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Political Environment and Perceptions of Social Inclusion After Nationwide Marriage Equality Among Partnered Men Who Have Sex with Men in the USA

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Abstract

The aim of this paper is to examine how nationwide marriage equality and minority stressors are associated with perceptions of social inclusion using a national sample of partnered men who have sex with men (MSM)(n=498). A four-item scale measuring changes in perceived social inclusion due to the nationwide legalization of same-sex marriage was created. Respondents were categorized into four distinct political environments using results from the 2016 US Presidential election. Multilevel modeling was used to examine associations between political environment, minority stressors, and perceived social inclusion. Changes in perceived social inclusion due to marriage equality did not significantly differ between political environments. Higher levels of internalized, anticipated, and enacted stigma were all associated with fewer gains in perceived social inclusion. An interaction between political environment and external stigma was significant in the most politically conservative areas. The legalization of marriage equality has improved perceived social inclusion overall, but less so among men who experience more discrimination and live in conservative environments. Multilevel interventions to change social norms are needed to help decrease minority stressors and improve perceived social inclusion in politically conservative areas with elevated levels of discrimination.

Keywords

social inclusion; marriage equality; minority stress; political environment; social norms

INTRODUCTION:

Support from a romantic partner is thought to buffer the body's physiological response to stress and can protect individual functioning by providing a sense of security, emotional

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COMPLIANCE WITH ETHICAL STANDARDS:

Ethical Approval: All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards

Informed Consent: Informed consent was obtained from all individual participants included in the study.

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

support, and facilitating healthy coping mechanisms (Cohen & Wills, 1985; Graham & Barnow, 2013; Zickar, Balzer, Aziz, & Wryobeck, 2008). While most of what is known about the benefits of romantic relationships comes from studies of heterosexual couples, the underlying processes are thought to be the same for opposite-sex and same-sex couples (Graham & Barnow, 2013; Kurdek, 2004; Otis, Rostosky, Riggle, & Hamrin, 2006). A major source of stress for some men who have sex with men (MSM) comes from the stigma of living in a heteronormative society (Meyer, Dean, & Herek, 1998; Meyer, 1995; Meyer, 2003) and stems from experiences of overt discrimination (enacted stigma), expectations of rejection from family, friends, or society (anticipated stigma) and the internalization of these negative experiences and subsequent decrease in self-worth (internalized homonegativity). There is mounting evidence that minority stress leads to adverse physical (Frost, Lehavot, & Meyer, 2013; Institute of Medicine, 2011) and mental (Finneran & Stephenson, 2014; Kelleher, 2009; Meyer, 1995; Meyer, 2010) health outcomes, but studies also show that being in a caring, romantic partnership may help buffer these adverse health effects for male-male partnerships (Otis et al., 2006; Rostosky, Riggle, Gray, & Hatton, 2007).

In June 2015, the Supreme Court of the United States ruled in *Obergefell v. Hodges* that barring same-sex couples from legal marriage violates the 14th amendment to the U.S Constitution, legalizing marriage equality for same-sex couples in all U.S. 50 states (Supreme Court of the United States, 2015). In addition to extending the economic and legal benefits of marriage (i.e. property and parental rights, spousal health insurance, survivor benefits, and rights related to social security and taxes) to wedded same-sex couples, marriage equality may also indirectly benefit male couples by improving perceptions of their inclusion in society (Badgett, 2011; Ramos, Goldberg, & Badgett, 2009; Wight, LeBlanc, & Lee Badgett, 2013). Social inclusion is a multidimensional concept referring to the process of improving the “ability, opportunity, and dignity of people disadvantaged on the basis of identity”(United Nations Department of Economic and Social Affairs, 2016). Improvements in perceived social inclusion may help partnered MSM, both legally married and not, feel validated in their partnership and deserving of the same social privileges afforded to opposite-sex couples. Perceiving a higher degree of social inclusion may also reduce feelings minority stress (Badgett, 2011), suggesting that measuring how marriage equality is associated with changes in perceived social inclusion is important for determining the health-related consequences of this policy change.

Though the direct benefits of marriage equality are applied equally across the country by law, the degree to which marriage equality is associated with changes in perceived social inclusion may vary across communities with differing social attitudes regarding same-sex marriage. A lower level of perceived social inclusion could blunt the ability of a male-male romantic partnership to buffer the effects of minority stress. In the United States, results of the 2016 presidential election highlight the increasingly polarized nature of the U.S. electorate (Sanders, 2016) and the continued self-segregation of Americans by political views (Pew Research Center, 2014). The two major political parties’ disparate positions towards LGBT rights and most Americans’ strong identification with either the Republican or Democratic party in the most recent presidential contest supports evidence that a community’s voting patterns are likely to align with its prevailing norms regarding social

issues such as marriage equality (Crandall, Miller, & White, 2018; Iyengar & Westwood, 2015).

There are currently no studies examining whether nationwide marriage equality is associated with changes in perceptions of social inclusion for male couples across the United States. This study begins to fill a gap in the literature by using data from a nationwide survey of male couples and data from the 2016 United States (US) Presidential election to analyze whether gains in perceived social inclusion due to marriage equality differ across four distinct political environments. It is hypothesized that those who experience higher levels of minority stress and those who live in politically conservative areas will perceive fewer gains in social inclusion than men living in more progressive environments. The potential gains in perceptions of social inclusion associated with marriage equality may be diluted by residence in conservative areas that lack more affirming social norms and the presence of more LGBT-friendly spaces and social networks that often accompany progressive areas (Gates, 2006). Recent polls finding that, while 62% of Americans approve of same-sex marriage overall, only 42% of self-identified Republicans approved of same-sex marriage compared to 73% of Democrats (Pew Research Center, 2017) underscore the possibility of variability by political climate in perceived gains in social inclusion across the United States. Understanding how marriage equality is shaping perceptions of gains in social inclusion for male couples, and how these perceptions vary in different social environments, is important for identifying couples who have benefitted least from its legalization. This may help direct resources and advocacy where they are needed most, promoting social inclusion for those most at risk for the negative health effects of minority stress.

METHODS

Data:

This analysis used baseline data from Project Nexus: Providing Online Counseling for Home-Based HIV Testing (Project Nexus)- a prospective, randomized controlled trial of malemale couples (N=834 individuals/417 couples). Project Nexus examines whether the addition of couples-based video counseling to at-home HIV testing decreases HIV risk behaviors among partnered MSM and facilitates linkage to care for those who test positive for HIV over a 12month period. Couples were recruited via online advertisements placed on general (Facebook, Instagram) and MSM-focused (Grindr, Scruff) social media sites between April 2016 and September 2017. Inclusion criteria for Project Nexus required participants to be: 1) a cisgender man in a sexual relationship with another cisgender man for six months or longer; 2) both older than 18 years; 3) willing to have an HIV test kit delivered to their home address; 4) able to access to an internet-capable device; 5) comfortable providing their name, email, and mailing address, as well as contact information for their main partner. All potential participants electronically signed an informed consent form prior to beginning the baseline survey. Once recruited, each member of the dyad was asked to complete a baseline survey consisting of demographic questions and previously validated scales measuring relationship characteristics, sexual health, sexual activity, alcohol and drug use, perceptions of stigma/social inclusion, intimate partner violence, and perceptions surrounding HIV. The study was approved by the University of Michigan

Institutional Review Board (IRB 00102906) and is registered at ClinicalTrials.gov (NCT02335138). Though Project Nexus is a longitudinal randomized control trial, the current analysis makes use of only its baseline data, which constitutes the largest sample of partnered MSM in the United States to date.

Outcome:

The outcome for this analysis is comprised of four five-point, Likert-type questions regarding perceived gains in social inclusion since the nationwide legalization of marriage equality. A stem question first asked *"let's talk a little about Marriage Equality. In June 2015, the United States Supreme Court ruled that all states must allow and recognize same sex marriage. Below are some questions to understand what the decision has meant to you*". Specific questions regarding perceived social inclusion then followed: "*since the ruling, I feel more welcome in my community"*, "*since the ruling, my partner and I have more positive/ interactions with other members of our community", "more often since the ruling, I feel like my partner and I are treated as equitably as heterosexual couples",* and *"I feel safer in my community since the ruling.* These comprise an additive scale (α=0.85) ranging from 4 (strongly disagree with all four questions) to 20 (strongly agree with all four questions). This analysis represents the first use of these questions as a scale, meaning there is no previous data on its validity as an instrument for measuring perceived social inclusion. However, the scale asks about specific domains of inclusion from the perspective of the respondent (i.e. being "welcome" having "positive interactions" and being treated equally in the community), giving it strong face validity for measuring the construct of perceived social inclusion.

Key Covariates:

Political environment was measured at the level of both the state and the county. Using publicly available data (Townhall Media, 2017), results from the 2016 presidential election were matched to each participant's state of residence, as well as to the county corresponding to the ZIP code of each participant's mailing address as reported in the baseline survey. No participants lived in ZIP code that crossed county lines, and all participants lived in both a state and county carried by a candidate from one of the two major political parties. The final measure of political environment was categorical, measuring whether the participant resided in both a state and county carried by Donald Trump (Trump/Trump), a Trump-carried state and a Clinton-carried county (Trump/Clinton), and Clinton state and a Trump county (Clinton/Trump), or a Clinton state and a Clinton county (Clinton/Clinton).

Internalized homophobia was measured using a 13-question scale with questions referring to the respondent's comfort identifying as a sexual minority (i.e. "*Even if I could change my sexual orientation, I wouldn't"; "I feel comfortable discussing homosexuality in public"*) (Smolenski, Diamond, Ross, & Rosser, 2010). Anticipated stigma measured perceptions public of gay men (i.e. "*Most people believe gay individuals are promiscuous"*) and expectations of rejection (i.e. *"Many people would treat gay people differently than they would treat others"*) on a 10-point scale (Liu, Feng, Rhodes, & Liu, 2009). External or enacted stigma measured instances of discrimination by others in a 15-point scale (i.e. "*How many times have you been called an anti-gay name like 'homo', 'fag', or other names?";*

"How many times have you been denied a promotion, tenure, good assignment, job or other such thing at work that you deserved because you are gay?") (Bunn, Solomon, Miller, & Forehand, 2007; Szymanski, KashubeckWest, & Meyer, 2008). All minority stress measures used five-point, Likert-type response options ranging from "Strongly Disagree" to "Strongly Agree" and have been validated in samples of gay and bisexual men. These measured were used as validated and in their entirety, similarly to previous studies of minority stress (Berg, Ross, Weatherburn, & Schmidt, 2013; Ha, Risser, Ross, Huynh, & Nguyen, 2015; Ross, Kajubi, Mandel, McFarland, & Raymond, 2013; White & Stephenson, 2014). All relevant items were reverse-coded so that a higher score on all three scales represented higher levels of stigma.

Analytic Sample:

Only unmarried men were asked the four social inclusion questions, reducing the original sample of 834 participants to an analysis sample of 602 participants. Those who did not respond to all inclusion and stigma-related questions were subsequently removed, for a final analysis sample of 498 men. Missing data for the outcome variable was rare (n=9). The majority of respondents who were removed from the analysis sample did not answer multiple stigmarelated questions on at least one of the three scales (n=60). The remaining respondents who were removed answered some, but not all, stigma questions (n=41). Missing data for each covariate is listed in Table 1. There were no statistically significant differences in demographic measures or on the outcome variable (t=0.06, p=0.955) between the full sample (n=602) and the analysis sample (N= 498).

Analysis:

First, mean scores for the perceived social inclusion scale were calculated, and analysis of variance (ANOVA) used to test for differences across political environments. Second, factors associated with perceptions of social inclusion were modelled using multilevel multiple linear regression. Multilevel modelling is required when analysing hierarchical data in which respondents are nested within dyads. This approach corrects for the downward bias in standard errors caused by non-independent data (Ackerson, Kawachi, Barbeau, & Subramanian, 2008; Diez-Roux, 2000; Steele, Diamond, & Amin, 1996) and introduces error terms to allow for the possibility of unobserved heterogeneity (Diez-Roux, 2000; Metheny & Stephenson, 2017; Steele, Clarke, Leckie, Allan, & Johnston, 2016). A multilevel, multiple linear regression model was fit in Stata version 14 using the Gauss-Hermite quadrature estimation method and dyad as the random intercept. Since all respondents who answered the social inclusion and key covariate questions were included in the analysis sample, there are instances in which one member of a dyad met inclusion criteria for the analysis and his partner did not. This resulted in unmatched cases (n=80) within the analysis sample. This could represent an endogenous self-selection bias owing to unmeasured constructs (unobserved heterogeneity). To statistically minimize this type of endogeneity, an instrumental variable approach was used (Antonakis, Bendahan, Jacquart, & Lalive, 2010; Bascle, 2008). A binary variable assessing whether both members of a dyad answered the outcome and key covariate questions was added at Level 1, with the 80 unmatched cases representing 0. This variable acts as an instrument that addresses self-

selection endogeneity by controlling for the unobserved constructs that may cause one partner to not answer the questions of interest.

Guided by minority stress theory, validated measures of anticipated, enacted, and internalized stigma were added to the model. Demographic measures salient in Badgett's (2011) and Wight et al.'s (2013) studies of marriage equality and social inclusion were also included. These included age, race, education, and employment status. Third, models containing an interaction term between political environment and each minority stressor were fit to further examine the relationship between stigma and political environment. Independent models were fit with one interaction term per model.

RESULTS

Participants represented 46 states and the District of Columbia. Thirty-seven percent, (n=219) lived in the most progressive political environment (Clinton/Clinton), while 25% (n=147) lived in the most conservative (Trump/Trump). Four percent (n=18) of respondents lived in Clinton/Trump areas, while one-third (34%; n=166) resided in states carried by Donald Trump and counties carried by Hillary Clinton. The mean score on the scale of perceived gains in social inclusion was 13.32 (SD= 2.97), and a test of skewness indicated a statistically normal distribution (p=0.726). African-American participants were underrepresented (9% of the sample versus 13.1% nationwide), but the percentage of White and Hispanic/Latino participants mirrored that of the United States as a whole (US Census Bureau, 2017). Forty-nine percent (n=244) of the sample reported graduating from college, and two-thirds (n=327) reported fulltime employment at the time of the baseline survey. Nearly all (98%, n=488) self-identified as gay/homosexual. Descriptive statistics are presented in Table 1.

Mean scores on the inclusion scale did not differ significantly between political environments. Men 35 and older had significantly smaller perceived gains in social inclusion after nationwide marriage equality than did men aged 18–24 (β= −1.58, [95% CI: −2.40- −0.76], p<0.000). Regarding race and ethnicity, only self-reported Hispanic/Latino identity was significantly associated with perceived social inclusion, with these respondents reporting larger gains after nationwide marriage equality compared to non-Latino, White participants (β=0.88 [95% CI: 0.04–1.72], p=0.040). A higher score on all three minority stress indices was also associated with fewer perceived gains in social inclusion (enacted stigma: β= −0.03, [95% CI: −0.06- −0.02], p=0.033; anticipated stigma: β= −0.04, [95% CI: −0.73- −0.01], p=0.036); internalized homonegativity: β= −0.08, [95% CI: −0.15- −0.01], p=0.045). The interaction term between political environment and external stigma was significant in Trump/Trump environments, indicating participants who both reside in the most conservative political environment and experience more enacted stigma had significantly fewer gains in perceived social inclusion compared to those who reside in Clinton/Clinton environments and have lower scores on the enacted stigma scale (β: −0.10, [95% CI: −0.18- −0.01], p=0.020). Interaction terms between political environment and other forms of minority stress were not significant.

DISCUSSION

This is the first study to examine gains in perceived social inclusion due to nationwide marriage equality among male couples across a broad range of U.S. States. The results show that gains in perceived social inclusion are not equally shared among male couples across the United States, and that minority stressors play a role in this disparity. This analysis also suggests that, in addition to minority stressors, the relationship between minority stress and a community's social norms may shape gains in perceived social inclusion for men who experience more instances of discrimination while also living in more socially conservative areas of the country.

Results did not support the primary hypothesis that gains in perceived social inclusion would differ by political environment. This finding may be a function of the marked increase in approval of same-sex marriage in recent years. While Republicans' approval of same-sex marriage (40%) is well below that of Democrats' (73%), approval among conservatives has more than doubled in less than a decade (Pew Research Center, 2017). Increasingly favorable views on same-sex marriage in socially conservative areas may mean that political environment alone is too broad a measure to detect differences in perceived social inclusion due to marriage equality.

The finding that men over 35 showed significantly fewer perceived gains in social inclusion after nationwide marriage equality may be related to the higher degrees of minority stress often felt by these men compared to those ages 18–24. The lived experiences of MSM typically include more instances of stigma and discrimination as they age- both as a natural result of having more time to accumulate negative experiences and due to the sexual stigma that remained largely unchecked in the United States until recently (Lyons, Pitts, & Grierson, 2013; Wight, LeBlanc, De Vries, & Detels, 2012). Therefore, higher levels of enacted stigma, anticipated stigma, and internalized homonegativity experienced by some men over 35 may be one reason for diminished perceptions of gains in social inclusion proffered by nationwide marriage equality. A more resilience-based approach to this finding is that men over 35 have adapted to exist in an environment where legal marriage was not an option- instead finding other ways to improve their perception of social inclusion. This may mean the legalization of same-sex marriage offers fewer gains for those who have already found other means of improving their feelings of social inclusion. One way of improving the perception of social inclusion is through affirming social networks. Evidence suggests the lack of time younger men have had to establish affirming social networks can make even relatively small differences in age (i.e. 18–24 vs. 35–44) meaningful in terms of buffering the effects of minority stress (Bauermeister et al., 2015; Johns et al., 2013; Kertzner, Meyer, Frost, & Stirratt, 2009). These two explanations are not mutually exclusive, and the degree to which each is relevant to an individual could be related to the exclusionary nature of his community's social norms and individual level of minority stress (Bauermeister et al., 2015).

Respondents who experienced more minority stress (enacted stigma, anticipated stigma, and internalized homonegativity) perceived significantly fewer gains in social inclusion. Feelings of minority stress are likely to reduce perceived social inclusion by increasing feelings of isolation (Everett, Hatzenbuehler, & Hughes, 2016; Meyer, 2016). Additionally, the

legalization of marriage equality is unlikely to change the social norms of a community where stigma and discrimination against MSM is high. The analysis shows that the combination of living in a state and county won by Donald Trump and experiencing more instances of discrimination (enacted stigma) is associated with fewer gains in perceived social inclusion. One potential explanation may be that the isolating social norms that can accompany these areas (i.e. exclusionary local or state policies, a lack of LGBT-friendly resources, refusal to provide services for same-sex weddings, and a dearth of affirming social networks) may compound the negative effects of enacted stigma on perceived social inclusion. This finding suggests that, while political climate may itself not be associated with differential gains in perceived social inclusion, the intersection of experiencing discrimination and the non-affirming social norms present in many Trump/Trump communities blunts how much nationwide marriage equality has improved a person's sense of inclusion in his community.

There are several limitations to this study. The cross-sectional nature of the data means that a causal link between minority stress, political environment, and perceived social inclusion cannot be established. Recruitment for Project Nexus began in April 2016 and continued until September 2017, with 60% of responses recorded prior to President Trump's inauguration. Respondents' perceptions of their social inclusion due to nationwide marriage equality may have been temporarily heightened in around the time of the 2016 election due to its focus on social issues- including same-sex marriage. While levels of social inclusion and minority stress between those who completed the survey before and after the 2016 election were not statistically different, this timing may still introduce a historical threat to internal validity. This analysis also used a binary measure of political environment, and did not assess either the margin by which either candidate won a particular area, nor its proximity to an area won by the opposite candidate. Additionally, few respondents lived in a Clinton/Trump political environment, limiting the ability to interpret findings for these areas. A more sensitive measure of political environment may allow for more nuanced results. The average levels of enacted and anticipated stigma were low, also limiting the interpretation of men with high levels of these types of stigma. Lastly, the progression of marriage equality at the state level since 2004 means that some respondents lived in areas where marriage equality was legal prior to *Obergefell v. Hodges*. While differences in social inclusion were not statistically different between those residing in states with and without marriage equality prior to June 2015, residing in a place with preexisting marriage equality may still mean a respondent perceives fewer gains in social inclusion from its legalization nationwide.

CONCLUSION

This study is the first to examine associations between nationwide marriage equality and perceptions of gains in social inclusion among male couples across a broad range of social and political contexts. The degree to which marriage equality has improved the perceptions of social inclusion is not significantly different across these contexts. However, experiencing enacted stigma and the conservative norms that accompany many states and counties carried by Donald Trump in the 2016 presidential election may work in tandem to reduce gains in perceived social inclusion, which can lead to poorer health outcomes for this already-marginalized population. While there are clear improvements to the perceptions of social

inclusion after nationwide marriage equality, the federal legalization of marriage is unlikely to change the social norms of a community where male couples already feel socially excluded. All partnered MSM, regardless of where they live, deserve to benefit equally from nationwide marriage equality. To achieve this, multilevel interventions aimed at changing social norms should be developed in conservative areas with elevated levels of discrimination through working with local advocates and organizations. Building safe, inclusive spaces in these areas may help decrease overall levels of minority stress, increase the ability of male couples to buffer existing minority stress, and improve perceptions of social inclusion.

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References

Ackerson LK, Kawachi I, Barbeau EM, & Subramanian S (2008). Effects of individual and proximate educational context on intimate partner violence: A population-based study of women in india. American Journal of Public Health, 98(3), 507–514. [PubMed: 18235066]

Antonakis J, Bendahan S, Jacquart P, & Lalive R (2010). On making causal claims: A review and recommendations. The Leadership Quarterly, 21(6), 1086–1120.

Badgett M (2011). Social inclusion and the value of marriage equality in massachusetts and the netherlands. Journal of Social Issues, 67(2), 316–334.

Bascle G (2008). Controlling for endogeneity with instrumental variables in strategic management research. Strategic Organization, 6(3), 285–327.

Bauermeister JA, Eaton L, Andrzejewski J, Loveluck J, VanHemert W, & Pingel ES (2015). Where you live matters: Structural correlates of HIV risk behavior among young men who have sex with men in metro detroit. AIDS and Behavior, 19(12), 2358–2369. doi:10.1007/s10461-015-1180-1 [PubMed: 26334445]

Berg RC, Ross MW, Weatherburn P, & Schmidt AJ (2013). Structural and environmental factors are associated with internalised homonegativity in men who have sex with men: Findings from the european MSM internet survey (EMIS) in 38 countries. Social Science & Medicine, 78, 61–69. [PubMed: 23261257]

Bunn JY, Solomon SE, Miller C, & Forehand R (2007). Measurement of stigma in people with HIV: A reexamination of the HIV stigma scale. AIDS Education and Prevention, 19(3), 198–208. doi: 10.1521/aeap.2007.19.3.198 [PubMed: 17563274]

Cohen S, & Wills TA (1985). Stress, social support, and the buffering hypothesis. Psychological Bulletin, 98(2), 310. [PubMed: 3901065]

Crandall CS, Miller JM, & White MH (2018). Changing norms following the 2016 US presidential election: The trump effect on prejudice. Social Psychological and Personality Science,, 1948550617750735.

Diez-Roux AV (2000). Multilevel analysis in public health research doi:10.1146/annurev.publhealth.21.1.171

Everett BG, Hatzenbuehler ML, & Hughes TL (2016). The impact of civil union legislation on minority stress, depression, and hazardous drinking in a diverse sample of sexual-minority women: A quasi-natural experiment. Social Science & Medicine, 169, 180190.

Finneran C, & Stephenson R (2014). Intimate partner violence, minority stress, and sexual risk-taking among U.S. men who have sex with men. Journal of Homosexuality, 61(2), 288–306. doi: 10.1080/00918369.2013.839911 [PubMed: 24383859]

Frost DM, Lehavot K, & Meyer IH (2013). Minority stress and physical health among sexual minority individuals. Journal of Behavioral Medicine,, 1–8. doi:10.1007/s10865-013-9523-8

Gates GJ (2006). Same-sex couples and the gay, lesbian, bisexual population: New estimates from the american community survey.

Graham JM, & Barnow ZB (2013). Stress and social support in gay, lesbian, and heterosexual couples: Direct effects and buffering models. Journal of Family Psychology, 27(4), 569. [PubMed: 23795604]

Ha H, Risser JM, Ross MW, Huynh NT, & Nguyen HT (2015). Homosexualityrelated stigma and sexual risk behaviors among men who have sex with men in hanoi, vietnam. Archives of Sexual Behavior, 44(2), 349–356. [PubMed: 25617010]

Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. (). Washington, DC: Institute of Medicine Retrieved from https://iom.nationalacademies.org/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People/Report-Brief.aspx?page=2

Iyengar S, & Westwood SJ (2015). Fear and loathing across party lines: New evidence on group polarization. American Journal of Political Science, 59(3), 690–707.

Johns MM, Pingel ES, Youatt EJ, Soler JH, McClelland SI, & Bauermeister JA (2013). LGBT community, social network characteristics, and smoking behaviors in young sexual minority women. American Journal of Community Psychology, 52(1–2), 141–154. [PubMed: 23783884]

Kelleher C (2009). Minority stress and health: Implications for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) young people. Counselling Psychology Quarterly, 22(4), 373–379.

Kertzner RM, Meyer IH, Frost DM, & Stirratt MJ (2009). Social and psychological well-being in lesbians, gay men, and bisexuals: The effects of race, gender, age, and sexual identity. American Journal of Orthopsychiatry, 79(4), 500. [PubMed: 20099941]

Kurdek LA (2004). Are gay and lesbian cohabiting couples really different from heterosexual married couples? Journal of Marriage and Family, 66(4), 880–900.

Liu H, Feng T, Rhodes AG, & Liu H (2009). Assessment of the chinese version of HIV and homosexuality related stigma scales. Sexually Transmitted Infections, 85(1), 65–69. doi:10.1136/sti.2008.032714 [PubMed: 18790858]

Lyons A, Pitts M, & Grierson J (2013). Factors related to positive mental health in a stigmatized minority: An investigation of older gay men. Journal of Aging and Health, 25(7), 1159–1181. [PubMed: 23860179]

Metheny N, & Stephenson R (2017). How the community shapes unmet need for modern contraception: An analysis of 44 demographic and health surveys. Studies in Family Planning, 48(3), 235–251. [PubMed: 28722175]

Meyer IH, Dean L, & Herek G (1998). Internalized homophobia, intimacy, and sexual behavior among gay and bisexual men. Psychological Perspectives on Lesbian and Gay Issues, 4, 160–186.

Meyer IH (1995). Minority stress and mental health in gay men. Journal of Health and Social Behavior, 36(1), 38–56. [PubMed: 7738327]

Meyer IH (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychological Bulletin, 129(5), 674697. doi:10.1037/0033-2909.129.5.674

Meyer IH (2010). Identity, stress, and resilience in lesbians, gay men, and bisexuals of color. Counseling Psychologist, 38(3), 442–454. doi:10.1177/0011000009351601

Meyer IH (2016). Does an improved social environment for sexual and gender minorities have implications for a new minority stress research agenda? Psychology of Sexualities Review, 7(1), 81–90. [PubMed: 27642514]

Otis MD, Rostosky SS, Riggle ED, & Hamrin R (2006). Stress and relationship quality in same-sex couples. Journal of Social and Personal Relationships, 23(1), 81–99.

Pew Research Center. (2014). Political polarization in the american public (). Retrieved from http://www.people-press.org/2014/06/12/section-3-political-polarization-and-personal-life/

Pew Research Center. (2017). Changing attitudes on gay marriage. Retrieved from http://www.pewforum.org/fact-sheet/changing-attitudes-on-gay-marriage/

Ramos C, Goldberg NG, & Badgett M (2009). The effects of marriage equality in massachusetts: A survey of the experiences and impact of marriage on same-sex couples. The Williams Institute,

Ross M, Kajubi P, Mandel J, McFarland W, & Raymond H (2013). Internalized homonegativity/homophobia is associated with HIV-risk behaviours among ugandan gay and bisexual men. International Journal of STD & AIDS, 24(5), 409–413. [PubMed: 23970711]

Rostosky SS, Riggle ED, Gray BE, & Hatton RL (2007). Minority stress experiences in committed same-sex couple relationships. Professional Psychology: Research and Practice, 38(4), 392.

Sanders S (2016, October 30, 2016). 2016 has been A mixed bag for LGBT politics. National Public Radio Retrieved from https://www.npr.org/2016/10/30/499895397/2016-has-been-a-mixed-bag-for-lgbt-politics

Smolenski DJ, Diamond PM, Ross MW, & Rosser BRS (2010). Revision, criterion validity, and multigroup assessment of the reactions to homosexuality scale. Journal of Personality Assessment, 92(6), 568–576. doi:10.1080/00223891.2010.513300 [PubMed: 20954058]

Steele F, Clarke P, Leckie G, Allan J, & Johnston D (2016). Multilevel structural equation models for longitudinal data where predictors are measured more frequently than outcomes: An application to the effects of stress on the cognitive function of nurses. Journal of the Royal Statistical Society.Series A: Statistics in Society, doi:10.1111/rssa.12191

Steele F, Diamond I, & Amin S (1996). Immunization uptake in rural bangladesh: A multilevel analysis. Journal of the Royal Statistical Society.Series A: Statistics in Society, 159(2), 289–299.

Obergellfell et al. v. hodges, (2015). Retrieved from https://www.supremecourt.gov/opinions/14pdf/14-556_3204.pdf

Szymanski DM, Kashubeck-West S, & Meyer J (2008). Internalized heterosexism: Measurement, psychosocial correlates, and research directions. The Counseling Psychologist, 36(4), 525–574.

Townhall Media. (2017). Election results 2016. Retrieved from https://townhall.com/election/2016/president/

United Nations Department of Economic and Social Affairs. (2016). Leaving no one behind: The imperative of inclusive development. (). New York: United Nations Retrieved from http://www.un.org/esa/socdev/rwss/2016/chapter1.pdf

White D, & Stephenson R (2014). Identity formation, outness, and sexual risk among gay and bisexual men. American Journal of Men's Health, 8(2), 98–109. doi:10.1177/1557988313489133 [doi]

Wight RG, LeBlanc AJ, De Vries B, & Detels R (2012). Stress and mental health among midlife and older gay-identified men. American Journal of Public Health, 102(3), 503–510. [PubMed: 22390515]

Wight RG, LeBlanc AJ, & Lee Badgett M (2013). Same-sex legal marriage and psychological well-being: Findings from the california health interview survey. American Journal of Public Health, 103(2), 339–346. [PubMed: 23237155]

Zickar MJ, Balzer WK, Aziz S, & Wryobeck JM (2008). The moderating role of social support between role stressors and job attitudes among roman catholic priests. Journal of Applied Social Psychology, 38(12), 2903–2923.

Table 1:

Sample Characteristics

Variable	Percentage (n)	Mean (SD)	Percent Missing (n)
Outcome Variable			
Social Inclusion Scale (4–20; high=more inclusion)		13.30 (2.97)	1.49 (9)
Sociodemographic Variables			
Age			0.17 (1)
18–24	33.53 (167)		
25–34	50.20 (250)		
35+	16.27 (81)		
Race			
White	62.65 (312)		0 (0)
Black	8.84 (44)		
Latino-any race	11.24 (56)		
Other	17.27 (86)		
Sexual Orientation			0.17 (1)
Gay/Homosexual	98 (488)		
Education			0.17 (1)
College graduate	49 (244)		
Employment			0.17 (1)
Employed Full-Time	65.66 (327)		
Political Environment			1.16 (7)
Trump state/Trump county	25.61 (126)		
Trump state/Clinton county	33.74 (166)		
Clinton state/Trump county	3.66 (18)		
Clinton state/Clinton county	36.99 (182)		
Stigma Variables			
Anticipated (10–50; high=more stigma)		37.22 (7.64)	12.60 (76)
Internalized (7–35; high=more stigma)		14.72 (3.38)	12.11 (73)
External (14–84; high=more stigma)		24.35 (9.19)	12.94 (78)

Table 2:

Perceived Social Inclusion after Nationwide Marriage Equality

Analysis 1: Mean Score on Social Inclusion Scale by Political Environment			
Political Environment	**Mean Inclusion Score**	**Standard Deviation**	**F= (p-value)**
Trump/Trump	13.17	2.98	0.15 (0.93)
Trump/Clinton	13.26	2.93	
Clinton/Trump	13.50	2.83	
Clinton/Clinton	13.37	3.07	
Analysis 2: Regression Analyses: Political Environment, Sociodemographic Variables, and Minority Stressors			
Covariate	**β-coefficient**	**95% CI**	**p-value**
Age (18–24)			
25–34	−0.39	−1.01–0.22	0.213
35+	−1.58	−2.40- −0.76	<0.000 *
Education (less than college)	−0.18	−0.73–0.37	0.523
Employed (less than full time)	0.09	−0.48–0.67	0.755
Race (White)			
Black	0.30	−0.65–1.23	0.541
Latino- any race	0.87	0.02–1.71	0.044 *
Other	0.02	−0.72–0.72	0.997
Both Dyad Members Answered	−0.45	−1.17–0.26	0.215
Anticipated Stigma	−0.04	−0.07- −0.01	0.040
Internalized Stigma	−0.08	−0.07–0.01	0.045
Enacted Stigma	−0.03	−0.06- −0.02	0.036 *
Political Environment (Clinton/Clinton)			
Trump/Trump	0.11	−0.59–0.82	0.754
Trump/Clinton	0.76	−0.58–0.73	0.819
Clinton/Trump	0.47	−1.00–1.94	0.533
Interactions between Political Environment and Minority Stressors (Independent Models for Each Interaction Term)			
Covariate	**β-coefficient**	**95% CI**	**p-value**
Political Environment# Enacted Stigma			
Trump/Trump	−0.09	−0.17- −0.01	0.045 *
Trump/Clinton	−0.02	−0.09–0.04	0.497
Clinton/Trump	−0.05	−0.25–0.15	0.621
Political Environment# Anticipated Stigma			
Trump/Trump	0.011	−0.07–0.097	0.798
Trump/Clinton	−0.03	−0.11–0.05	0.534
Clinton/Trump	−0.06	−0.25–0.13	0.530
Political Environment# Internalized Homonegativity			

Trump/Trump	−0.18	−0.37–0.01	0.066
Trump/Clinton	−0.10	−0.30–0.09	0.295
Clinton/Trump	−0.12	−0.49–0.24	0.515

* =p<0.05