurting LGBTQ+ community. TWU members are actively encouraged to “help others to live by the community covenant.” Heterosexual community members often counsel and push LGBTQ+ students to seek out conversion therapy believing it can change their sexual orientation (Cameron, 2017; cf. Sawatzky, 2023). It bears noting that conversion therapy has since been discredited by reputable professional bodies, including the American Medical Association, American Psychological Association, and American Counseling Association (NBC News, 2019), and banned in Canada and many other jurisdictions (Hauser, 2022). LGBTQ+ individuals who underwent conversion therapy were almost twice as likely to have suicidal thoughts or attempted suicide (Blosnich et al., 2020). Meanwhile, ally members of the community are unable to speak up in support of or defend LGBTQ+ individuals as they fear repercussions from TWU administration, including losing their jobs. Indeed, the dean of education at TWU was told to resign (and subsequently not renewed) after being perceived by administration as an ally and accused of misrepresenting TWU’s position against same-sex marriage (Sawatzky, 2022).

As a result of the Supreme Court of Canada decision, TWU has since amended its community covenant policy making it optional for students (Ball, 2018). However, this change in requirement does not change the covenant culture on campus. It continues to promote a climate of fear and indirectly encourages bullying and discrimination against LGBTQ+ individuals. From a legal perspective, TWU’s covenant constitutes adverse impact discrimination and students must choose between equal treatment or less access to law school and a legal career. The Court adds that “limiting access to membership in the legal profession on the basis of personal characteristics, unrelated to merit, is inherently inimical to the integrity of the legal profession” (in *Law Society of British Columbia v. Trinity Western University*, 2018 SCC 32, [2018] 2 S.C.R. 293). The overriding public interest in the administration of justice, and the protection of equality and human rights are best served by diversity within the legal profession in Canada and throughout the world. If the Supreme Court in Canada had sided with TWU, the case would cause significant harm to the health and well-being of LGBTQ+ individuals. It also sends a signal that religious groups (and employers) can impose their beliefs and actively discriminate against LGBTQ+ community and individuals would have no choice if they wish to study or work with organizations that do not respect their rights. Other anti-LGBTQ+ measures might also follow.

The Harm of Gender Affirming Care Bans for Health Care Providers

Lindsay Dhanani

Since 2020, we have seen an unprecedented increase in legislation aiming to restrict the rights of LGBTQ+ Americans. Among the rights most often targeted

is access to gender-affirming care (GAC), or medical care that helps align one's body with their gender identity (e.g., hormone therapy, gender affirming surgery; Tordoff et al., 2022). As of August, there have been 142 bills introduced in 2023 across 37 U.S. states that would specifically restrict access to GAC for minors and/or adults (Funakoshi & Raychaudhuri, 2023). Though these bills undoubtedly harm transgender and gender expansive youth and young adults (Dhanani & Totton, 2023; Tordoff et al., 2022), they also infringe on the autonomy, and impact the experiences, of health care professionals (HCPs) in ways that are important for the field of occupational health psychology to consider. Critically, these bans are also occurring on the heels of restrictions in providing abortion care, representing a broader shift toward regulating and even criminalizing what has long been considered standard medical practice. Thus, scholars should consider how the impacts of these changes might be felt in tandem given that abortion restrictions and GAC bans tend to co-occur geographically (Choi & Mullery, 2023).

One important harm that providers have experienced is an increase in harassment, threats, and violence. The recently proposed legislation and surrounding conversations have inflamed the public, leading to a sharp uptick in online harassment targeting HCPs who provide GAC (Carlisle, 2022), a series of bomb threats levied against children's hospitals (Moghe, 2022), and even threats of physical violence against providers (Helsel, 2022). A recent survey of providers who specialize in GAC highlighted just how pernicious these threats are (Hughes et al., 2023). Of the 117 HCPs surveyed, 71% reported that they or their workplace have received threats for providing GAC, with some describing receiving hundreds of threatening emails in recent months and others reporting death threats. These experiences elicited a host of consequences, such as feelings of being unsafe or anticipating violence at work, emotional exhaustion, increased workload, and a reconsideration of providing this type of care to patients. The consequences of these experiences are unlikely to end there as workplace mistreatment is also associated with performance decrements, increased mental and physical health symptoms, and lowered job attitudes (e.g., Han et al., 2022).

Another significant challenge arising from recent legislation is that HCP well-being may suffer due to the changing legal landscape. The new legal restrictions stand in stark contrast to care guidelines for patients experiencing gender dysphoria and would require HCPs to forego evidence-based care to comply with new laws (Gordon, 2022; Turban et al., 2021). HCPs may resultantly feel pulled in different directions by their professional code of ethics or their own moral beliefs, on the one hand, and the law, on the other. These are ripe conditions for experiencing moral distress, or the disequilibrium felt when providers cannot provide the care they view as most in line with their values due to institutional obstacles (Jameton, 1984). The health impacts of moral distress are well documented (Cartolovni et al., 2021) and may be particularly relevant to monitor in the wake of bans on GAC.

Further eroding the well-being of HCPs, a recent survey of GAC specialists found that they not only reported emotional distress due to their personal experiences of harassment and forced changes in practice, but also experienced vicarious stress because of the anticipated impact the new laws will have on their patients

(Hughes et al., 2021). HCPs fear that their inability to provide care will amplify mental health risks for their patients, including elevating risks of suicidality, and empirical evidence unfortunately confirms these concerns (e.g., Tordoff et al., 2022). Potentially having to witness the decline of their patients' well-being puts providers at an acute risk for compassion fatigue (i.e., distress arising from witnessing the suffering of patients; Boscarino et al., 2004) and burnout (Kendall-Tackett & Beck, 2022; Zhou et al., 2020). Given the already high rates of burnout among providers, this is cause for particular concern for occupational health psychologists and medical organizations.

Finally, since the onset of the COVID-19 pandemic, there have been widespread labor shortages in the medical field and bans on GAC stand to amplify these issues as HCPs increasingly exit the field. Indeed, moral distress, secondary trauma, and burnout are all linked to increased occupational turnover intentions (Bride & Kintzle, 2011; Laschinger & Fida, 2013; Sert-Ozen & Kalaycioglu, 2023). Moreover, even if providers do not exit their occupations, they may choose to leave states that have enacted GAC bans or discontinue providing GAC (Hughes et al., 2021, 2023), both of which can create important gaps in coverage for patients and increase the workload for HCPs who remain.

In sum, the litany of legislation seeking to restrict access to GAC stands to harm not only patients but also the HCPs who are now being forced to abstain from providing needed and guideline-driven care to their transgender and gender expansive patients. These bills put HCPs at an increased risk of experiencing harassment and violence; create or heighten threats to their well-being; and may exacerbate existing care shortages. Scholars and practitioners can draw on the extensive literature in the occupational health sciences that identifies the downstream consequences of these stressors to anticipate the impact of the growing animus toward GAC and the HCPs who provide it, and mobilize the appropriate resources to help buffer anticipated harms. Occupational health psychologists should also undertake research that illuminates these and other threats facing HCPs to better equip policymakers with evidence of the full range of detrimental effects resulting from GAC bans.

How LGBTQ+ Employees Can Safeguard Their Health Amidst Anti-LGBTQ+ Legislation

Isaac Sabat

The twenty-first century saw a wave of progress towards LGBTQ+ equality. Several laws were passed to protect LGBTQ+ individuals and employees, as knowledge about and attitudes toward LGBTQ+ issues improved across society. However, partially in response to this rapid progress, the last few years have seen a sharp and sudden regression in which these pro-LGBTQ+ laws have been questioned, and in many cases dismantled, severely harming the mental and physical health of LGBTQ+ employees (Cahill, 2020). There are several strategies that organizational leaders and non-stigmatized allies should engage in to counteract these measures, as articulated by Madera and Maneethai and Sawyer and Thoroughgood within this

anthology. However, given the current absence of external support and protection for this group, there are various intrapersonal, interpersonal, and organizational strategies that LGBTQ+ employees can adopt to empower themselves and safeguard their own well-being.

Intrapersonal Strategies

There are various intrapersonal or internal strategies that LGBTQ+ individuals can engage in to buffer the negative health implications associated with these laws. Given the psychological harm caused by these forms of anti-LGBTQ+ legislation highlighted above, it is important for LGBTQ+ individuals to consider seeking mental health services such as counseling, therapy, and/or support groups that specialize in LGBTQ+ issues. This can provide LGBTQ+ employees with safe spaces to process their feelings and to develop coping strategies. Relatedly, LGBTQ+ employees should consider developing and cultivating resilience skills during this time. Specifically, strategies such as mindfulness, meditation, and other stress management techniques can help individuals navigate the challenges posed by these forms of legislative discrimination (Chan & Leung, 2021). Checking in with one's mental health and engaging in these self-care practices can help to mitigate the negative effects of these discriminatory laws on LGBTQ+ employee well-being. Moreover, it is important that LGBTQ+ employees stay informed and educated about their rights, and up-to-date on proposed and passed changes to LGBTQ+ employment law. Understanding organizational, regional, and national policies related to LGBTQ+ workplace protections is crucial to being able to quickly take action if one's own rights or others' rights are violated. Relatedly, learning about the different resources and forms of support within and outside of one's organization can also be beneficial for protecting one's self and others.

Interpersonal Strategies

Regarding interpersonal strategies, it is critically important for LGBTQ+ employees to build strong support systems and networks during these difficult times. This can include finding other LGBTQ+ members and like-minded allies throughout the organization through ERGs and other organizational networks, or through regional networks and groups outside of the organization for those who do not feel safe or comfortable being fully open about their identities at work. Building and/or participating in these various groups can help to strengthen one's advocacy and social support systems, thereby improving one's own well-being (Perales, 2022).

One of the ways that individuals can find these LGBTQ+ members and allies is through increasing their LGBTQ+ expression behaviors. Indeed, engaging in more open, disclosure/expression behaviors can often lead to improved interpersonal connections and outcomes (Balsam & Mohr, 2007; Oswald, 2007), which ultimately benefits health and well-being. Additionally, emphasizing one's LGBTQ+ identity can help to highlight the negative impact of these laws, and solicit increased social and emotional support. Relatedly, educating coworkers about the structural

and psychological impact of these policies can help to encourage and engage allyship (Martinez et al., 2024). Allies are a crucial and often ignored stakeholder in efforts to curtail LGBTQ+ discrimination and discriminatory policies, and calling on allies to take a more active role is an important and useful strategy in reversing these recent policy changes. Importantly, this education is a form of invisible labor that can be cognitively and emotionally taxing, and true allies should be continually educating themselves in order to alleviate this burden.

Influencing Organizational Strategies

Lastly, if employees have the emotional and cognitive resources to do so, they can call upon their organizations to participate and engage in the fight to counteract these recent measures. For instance, individuals can encourage their organizations to refuse to do business with other individuals, businesses, and/or regions that participate in or support these discriminatory laws. Many organizations have begun to engage in such boycotts, by limiting travel or conference activity in states that are passing these measures, and cutting ties with organizations that support anti-LGBTQ+ legislation. Doing so not only helps put pressure on policy-makers to counteract these policies, it also sends an important message of support to the organization's LGBTQ+ members, helping them to feel more safe and secure.

Individuals may also educate organizations and organizational leaders about the importance of supporting LGBTQ+ individuals through internal practices. For example, individuals can call on their organizations to enhance their DEI statements, strengthen their pro-diversity messaging to their employees, and increase support of their LGBTQ+ employee resource groups (ERGs). Indeed, if organizations do not do more to actively demonstrate their support for LGBTQ+ individuals at this time, they will likely see a costly reduction in their recruitment and retention efforts (Nowack & Donahue, 2020). Initial evidence has begun to show that LGBTQ+ individuals are considering job/organization/location changes in light of these regressive policies (Maurer, 2023). Educating organizations about the ethical and business cases for supporting LGBTQ+ employees during this time can be an effective strategy for ultimately benefiting the mental-health of this vulnerable population.

Future Research

More research is needed to understand the ways in which these various strategies may differentially benefit LGBTQ+ employees within states or regions that have recently passed such forms of anti-LGBTQ+ legislation. Indeed, many of these strategies may have a stronger impact within such regions. At the same time, some strategies, such as identity expression behaviors, may be more difficult or more dangerous in particularly hostile environments. For instance, in certain states that are particularly hostile towards trans and gender-expansive employees, disclosing one's identity may lead to extreme levels of both formal and interpersonal discrimination, eliciting a net negative effect on one's health and well-being.

Additionally, these strategies are likely to have differential benefits across and within the LGBTQ+ spectrum. For instance, gender identity and sexual orientation minorities face different experiences and barriers in the workplace given their varying levels of stigma visibility and experienced prejudice (Casey et al., 2019). Research has also uncovered unique stigmas and barriers felt by bisexual employees (Arena & Jones, 2017) and nonbinary employees (Dray et al., 2020; Goldberg et al., 2021). As such, more research is needed to understand how LGBTQ+ legislative discrimination is differentially impacting these groups, as well as the unique strategies each of these groups may find useful. Additionally, the experiences of LGBTQ+ employees vary across subgroups within these populations. For instance, research has shown that racial minorities may not experience the same benefits associated with disclosure as racial majority members (Villicana et al., 2016). As such, organizational and ally efforts to improve LGBTQ+ outcomes may not be as impactful if they ignore these and other intersectional forms of oppression (Jaramillo et al., 2023). Indeed, given the simultaneous increase in racial discrimination and legislative attacks on racial minorities (Ruggs et al., 2023), strategies that solely target LGBTQ+ stigmatization will not be enough to safeguard the well-being of all marginalized members within one's organization.

Important Caveat

During these trying times, LGBTQ+ employees may need to engage in various organizational, interpersonal, and intrapersonal strategies to maintain their own well-being and safety. At the same time, the onus of responsibility should not be on them. Ideally, policy-makers, organizational leaders, and non-LGBTQ+ allies would be doing enough to safeguard the livelihood of LGBTQ+ members. Research needs to simultaneously focus on strategies that each of these groups can enact to support LGBTQ+ employees, and identify how to better engage these stakeholders in these efforts. LGBTQ+ employees are a vital part of our workforce, and we all need to be doing more at this critical moment in time to maintain progress towards full LGBTQ+ equality.

LGBTQ+ Allies: Oppositional Courage as an Avenue toward Equity

Katina Sawyer and Christian Thoroughgood

In light of the recent unraveling of protective legislation against LGBTQ+ discrimination, signals that organizations value LGBTQ+ equality may be weakened (as mentioned in Madera & Maneethai's section of this article above), and subtle discrimination may become even more prevalent or normalized as a result. While overt discrimination has harmful effects on marginalized populations, more subtle forms of bias or discrimination may be even more challenging to navigate, given their more covert nature (e.g., being rude, condescending, or otherwise discourteous toward employees with marginalized identities, leaving such individuals out of

important, informal conversations or meetings; Cortina, 2008; Jones et al., 2017; Peng & Salter, 2021). In such situations, advantaged group allies may be able to use their power and influence to help shift organizational climates toward greater equity and inclusion. In other words, as formal protections erode and subtle biases mount, if there was ever a time for allies to take action to ensure that climates of discrimination or hostility against LGBTQ+ individuals are mitigated, it's now.

When there are fewer formal sanctions for discriminatory, biased, or harassing behaviors toward LGBTQ+ individuals at work, allies who are able to shift informal social norms at work (and outside of it) toward greater justice and fairness might prove particularly important. Specifically, we argue that allies have a more central role to play now than ever, in courageously standing up against existing power structures and the status quo. In doing so, they can communicate a powerful “message of value” to their LGBTQ+ colleagues. Indeed, by demonstrating oppositional courage (OC), (i.e., behavior that is perceived as “challenging powerful organizational members and/or the status quo in order to remedy situations of unfairness, disrespect, or harm toward members of a stigmatized identity group and, in so doing, poses significant risks or threats to the actor at work” (Thoroughgood et al., 2021, p. 400)), advantaged group employees can promote marginalized employees’ feelings of organization-based self-esteem (i.e., the sense that they are valuable organizational members worthy of equal rights and opportunities), thereby increasing their job attitudes and enhancing their well-being (Thoroughgood et al., 2021). This is because taking risky actions, compared to actions that align with broader organizational norms for equity and inclusion, demonstrates to LGBTQ+ employees that they are “worth the risk” in the eyes of their advantaged group colleagues.

As Thoroughgood et al. (2021) note, when an advantaged group employee sacrifices their own interests and privileges to promote the rights of a marginalized group, their behavior assumes a non-normative character, challenging observers’ deeply ingrained notions of self-preservation and standing out within the existing organizational milieu. Thus, the concept of OC reflects a particularly powerful construct that is relevant to situations in which legislative protections are weak or those in which legal protections are strong, but informal organizational norms remain non-inclusive. Behaviorally, OC involves a tightly interrelated set of “high-involvement,” challenging behaviors (Bowes-Sperry and O’Leary-Kelly, 2005; Thoroughgood et al., 2021), which manifest in three important ways. First, allies can *educate* other advantaged group employees about the plight that LGBTQ+ individuals face at work and/or about best practices for promoting greater equity and inclusion for such employees at work. For example, allies might present statistics about rates of discrimination faced by LGBTQ+ employees, more broadly, or discuss why it is important to use pronouns in email signature lines. Second, allies can *advocate* for their LGBTQ+ coworkers by encouraging organizational leaders to adopt policies and practices that promote greater equity for such individuals and by challenging existing policies and practices that serve to discriminate against them. For instance, allies might point out how family-related benefits could be made more LGBTQ+ friendly (Sawyer et al., 2017), or how job applications could be made more gender inclusive. Third, allies can *defend* LGBTQ+ coworkers who are experiencing bias or discrimination by standing up for them in situations involving hostility, judgment,

or other interpersonal threats. In such cases, allies might step in if they see an LGBTQ+ employee being harassed or made fun of by another employee or point out inappropriate or offensive language used about LGBTQ+ people in work settings.

While OC can have powerful effects on LGBTQ+ employees' sense of self-worth at work and, in turn, their job attitudes and well-being, there are some caveats for those seeking to engage in such behavior. Allies should be careful not to speak on behalf of LGBTQ+ employees when their voice is unwanted or unneeded. In other words, if LGBTQ+ employees want to advocate for or defend themselves, allies should prioritize their needs and wishes. Additionally, allies should try to continuously educate themselves about marginalized group members' struggles and needs (Ashburn-Nardo, 2018). While no ally (or person) can ever be wholly knowledgeable about the diversity of lived experiences and preferences of members of a marginalized population, allies should try to learn as much as possible, in the spirit of improving their allyship over time. This also means that allies should be open to feedback from members of marginalized groups instead of becoming defensive. OC entails bold action that directly challenges organizational hierarchies and the status quo; when such acts are visible on the public stage of the organization, these courageous actors may also have to endure criticism from other majority group members who disagree with their actions. Allies may be able to engage in critical dialogue via the "educating" dimension of OC. Yet, if some majority group members remain unconvinced, allies must be persistent and resilient in the face of challenges. Finally, while OC actors may benefit LGBTQ+ employees in the short-term, perpetrator responses to their actions may vary (Vranjes et al., 2023). Specifically, perpetrators may become defensive in the face of ally intervention, and engage in backlash toward allies or LGBTQ+ employees themselves, as opposed to viewing such episodes as an opportunity for personal growth. OC actors may provoke more positive responses from perpetrators when they also engage in growth-oriented conversations with those who they seek to educate, convince via advocacy efforts, or defend LGBTQ+ employees against (e.g., centering dialogue on the perpetrator's behavior instead of focusing on the perpetrator's traits).

In all, strong and consistent legislative protections are fundamental for advancing equity and inclusion toward LGBTQ+ individuals in society and at work. But, even when legislation that protects LGBTQ+ employees from harm is challenged or removed, there are still ways to make progress toward social justice. Indeed, *especially* when formal protections are removed and acts of OC become even riskier, such acts might send even stronger signals of value to beneficiaries. Thus, OC provides one notable avenue by which allies might disrupt oppressive norms, policies, and behaviors, thereby promoting strong feelings of belonging and inclusion in their wake. While bottom-up solutions to prejudice against LGBTQ+ individuals are less preferable to systemic, structural solutions, given the legislative environment at the current time, we hope that would-be allies remain attuned to their capacity to leverage their relative privilege to promote better workplace outcomes for their LGBTQ+ colleagues. In other words, we ought not wait for legislation alone to eliminate bias; instead, allies can take courageous action to show LGBTQ+ individuals that they are worth the fight for equity, despite the risks.

Organizational Strategies for Enhancing LGBTQ+ Employee Well-Being

Juan M. Madera and Dustin Maneethai

Lesbian, gay, bisexual, transgender, and other queer (LGBTQ+) employees frequently encounter heightened psychological health challenges when contrasted with their cisgender heterosexual counterparts. The mounting body of research has increasingly linked these disparities to the stress LGBTQ+ face at work related to managing their identity, the anticipation of stigma, and tangible experiences of discrimination. For example, LGBTQ+ employees continue to anticipate being the targets of workplace discrimination and harassment, and are more likely to report discriminatory treatment at work than cisgender heterosexual people in the workplace (Maji et al., 2023; Özalтуğ & Yalçın, 2023).

These negative encounters can lead to a cascade of adverse mental health outcomes, such as depression and anxiety (Owens et al., 2022). These findings underscore the pressing need for workplace environments that are genuinely inclusive and supportive, addressing the unique stressors faced by LGBTQ+ employees to foster their health and well-being. Although all workers benefit from working in supportive work contexts, a supportive workplace is especially important for employees with LGBTQ+ identities given the normalizing and privileging of heterosexuality in the workplace (Webster et al., 2018). Thus, the current paper outlines what we know about how organizations can create a supportive climate and why these policies and practices enhance LGBTQ+ employee well-being (see Fig. 1). This is particularly important and timely, especially in light of recent legislative developments in some states that are imposing restrictions on various organizations, particularly those with state funding, limiting their ability to actively pursue DEI initiatives (e.g., DEI statements, DEI officers, DEI offices, DEI councils).

LGBTQ+ Workplace Policies and Practices

As shown in Fig. 1, research shows organizations can help shape supportive work climates through their policies and practices. Policies refer to formal principles and rules (e.g., non-discrimination policies, organizational stated values) that help guide practices or actions within an organization (e.g., diversity training, mentoring programs). Although research has examined a variety of policies and practices (e.g., domestic partner benefits, diversity training, mentoring, and employee resource groups; see Roberson et al., 2023 for a review), we highlight the three most researched policies and practices.

Non-Discrimination Policies Before the U.S. SCOTUS 2020 ruling that employment decisions based on sexual orientation or gender identity violate the Civil Rights Act (1964), organizations protecting LGBTQ+ employees adopted non-discrimination policies. Pre-2020, 93% of Fortune 500 firms included sexual orientation and 75% included gender identity in such policies (Human Rights Campaign, 2016). These comprehensive policies safeguard LGBTQ+ individuals from discrimination and

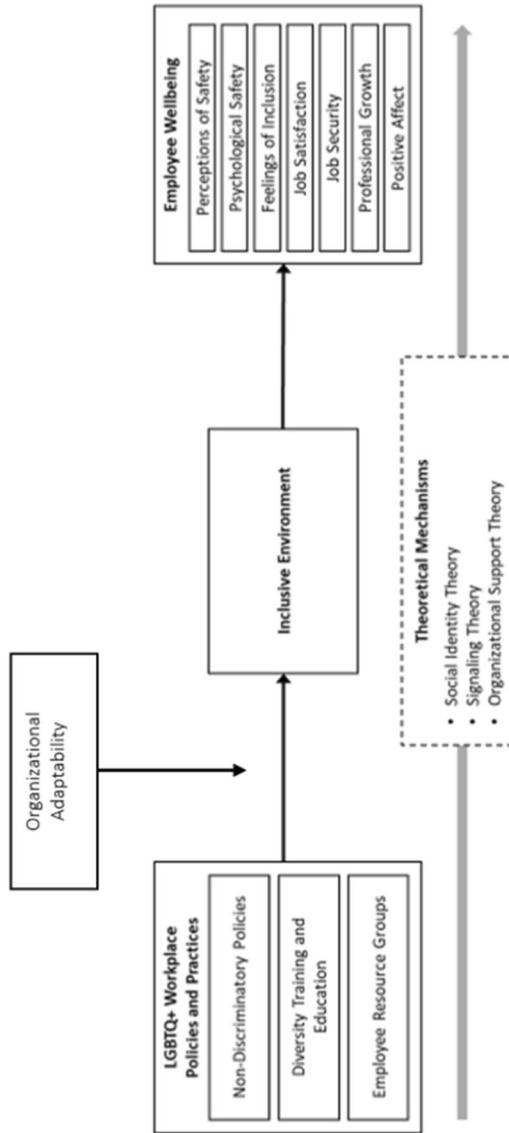


Fig. 1 Organizational Strategies Framework for Enhancing LGBTQ+ Employee Well-being

harassment in all employment aspects. Research indicates they enhance perceptions of safety and job security (Conti et al., 2022; Hossain et al., 2020).

Diversity Training and Education LGBTQ+ diversity training has been extensively studied for supporting LGBTQ+ employees. Outcomes vary given the various training methods, trainer qualifications, policies, and delivery formats, and although diversity training can lead to negative reactions, it can also be effective (Dobbin & Kalev, 2018; Dobbin & Kalev, 2022). Specific strategies prove beneficial: Bezrukova et al. (2016) showed that combining diversity skills and awareness is more effective than focusing on either alone; Kalinoski et al. (2013) found active techniques like simulations enhance emotional learning, with longer sessions being more positive; Madera et al. (2013) found that goal-setting enhanced supportive behavioral outcomes of LGBTQ+ diversity training.

Employee Resource Groups The formation of LGBTQ+ employee resource groups (ERGs) provide a supportive and safe space for LGBTQ+ employees to connect, share experiences, and collaborate on diversity and inclusion initiatives. Research shows ERGs function as internal champions, provide backing for their members, and can advance opportunities for professional growth and knowledge enhancement (Welbourne et al., 2017). By voicing the unique needs and concerns of LGBTQ+ employees, these groups help in shaping a more inclusive and understanding workplace culture.

It is important to highlight that researchers seldom investigate these policies and practices in isolation, and instead have mostly examined them as bundles or focus on the combinative effects of multiple policies and practices. This suggests organizations should strive to implement multiple supportive policies and practices given that the negative experiences of LGBTQ+ employees are multifaceted.

Figure 1 also illustrates the crucial role of organizational adaptability in response to changing legal landscapes. It's important to note that policies and practices can be slow to adapt. Considering the adverse impacts of major threats, as LGBTQ+ employees face escalating challenges to their rights and legal battles, organizations that can effectively communicate, respond, and offer proactive support will foster a more inclusive environment, which is central to the model presented. A key moderating factor in this context is the proactiveness of an organization. In other words, an organization's ability to respond timely and effectively (i.e., being proactive) is instrumental in creating an inclusive workplace. This proactive stance not only helps in navigating the evolving legal scenarios but also ensures that the organization remains a supportive space for LGBTQ+ employees amidst these challenges..

Why LGBTQ+ Workplace Policies and Practices Work

The literature points to an important mechanism for understanding why these policies and practices enhance LGBTQ+ employee well-being: they contribute to

LGBTQ+ supportive climates, which are workplace environments that value sexual orientation and gender identity and attend to the well-being of LGBTQ+ employees (Pichler et al., 2017). For cisgender heterosexual employees, the adoption of supportive workplace policies and practices sends powerful signals to them about what their organization values, guiding their inclusive behaviors toward LGBTQ+ employees. For LGBTQ+ employees, these policies and practices acknowledge and affirm their identities, signal a safe workplace, and communicate the values of an organization.

Multiple theories provide a foundation for understanding why these policies and practices enhance LGBTQ+ employee well-being via LGBTQ+ supportive climates. First, identity-related theories, such as social identity theory (Hogg & Terry, 2000), suggest that individuals derive a significant portion of their self-concept and self-esteem from their membership in social groups, which includes aspects of their identity such as sexual orientation and gender identity. When organizations implement supportive policies and practices, they acknowledge and affirm employees' LGBTQ+ identities. This, in turn, leads to positive psychological outcomes, increased sense of belonging, and improved overall well-being by aligning with the fundamental principles of social identity and self-esteem (Welbourne et al., 2017). Second, signaling theory (Ehrhart & Ziegert, 2005) suggests organizational policies and practices often signal to employees what is valued at the workplace. For example, LGBTQ+ employees are more likely to feel safe to disclose their identities at work when organizations have policies that support and protect sexual minorities (Martinez & Hebl, 2010). Thus, the adoption of supportive workplace policies and practices send powerful signals to LGBTQ+ employees, fostering positive perceptions, trust, and a sense of belonging, ultimately leading to enhanced overall well-being among LGBTQ+ employees. Third, theories of organizational support propose that employees gauge how much organizations value their well-being and contributions (Eisenberger et al., 1997), providing insight as to why supportive policies and practices enhance LGBTQ+ employee well-being. These policies and practices communicate value, support, and inclusivity, leading to positive perceptions, such as a sense of belonging, all of which contribute to overall well-being among LGBTQ+ employees (Webster et al., 2018).

Lastly, it's crucial to highlight that alongside state laws permitting LGBTQ+ discrimination¹, there is concurrent legislation in place that prohibits numerous organizations, particularly those funded by the state, from actively implementing DEI initiatives². This legal landscape poses a significant challenge for organizations striving to uphold DEI best practices, as they now face legal restrictions and complexities that may impede their efforts to foster inclusive environments. This evolving legal framework means that organizations find themselves in a more complex situation.

¹ The Human Rights Campaign has reported over 520 anti-LGBTQ+ bills introduced in state legislatures in 2023.

² The "Stop WOKE Act" is a Florida law that limits what employers can discuss in DEI training. The law also expanded the definition of "unlawful employment practices" in the Florida Civil Rights Act to include mandatory employer training based on race, color, sex, or national origin. Senate Bill 17 in Texas, prohibits diversity statements for job applicants at Texas universities, as well as mandatory DEI training for any purpose, and DEI offices in public universities.

Simply continuing with DEI best practices is no longer a straightforward endeavor, as they must navigate the intricacies of existing laws that both hinder their commitment to inclusivity and promote discriminatory practices against LGBTQ+ individuals. In light of the complex legal landscape where state laws permit LGBTQ+ discrimination while also impeding DEI efforts, scientists and organizational leaders should adopt a multi-faceted approach that makes use of the following strategies:

1. **Advocacy and Lobbying:** Scientists in our field can use their influence to advocate for legislative changes. This could involve actively supporting bills that promote LGBTQ+ rights and working to repeal or amend laws that hinder DEI initiatives.
2. **Legal Consultation for Policy Innovation:** Organizational leaders can seek legal counsel to navigate the legal framework effectively and explore alternative approaches within the legal framework. This could involve creative interpretations or finding loopholes that allow for more inclusive practices. Understanding the nuances of both permissive and restrictive laws is crucial. Legal experts can provide guidance on compliance while still upholding inclusive principles.
3. **Collaboration with Advocacy Groups:** Organizations can partner with LGBTQ+ advocacy organizations to amplify efforts to challenge discriminatory laws. These groups often have extensive expertise and resources to drive change within organizations. Partnering with LGBTQ+ advocacy organizations can also ensure that LGBTQ+ individuals are visible and represented within the organization. Their voices and experiences can be powerful tools in advocating for change.

It is essential to approach this issue with a combination of strategic thinking, legal expertise, and a commitment to fostering inclusive environments. By combining advocacy with innovative policy approaches, scientists and leaders can work towards mitigating the impact of conflicting laws on DEI efforts.

Conclusion

In a review of empirical research, Mahowald (2022) concluded that laws protecting LGBTQ+ rights results in LGBTQ+ people with improved mental and physical health, higher employment and wages, improved employment experiences, improved school environments, less social stigma and discrimination, and less housing discrimination (see Barron & Hebl, 2013; Gonzales & Ehrenfeld, 2018; Solazzo et al., 2018). Additionally, Mahowald (2022) stated that LGBTQ+ protections benefit everyone, citing research linking such protections to increases in business performance, increases in successful startups, and nationwide economic growth (Conti et al., 2021; Gao & Zhang, 2017; Levy & Levy, 2017).

In this anthology, we documented some of the most notable challenges and outcomes that are emerging as a result of recent anti-LGBTQ+ legislation. In January of 2024 alone, more than 280 anti-LGBTQ+ bills were introduced in the U.S. (ACLU, 2024). These bills continue a widespread attempt to remove gender

affirming care and create other healthcare restrictions for LGBTQ+ youth; allow the misgendering of youth; censor school curriculum (including banning books and preventing conversations on LGBTQ+ topics); force outings of transgender people in schools; prevent the requirement of staff-related training on gender, sexual diversity, and other forms of diversity training; ban transgender individuals from public accommodations, prevent public drag performances, and ban LGBTQ+ marriages.

The consequences of further dismantling the enormous progress that has been made toward LGBTQ+ rights have enormous implications for the people living in the U.S. In this anthology, we have attempted to summarize and alert readers to the implications of anti-LGBTQ+ legislation, particularly within the context of occupational health psychology. We anticipate increased stigmatization at the individual and societal level, and negative physical and mental health-related consequences that vary across subgroups in the U.S. and beyond. As such, we also address evidence-based individual, ally, and organizational strategies for protecting and improving the health of LGBTQ+ workers.

In light of this compelling body of evidence, we promote increased research attention and action toward preventing the further dismantling of basic civil rights of LGBTQ+ people. Such efforts should consider variation across state and national borders, organizational and societal policies, and work and social groups. Indeed, such efforts are critical in building comprehensive and sustainable support for LGBTQ+ people.

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