

An Examination of Posttraumatic Stress Disorder–Related Symptoms Among a Sample of Latinx Sexual- and Gender-Minority Immigrants

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Latinx sexual- and gender- minority (SGM) immigrants experience stress across multiple axes of identity, which can lead to negative health consequences. Using an intersectional–cultural theory of stress, the current study sampled 194 Latinx SGM immigrants to examine the association between intersectional discrimination (i.e., race- and sexual orientation–based), acculturative stress, symptoms related to posttraumatic stress disorder (PTSD), and somatic distress. We used moderated hierarchical linear regression analysis to determine whether social support moderated the associations among intersectional discrimination, acculturative stress, and PTSD symptoms. The results showed that after controlling for time in the United States, PTSD symptoms were associated with intersectional discrimination, $\beta = .57$, $SE = 3.14$, $p < .001$, and acculturative stress, $\beta = .42$, $SE = 2.47$, $p < .001$, at higher levels of social support. The variability in outcome explained by the variables of interest was approximately 47%. These findings offer important and timely data that can inform future research and clinical applications in this underserved and understudied community.

An immigrant who is also a sexual or gender minority (SGM)—that is, they identify as lesbian, gay, bisexual, transgender, queer, or questioning—risks exposure to a range of highly stressful, possibly violent situations that are not typical for their heterosexual and cisgender counterparts. The multiminoritized lived experience of SGM immigrants is informed by a period of transition and adjustment that can be lengthy, arduous, and dangerous (Toro-Alfonso et al., 2012) and shaped by pervasive prejudice and discrimination due to heterosexism and rigid gender ideology as well as racism and colorism (Cerezo, 2016). These individuals experience racist and antigay taunts by law enforcement, including threats of violence (Fortuna et al., 2008) along with verbal and physical abuse by family and community members who endorse antigay or antitransgender views (Tiven & Neilson, 2009). As a result, SGM immigrants are vulnerable to a range of events and conditions that have the po-

tential to contribute to psychological, emotional, and physiological reactions, such as acute stress, recurring and intrusive memories, hypervigilance, and a persistently aroused bodily state—symptoms that are commonly associated with posttraumatic stress disorder (PTSD; Rasmussen et al., 2012).

An estimated 1,000,000 Latinx SGM immigrants reside in the United States, one quarter of whom are undocumented (Gates, 2013). The recent northward waves of migrants from Central America to the United States, paired with the prediction that the Latinx population in the United States will double in size by 2060 (U.S. Census Bureau, 2017), justifies collecting and examining new data from Latinx SGM immigrants relative to their multiminoritized experience and trauma-related reactions. Among understudied populations, the study of stress-inducing factors and their associations with trauma-related symptoms is achieved with an intersectional lens that helps bring to focus the interplay of culturally relevant factors that warrant additional empirical examination (Ching et al., 2018).

Latinx SGM immigrants experience discriminatory hostility stemming from antigay and antitransgender societal beliefs and sentiments (Cerezo et al., 2014) in addition to those fueled by xenophobia and racism (Cerezo, 2016). Such minority stress involves repeated exposure to multiple forms of oppression that can be a catalyst for the onset or increased severity of traumatic stress symptoms (Helms et al., 2012). Cross-sectional and longitudinal studies in samples of Latinx adults have suggested an

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association between perceived racial or ethnic harassment and elevated levels of anxiety and hypervigilance (Carter & Forsyth, 2010) as well as the onset of clinical PTSD (Sibrava et al., 2019; Torres & Vallejo, 2015). One study that used a sample of SGM immigrants documented cases of mistreatment and abuse by immigration officers at U.S. detention centers along with ongoing abuse from other detainees related to sexual orientation and gender identity (Love et al., 2019). Another study conducted among a sample of undocumented Mexican immigrants found that interpersonal discrimination was a significant predictor of psychological and emotional distress (Garcini et al., 2017).

Recent research has suggested an association between being the target of heterosexist forms of harassment and symptoms of traumatic stress (Arnett et al., 2019; Dworkin et al., 2018). Synergistic experiences of bias and discrimination from racially and sexually marginalized social positions can amplify one's risk of psychological health disparities (Bowleg, 2008; Cole 2009). The current study, therefore, sought to investigate whether minority stress at the intersection of racism and heterosexism predicted PTSD-related symptoms among Latinx SGM immigrants.

In addition to discrimination, new residents have to navigate acculturation, which refers to one's orientation and adjustment to a new country. Acculturation is a highly stressful process that requires having to repeatedly navigate new social, linguistic, and legal norms, likely amid widespread anti-immigrant sentiments. Among SGM immigrants across North America, the fear of deportation due to daily linguistic challenges has been found to be associated with psychological distress stemming from social isolation and a pervasive sense of loneliness (Fox et al., 2020; Keuroghlian et al., 2018). In addition, SGM immigrants have reported that strangers' perceptions of their legal status, ethnicity, and gender have resulted in the need to navigate hostile social situations during employment and housing searches as well as when trying to access health services (Alessi et al., 2018).

Overt acts of violence and threats of violence against the social integration of Latinx SGM individuals spiked in the United States after the 2016 elections (Ramirez et al., 2018; Southern Poverty Law Center, 2020). Earlier studies (Tanner et al., 2014) have described cases of hostile and threatening attitudes confronted by Latina transgender immigrants as they accessed healthcare services, and more recent research suggests similar experiences relative to searching for housing and employment (Cheney et al., 2017; Yamanis et al., 2018). As with discrimination, therefore, we sought to investigate whether acculturative stress would predict PTSD-related symptoms among a sample of Latinx SGM immigrants.

Consideration of the potential influence of other factors, such as social support, can result in a fuller understanding of trauma-related symptoms among Latinxs (Alcántara et al., 2013). The experience of social support among SGM individuals varies based on cultural, familial, and community values (Arredondo et al., 2014). Among immigrant transgender women, Fuks et al. (2018) described the presence of tense, even hostile social

relations with family members and other peers. Those strained relationships were shown to be associated with increased anxiety and emotional distress among the participants that further compounded and complicated their process of acculturation. Among Latinx transgender women, Cerezo et al. (2014) uncovered deep anti-SGM sentiments from within their own immigrant communities, which involved systematic verbal and physical harassment and informed participants' decision to eventually leave their homes and migrate northward.

Social support can promote health and recovery among some minoritized groups (Hwahng et al., 2018; Wise et al., 2019); however, the available evidence suggests that accessing local support can be an additional stressor for SGM immigrants. Given the potential for social support to influence health outcomes among SGM immigrants (Keuroghlian et al., 2018), we were interested in examining whether social support would influence the association between PTSD-related symptoms and the stress induced by discrimination and acculturation.

Mental health and disorders among Latinxs can vary in expression and emphasize a corporeal dimension (Arredondo et al., 2014). For example, Eisenman et al. (2008) found that Latinxs who endorsed PTSD also reported headaches and gastrointestinal problems. Among refugees and SGM individuals, the experience of PTSD-related symptoms has also been linked to somatic pain and sleep problems (Lies et al., 2019; Russell et al., 2011). The available literature is limited with respect to Latinx SGM immigrants. Therefore, we pursued a more complete understanding of PTSD-related symptoms among this population by examining their correlations with somatic problems. Furthermore, because the experience of somatic distress among some minorities has been shown to be associated with both acculturative stress (Cuevas et al., 2011) and perceived racism (Burgess et al., 2009), we were interested in investigating whether such relations would emerge among individuals in our highly understudied population of interest.

There is limited research on PTSD-related stress among multiminoritized groups of individuals, such as Latinx SGM immigrants. A review of the available empirical literature warrants, at this time, an examination of the effects brought about by intersectional discrimination and acculturative stress and their connections to the experience of social support. Building upon prior findings, somatic distress was examined in relation to its association with PTSD-related symptoms as well as its relation to both acculturative stress and discrimination. Such an intersectional conceptualization accounts for interlocking sociocultural factors that can result in a more complete understanding of PTSD-related stress among Latinx SGM immigrants (Herman, 1997; Cerezo 2016).

An intersectional theory of stress and trauma (Ching et al., 2018) posits that for multiminoritized individuals, health outcomes can be explained by the intersectional lived experience across race, gender, sexual orientation, and immigration status. This framework illuminates how various forms of psychosocial violence rooted in oppressive ideology like patriarchy and xenophobia can trigger stress reactions among SGM

individuals that can have deleterious consequences on their health (Reading & Rubin, 2011). Furthermore, an intersectional lens brings to focus potential intervening factors that can influence individual outcomes (Ching et al., 2018). In the current study, therefore, we hypothesized that among Latinx SGM immigrants, PTSD-related symptoms would be positively correlated with levels of somatic distress. Reports of somatic problems were also expected to positively correlate with the severity of stress related to discrimination and acculturation. In addition, we hypothesized that PTSD-related symptoms would be predicted by stress-inducing factors, such as discrimination and acculturative stress, and that perceived social support would moderate those relations. Because of the differing perspectives relative to the experience of social support among SGM immigrants, we suspended an expectation regarding whether bolstering or mitigating moderating effects would be observed. Additionally, given the expected association between PTSD-related symptoms and the number of years an individual had resided in the United States (Kaltman et al., 2011), we controlled for that potential effect as a covariate.

Method

Participants

A total of 194 participants completed the online survey in English ($n = 190$) and Spanish ($n = 4$). We compared the mean scores on the key predictor and criterion variables between participants who completed the surveys in English versus Spanish. Analysis revealed no statistically significant between-group differences for the key variables.

The mean participant age was 28 years ($SD = 5.74$, range: 19–61), with an average of 11 years of residence in the United States ($SD = 7.2$, range: 1–40). Gender identity was captured via two questions: “What is your gender identity?” and “Do you identify as transgender?” In total, approximately 73% ($n = 141$) of the sample identified as cisgender, approximately 26% ($n = 50$) as transgender, and approximately 1% ($n = 3$) indicated that they preferred not to answer. Regarding sex, approximately 60% ($n = 117$) identified as male, approximately 36% ($n = 71$) as female, and approximately 3% ($n = 6$) declined to respond. Relative to sexual orientation, approximately 78% percent ($n = 152$) identified as either gay or lesbian, approximately 17% ($n = 32$) as bisexual, and approximately 5% ($n = 10$) chose not to disclose. The majority of participants (approximately 81%, $n = 159$) held either an associate’s or a bachelor’s degree at the time of the survey. Finally, most participants (approximately 85%) indicated they were born in Mexico.

Procedure

Institutional approval was granted by the University of California at Santa Barbara and Loyola Marymount University to recruit participants utilizing a modified targeted nonprobability sampling strategy (Meyer & Wilson, 2009; Watters &

Biernacki, 1989). An ethnographic approach was employed on social media to identify key community groups and networks of immigrants and Latinx sexual and gender minorities. We sought out closed, members-only immigrant networks on social media platforms

Advertisements were in English and Spanish and included a link to the survey along with a description of the overarching focus of the study, the inclusion criteria, and information on compensation for participants. Every individual who completed the survey was eligible to receive an electronic credit to Amazon, Starbucks, or Target with a value of \$10 (USD). First and last names were not required for survey completion.

The inclusion criteria were (a) being at least 18 years old, (b) being proficient in reading in English or Spanish, (c) self-identifying as a sexual and/or gender minority individual of Latinx descent, and (d) having immigrated to the United States from anywhere in Latin America. An initial set of 532 respondents completed the survey. To safeguard against false data resulting from recent online attacks of SGM research (Perkel, 2020), safety measures were used to confirm that participants were true respondents, with all others deleted. This included not meeting the inclusion criteria (e.g., self-identification as SGM, Latinx, and immigrant), completing the survey in no less than 6 min, and correctly completing two attention tasks in the survey.

The survey was translated by an English-to-Spanish translator with a background in behavioral and psychological research and expertise in forward–backward translation. The final survey was carefully reviewed and approved by all co-authors who also were bilingual Spanish–English proficient. The demographic questionnaire included items about participants’ age, sexual orientation, gender, gender identity, educational attainment, place of birth, and number of years residing in the United States.

Measures

Racial and Sexual Identity Discrimination

The 18-item Gay Discrimination and Racism Scale (Ibañez et al. 2012) is used to assess the frequency with which an individual faces discrimination based on perceptions of racial identity and sexual orientation. Items include statements describing discriminatory treatment, with responses rated on a 4-point Likert scale ranging from 1 (*never*) to 4 (*many times*). The scale was originally developed to capture intersectional discrimination experiences among Latinx gay and bisexual men. Six items assess heterosexist discrimination, and 12 items assess racism, six of which specifically assess racism within the SGM community. Sample items include, “Have potential romantic or sexual partners taken more interest in your race than in who you are as a person?” and “How often have you been made fun of or called names by other people because of your sexual orientation?” Cerezo (2016) observed strong internal consistency in a sample of sexual minority Latinx immigrants for the Race (Cronbach’s $\alpha = .87$) and Sexual Orientation subscales (Cronbach’s $\alpha = .84$) as well as for the full instrument (Cronbach’s α

= .89). For the present study, the interitem reliability using the full scale was good, Cronbach's $\alpha = .83$.

Acculturative Stress

The 24-item Social, Attitudinal, Familial, and Environmental Acculturative Stress Scale–Short Form (SAFE; Mena et al., 1987) was used to assess acculturative stress. For the present study, we used the 18-item General Stress subscale to remove redundancy related to assessing family stress, which was also captured by The Gay Discrimination and Racism Scale (Ibañez et al. 2012). Items on the SAFE are rated on a 5-point Likert scale ranging from 1 (*not stressful*) to 5 (*extremely stressful*). Sample items include, “I feel uncomfortable when others make jokes about or put down people of my ethnic background” and “Many people have stereotypes about my culture or ethnic group and treat me as if they are true.” Previous studies have demonstrated satisfactory internal consistency reliability in samples of Latinx adults (e.g., Crockett et al., 2007). In the present study, the interitem reliability for the present study was acceptable, Cronbach's $\alpha = .74$.

Social Support

The 11-item Index of Sojourner Social Support Scale (Gilbert & Rhodes, 2012) was used to assess social support within the context of immigration. The original scale was normed on Latinx immigrant men who have sex with men. Respondents score items on a 5-point Likert scale ranging from zero (*no one would do this*) to 4 (*many would do this*). Sample items include “Reassure you that you are loved, supported, and cared for” and “Help you deal with some local institutions’ official rules and regulations.” The original study sampled Latinx immigrant sexual minority men and showed an internal consistency of .97. For the present study, the interitem reliability was acceptable, Cronbach's $\alpha = .76$.

Somatic problems

The Patient Health Questionnaire–15 (PHQ-15; Kroenke et al., 2002) is a 15-item instrument that is used to assess somatic problems over the past 4 weeks. Respondents rate the extent to which they have been bothered by various somatic symptoms (e.g., headaches, stomach pain, trouble sleeping), scoring responses on a 3-point Likert scale ranging from 0 (*not bothered at all*) to 3 (*bothered a lot*). An item that referred to menstruation cramps was excluded from the analysis given its relevance to only a subset of participants. In the present study, interitem reliability was good, Cronbach's $\alpha = .84$.

PTSD Symptoms

The PTSD Checklist–Civilian Version (PCL-C; Blanchard et al., 1996) is a 17-item scale that is used to measure PTSD symptoms according to the criteria in the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. Items are rated on a 5-point Likert scale ranging from 1 (*not at all*) to 5 (*extremely*) to reflect the frequency of past-month symptoms. Sample items include, “Repeated, disturbing

memories, thoughts, or images of a stressful experience of the past,” and “Feeling very upset when something reminded you of a stressful experience from the past.” In the present study, participants were asked to complete the measure without specifically recalling a stressful period or life experience. The PCL-C was used in this study because it reflects a broad conceptualization of trauma (Hickling et al., 2019). In the present sample, the interitem reliability was very good, Cronbach's $\alpha = .93$.

Data Analysis

We used G*Power to assess a priori sample size for a moderated linear regression with a total of four predictor variables (i.e., demographic characteristics and key predictor variables). The analysis revealed that a total sample size of 191 was needed to ensure sufficient statistical power, allowing for a power of .95, an error probability of .05, and an effect size of 0.10. Given that exact estimation of moderated interaction effects is not available in G*Power (Perugini et al., 2018; Shieh, 2009), we assessed for a 0.10 effect size as a conservative estimate that would recommend a higher-than-needed sample size to detect medium effect sizes.

Data and computations were managed using SPSS (Version 24). Screening methods outlined by Tabachnick and Fidell (2019) were utilized to determine an absence of univariate outliers and no missing data, resulting in a final sample of 194. The computed average for the study variables provided a summary of the sample profile. The hypotheses that somatic distress would positively covary with PTSD-related symptoms as well as with acculturative stress and intersectional discrimination were tested by examining zero-order correlations. Hypotheses about the prediction of PTSD-related symptoms inclusive of the interaction between the predictor variables and the moderator variable were tested using moderated hierarchical linear regression. Specifically, social support was examined as a moderator of the relations between (a) intersectional discrimination and PTSD-related symptoms and (b) acculturative stress and PTSD-related symptoms. Alpha levels were set at .05 to indicate significant individual regression weights as well as the change in the variance accounted for (i.e., ΔR^2). Following Jose's (2013) guidelines, the covariate (i.e., residency in the United States) and moderator variable (i.e., social support) were entered in Step 1 of the regression model, followed by the predictor variables of interest in Step 2, and, finally, the interaction terms in Step 3. Simple slopes were tested for significance of 1 standard deviation above and below the mean of the moderator and at its mean. Predictor variables were mean-centered before analyses to reduce multicollinearity (Tabachnick & Fidell, 2019).

Results

Descriptive statistics and bivariate correlation coefficients are listed in Table 1. Relative to the levels of stress and

Table 1
Means, Standard Deviations, and Correlations Among Study Variables

	2	3	4	5	6	Range	<i>M</i>	<i>SD</i>	α
1. Somatic distress	.69*	.61*	.36*	.16*	-.27*	0–42	12.20	6.09	.84
2. PTSD symptoms	-	.68*	.33*	.17*	-.26*	0–85	49.00	13.45	.93
3. Discrimination		-	.45*	.27*	-.31*	1–4	2.39	0.44	.83
4. Acculturative stress			-	.11	-.52*	1–5	3.35	0.55	.74
5. Social support				-	.12	0–4	2.62	0.44	.76
6. Years in U.S.					-	—	11.29	7.29	—

Note. *N* = 194. PTSD = posttraumatic stress disorder.

p* < .05. *p* < .01.

adversity reported by participants of this study, the scale measuring PTSD-related symptoms yielded an average score of 49 (*SD* = 13.45) out of a possible 85. On a 5-point scale, participants rated their acculturative stress at an average level of 3.35 (*SD* = 0.55). On a 4-point scale used to measure intersectional discrimination measure, the average participant score was 2.39 (*SD* = 0.44), and the average score on the measure of somatic distress was 12.2 (*SD* = 6.09) out of a possible score of 42.

Data also showed a strong positive correlation between PTSD-related symptoms and somatic distress, $r = .77$, $p < .001$. Further, PTSD-related symptoms were positively associated with intersectional discrimination, $r = .69$, $p < .001$, and acculturative stress, $r = .33$, $p < .001$. Similarly, somatic distress was positively associated with intersectional discrimination, $r = .61$, $p < .001$, and acculturative stress, $r = .36$, $p < .001$. Scores on the measure of social support showed a weak positive correlation with intersectional discrimination, $r = .27$, $p < .001$, and no correlation with acculturative stress. As expected, the covariate measure for years of residency in the United States was negatively associated with PTSD-related symptoms, $r = -.26$, $p < .001$.

Table 2 shows the results from a simple moderation analysis using hierarchical multiple linear regression. Years in the United States and social support were entered in the first step of the regression analysis; years in the United States, $B = -0.55$, $p < .001$, and social support, $B = 6.64$, $p = .002$, were significant predictors of PTSD-related symptoms, accounting for 11% of the variance in the model. Intersectional discrimination and acculturative stress were added in Step 2; intersectional discrimination, $B = 20.0$, $p < .001$, but not acculturative stress was a significant predictor, accounting for an additional 34% of the variance in the model. In the third step of the regression analysis, the interaction terms between (a) social support and intersectional discrimination and (b) social support and acculturative stress were entered into the model. Social support was a significant moderator in the association between intersectional discrimination and PTSD-related symptoms $\Delta R^2 = .02$, $\Delta F(2, 187) = 3.45$, $p = .034$, explaining an additional 2% of the variance in the model. Specifically, PTSD-related symptoms were associated with intersectional discrimination at 1 standard deviation above, $\beta = .57$, $SE = 3.14$, $p < .001$, and 1 standard

deviation below, $\beta = .64$, $SE = 3.15$, $p < .001$, the mean level of social support, including its mean, $\beta = .85$, $SE = 2.08$, $p < .001$. Acculturative stress, on the other hand, was only associated with the PTSD-related symptoms at the mean of social support, $\beta = .28$, $SE = 3.66$, $p = .021$, and at 1 standard deviation higher, $\beta = .42$, $SE = 2.47$, $p < .001$, but not at 1 standard deviation below its mean, $\beta = .13$, $SE = 3.57$, $p = .343$. After controlling for years of residency in the United States, the moderated hierarchical multiple regression model accounted for approximately 47% of the variability in PTSD-related symptoms and yielded both main effects and interaction effects.

Discussion

The present results contribute to a fuller picture of PTSD-related experiences of Latinx SGM immigrants relative to other sociocultural factors and their interplay (Ching et al., 2018; Eisenman et al., 2008), beginning with the finding that PTSD-related symptoms were associated with the experience of discrimination based on race and sexual orientation. That relation was sustained both independently and across different levels of perceived social support. The relation between PTSD-related symptoms and acculturative stress was also moderated by social support. Specifically, acculturative stress was associated with PTSD-related symptoms only among participants who reported moderate or high levels of social support. Thus, rather than having a buffering effect and potentially mitigating the adverse effect of acculturative stress, higher levels of social support might have amplified the adverse effects of acculturative stress for Latinx SGM immigrants. It may be that individuals who experience high levels of acculturative stress are more aware of or willing to disclose stressor-related symptoms if they perceive a sense of protection or security while they access that support. Utilization of available social support might also amplify the adverse impact of acculturation by creating conditions in which the Latinx SGM immigrant has to speak about the stress related to their adjustment to a new environment.

Research with SGM immigrants has suggested that social support can mitigate traumatic stress (Alessi & Khan, 2017;

Table 2
Results of Stepwise Moderated Linear Regression

Variable	B	95% CI	SE	β	t	p	Adjusted R ²	ΔR^2 (dfs)
DV: PTSD symptoms								
Step 1								
Years in U.S.	-0.55*	[-0.80, -0.31]	0.13	-.30	-4.41	< .001	0.11	0.11* (2, 191)
Social support	6.64*	[2.47, 10.81]	2.12	.22	3.14	.002		
Step 2								
Years in U.S.	-0.19	[-0.42, 0.04]	.12	-.10	-1.64	.103	0.45	0.34* (2, 189)
Social support	0.23	[-3.26, 3.71]	1.77	.01	.13	.897		
Discrimination	20.0*	[16.21, 23.72]	1.88	.66	10.63	< .001		
Acculturative stress	-0.75	[-3.91, 2.40]	1.60	-.03	-0.47	.638		
Step 3								
Years in U.S.	-0.18	[-0.41, 0.05]	.11	-.10	-1.58	.116	0.47	0.02* (2, 187)
Social support	2.13	[-1.86, 6.12]	2.02	.07	1.05	.294		
Discrimination	19.75*	[16.07, 23.42]	1.86	.65	10.59	< .001		
Acculturative stress	-1.23	[-4.37, 1.91]	1.59	-.05	-.77	.440		
Social Support x Discrimination	-7.82*	[-14.81, -0.82]	3.54	-.13	-2.21	.029		
Social Support x Acculturative Stress	6.28*	[0.75, 11.82]	2.81	.16	2.24	.026		

Note. N = 194. DV = dependent variable; PTSD = posttraumatic stress disorder.
*p < .05.

Reading & Rubin, 2011); however, the current findings suggest that such support might enhance the likelihood of PTSD-related symptoms based on discriminatory experiences and also acculturative stress. Although heteronormative values within Latinx culture can foster bias towards SGM individuals (Estrada et al., 2011), the measure used to assess social support included items related to a broader range of interpersonal care and assistance across diverse settings relevant to immigrants. Alternatively, the bivariate correlations indicated that social support was positively associated with variables for PTSD-related symptoms, intersectional discrimination, and somatic distress. It is possible, then, that the observed moderated effects were related to participants rating their need for interpersonal support and assistance in addition to its quality and availability.

That line of thought would suggest that the stress from adjusting to a new environment and experiencing racial or sexual orientation-related discrimination have the potential to contribute to the emergence of PTSD-related symptoms in Latinx SGM immigrants, particularly among those who need to access assistance or support from others. Immigrating to a different country requires searching for housing and employment as well as navigating new systems of health care and other services that can expose racially diverse SGM immigrants to acts of discrimination (Alessi & Kahn, 2017; Tanner et al., 2014). It is thus important to consider the professional cultural competencies that inform staff hiring and training practices at agencies and clinics that serve immigrants to ensure that these cultural competencies include topics related to sexual orientation and gender identity (Keuroghlian et al., 2018).

Symptoms related to PTSD among the Latinx SGM immigrants surveyed in the current study exhibited a strong positive covariation with levels of somatic distress, indicating that bodily pain and other physical problems might also be present alongside trauma-related reactions. This finding is consistent with prior research that has linked trauma reactions to the presence of headaches, sleeping difficulties, and gastrointestinal pain among Latinos and refugees (Eisenman et al., 2008; Lies et al., 2019) and suggests that an evaluation of the physical health of Latinx SGM immigrants is important in the presence of PTSD-related symptoms. Physical health might also be important to explore in the presence of both perceived discrimination and acculturative stress, which were found to predict PTSD-related symptoms and positively correlate with somatic distress. Diverse symptoms can lead a Latinx SGM immigrant to seek help from various professionals in the mental, behavioral, and medical health care industries. Ensuring that Latinxs and other historically marginalized groups encounter professional personnel who are culturally competent and responsive to their needs and intersectional lived experiences can positively impact both patient health outcomes and existing health disparities (Hall et al., 2015).

A major strength of the present study was the manner by which cultural factors were conceptualized and assessed, particularly those related to minoritized status. Participants com-

pleted validated measures of acculturative stress, racism, and gay discrimination; these measures prompted participants to consider stigma and discrimination across multinoritized positions. Further, study measures were available in both English and Spanish to reduce language barriers to participation. However, many indigenous languages are used throughout Latin America, making participation limited to immigrants with the level of English or Spanish proficiency needed to complete the measures. Recruitment efforts were also successful and relied mainly on internet recruitment, primarily targeting closed social media groups for immigrant SGM networks. Participants were also diverse with respect to gender, gender identity, and sexual orientation as well as age, length of residence in the United States, income level.

A limitation of this study was that it was cross-sectional, meaning that we did not track participants' experiences over an extended period. Another limitation was that we did not compare scores related to gender or gender identity; limited data suggest that transgender women face especially high levels of trauma exposure (Hwang et al., 2019; Cerezo et al., 2014). Generalizations from our findings are, therefore, limited. Future researchers must collect data in a repeated fashion to better account for ongoing changes to immigration and SGM policy in the United States and around the world. Another study limitation was that participants reported trauma-related symptoms in response to their general lived experience rather than in response to a single event or set of events. Some research suggests that traumatic experiences are frequent and ongoing among many immigrants (Alcántara et al., 2013); however, the present study only assessed PTSD-related symptoms and not clinical or diagnostic PTSD. Similarly, the measure of PTSD symptoms was based on the *DSM-IV* rather than *DSM-5* criteria. Although we chose this particular measure given its common use among researchers studying trauma-related symptoms in SGM Latinx participants, it does not reflect the current criteria for and conceptualization of PTSD as outlined in the *DSM-5*.

Finally, there was no restriction on the amount of time participants had resided in the United States, which future researchers might consider exploring relative to a focus on recent immigrants (i.e., less than 2 years). Further, research with Latinx SGM immigrants at different stages of their immigration journey, which was missing here, could help generate data for health profiles that can better inform treatment response (Paat & Green, 2017).

The theoretical lens used in the current study assumes systemic institutional oppression and, therefore, a level of shared oppression among diverse minoritized groups. Our study was grounded in an intersectional perspective on trauma and stress (Ching et al., 2018), which asserts that Latinx SGM immigrants face an amplified risk for PTSD-related stress across race, ethnicity, immigration, sexual orientation, and gender identity, among other critical demographic characteristics. Extant models that solely attend to immigrants or SGM populations fall

short in recognizing that intersectional stress increases both interpersonal and structural forms of stigma and discrimination that confer a disproportionate risk for traumatic experiences. Future researchers should consider augmenting current psychometric measures of stigma and discrimination to account for the unique intersectional challenges faced by Latinx SGM immigrants in the United States, including how many of them are excluded or directly discriminated against within their immigrant communities (Cerezo et al., 2014). More research is also needed relative to gender given that transgender people in the United States are at a high risk of being victims of discrimination and violence (Hwang et al., 2019).

The current findings highlight the complexity of social support for Latinx SGM immigrants. Although social support is commonly regarded as a protective factor in most respects, access to support that helps individuals navigate critical institutions may be less available to SGM immigrants. This study utilized the Index of Sojourner Social Support Scale (Gilbert & Rhodes, 2012), which was originally developed for Latinx men who have sex with men. Items like “Reassure you that you are loved, supported, and cared for” may speak to the strong bonds formed within certain SGM enclaves—support that is in direct response to significant discrimination faced at the intersection of immigration and the SGM lived experience (Hwang et al., 2018; Cerezo et al., 2014). The present findings suggest that whereas social support might play a role in determining PTSD-related outcomes among Latinx SGM immigrants, seeking out and accessing support may be a response to or amplification of the adverse effects of discrimination. Future research, therefore, could benefit from additional approaches for capturing social support data as well shedding the assumption that social support holds the capacity to significantly diminish or cancel out the adverse impact of stressors like intersectional discrimination.

The observed association between PTSD-related symptoms and somatic distress could also be further explored relative to diagnostic PTSD and other comorbid problems. For example, PTSD among SGM individuals has been associated with alcohol abuse, depression, and suicidal ideation (House et al., 2011; Rothblum, 2020). Similarly, somatic distress and its association with PTSD and other stressors, such as acculturation and discrimination, requires further empirical examination beyond the current correlational analysis. A better understanding of traumatic stress among individuals from multiminoritized backgrounds can be achieved with contemporary measures, diverse sampling methods, and mixed-methods designs to examine the associations among PTSD and various forms of ethnoracial prejudicial discrimination and violence (Comas-Fíaz et al., 2019; Ford, 2008). Only with ongoing research will clinicians, policymakers, and other stakeholders be equipped with the knowledge they need to address the range of stressors and psychosomatic reactions that result from xenophobic, racist, and heterosexist sentiments and policies that impact Latinx SGM immigrants in the United States and around the world.

Open Practices Statement

The study reported in this article was not formally preregistered. Neither the data nor the materials have been made available on a permanent third-party archive; requests for the data or materials should be sent via email to the co-lead author at acerezo@ucsb.edu.

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