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Abstract

As part of a larger online survey, we conducted an internet-based study that included both qualitative and quantitative data from a national non-probability sample to examine how sexual minority women and gender non-conforming individuals described their experiences and concerns after the 2016 election. The current study explores responses in relation to local social and political climate. Quantitative analysis of survey responses ($N=969$) examined changes in participant concerns relative to state policy context (number of positive policies offering equal rights and protections for LGBTQ communities) and size of community (e.g., urban and rural). Analysis of narrative responses to open-ended questions ($n=605$) explored experiences and perceptions of safety and support relative to geographic location. Quantitative analyses showed no difference in levels of concern by size of community of residence and greater concerns among participants in higher equality states compared to those in negative equality states. Qualitative analyses revealed two broad categories of themes: perceptions of safety and support in the state, region or local context (safe havens and hostile locations); and strategies for navigating in the current or changing local social and political landscape (hunkering down in safe places and with safe people, increasing vigilance and evasion, fleeing unsafe locations, and paving the road to a better future). Findings underscore the broad impact of national elections on perception of safety and civil rights at all levels of the social and political environment.

Keywords: sexual minority women, gender-non conforming, transgender, election, social climate, geographic location.

Introduction

Stigma impacting sexual and gender minorities (SGM) in the U.S. is persistent, despite improvements in public attitudes over time. Stigma occurs at multiple levels: individual, interpersonal, and structural (Hatzenbuehler & Pachankis, 2016; Hatzenbuehler, Phelan, & Link, 2013; Hughto, Reisner, & Pachankis, 2015). Structural stigma is defined as “societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being of the stigmatized” (Hatzenbuehler & Link, 2014, p.2). Interpersonal stigma refers to direct expressions of prejudice and discrimination by non-stigmatized individuals in interactions with stigmatized individuals, such as verbal or physical abuse, rejection by family members, and differential negative treatment by health providers. Interpersonal stigma also includes microaggressions, which are "behaviors and statements, often unconscious or unintentional, that communicate hostile or derogatory messages, particularly to members of targeted social groups" (Nadal, Whitman, Davis, Erazo, & Davidoff, 2016, p. 488). Individual-level stigma involves feelings and attitudes people hold about themselves (such as internalized negativity) or the beliefs they perceive that others hold (e.g., anticipating rejection), which in turn impacts behavior, such as concealment of identity and other strategies to avoid stigma (Hatzenbuehler & Pachankis, 2016; Hughto et al., 2015).

Impact of SGM-Related Stigma on Health

Stigma contributes to disparities in health among SGM individuals by increasing stress (which is linked to physical and mental health outcomes) and by impeding access to resources (e.g., access to affirming healthcare, equity in employment) that impact health (Hughto et al., 2015). Research in the last decade has documented a robust relationship between structural stigma and the health and well-being of SGM individuals (Hatzenbuehler, 2016; Hatzenbuehler, Jun, Corliss, & Austin, 2015; Hatzenbuehler & Pachankis, 2016; Hughto et al.,

2015; Lick, Durso, & Johnson, 2013). For example, studies conducted prior to the U.S. Supreme Court decision extending same-sex marriage rights in all states found that sexual minorities living in states that recognized same-sex marriages reported lower levels of psychological distress, vigilance, and isolation compared to those living in states without marriage recognition or those living states where marriage restriction amendments to state constitutions were on the ballot (Frost & Fingerhut, 2016; Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010; Riggle, Rostosky, & Horne, 2009; Riggle, Wickham, Rostosky, Rothblum, & Balsam, 2016; Rostosky, Riggle, Horne, & Miller, 2009). Similarly, sexual minorities living in states with more supportive social and political climates (e.g., policy-level protections against discrimination in employment and support for same-sex marriage) compared to those in less supportive or unsupportive states, reported better overall health and well-being, less psychiatric morbidity, and fewer disparities in health risk behaviors such as smoking (Hatzenbuehler, Flores, & Gates, 2017; Hatzenbuehler, Keyes, & Hasin, 2009; Rostosky et al., 2009; Solazzo, Brown, & Gorman, 2018).

The influence of the political and social climate on health is underscored by findings from recent analyses of longitudinal data from Sweden (Hatzenbuehler, Bränström, & Pachankis, 2018). As structural stigma decreased over a 10-year time period in Sweden, reported levels of psychological distress and threats of, or actual violence, by gay men and lesbian women decreased. These reductions eliminated disparities in psychological distress between gay men, lesbian women, and heterosexuals.

Structural and Social Stigma in the U.S.

Structural and social stigma in the U.S. have changed over time, as evidenced by increased support for sexual minorities in public opinion polls (Gallup, 2017), support for marriage

recognition (Pew Research Center, 2017; Tankard & Paluck, 2017), legislation (e.g., repeal of the Defense of Marriage Act, bans on reparative therapy), the abolition of discriminatory policies (e.g., Department of Defense's "Don't ask, don't tell" policy), and the adoption of inclusive non-discrimination policies by businesses, cities, and states (Herek, 2015; Levy & Levy, 2016).

Public attitudes and laws supporting transgender and gender non-conforming individuals have also improved, but less consistently than social support and legal protections for sexual minorities (Movement Advancement Project, 2015). Despite these changes, hate crimes, bullying, and discrimination persist (Herek, 2015; National Bullying Prevention Center, 2017). For example, according to FBI reports, hate crimes in the U.S. increased in 2016, with the highest rates motivated by bias toward race, ethnicity, ancestry (58.7%); religion (21%); and sexual orientation (17.7%) (U.S. Department of Justice, 2016). Furthermore, a growing number of states have introduced anti-LGBTQ bills, such as laws permitting discrimination against SGM people in health care and public accommodations (ACLU, 2018; Levy & Levy, 2016; Movement Advancement Project, 2015).

The recent 2016 presidential election represents an important political event that has led to significant shifts in policy and social climate on both national and local levels (Gonzales & McKay, 2017; Williams & Medlock, 2017). These shifts have included efforts to impede and retract policies designed to protect the rights of marginalized citizens, including LGBTQ people, and have created a growing wave of concern about the health and well-being of LGBTQ communities (Gonzales & McKay, 2017; Tan, Baig, & Chin, 2017). Emerging studies exploring the impact of the election on SGM health and well-being have documented increased concerns about health and safety and reports of violence, hate speech, and discrimination as well as increased anxiety, depression, alienation, and reduced self-disclosure (Garrison, Doane, &

Elliott, 2018; Gonzalez, Ramirez, & Galupo, 2018; Haimson & Hayes, 2017; Veldhuis, Drabble, Riggle, Wootton, & Hughes, 2018a; Veldhuis, Drabble, Riggle, Wootton, & Hughes, 2018b).

Health researchers and practitioners have raised concerns about the negative health effects of election-related events, policies, messages and general hostility toward individuals and communities that may feel stigmatized, marginalized, or targeted (e.g., race/ethnic minorities, SGM communities, Muslims, or immigrants; Williams & Medlock, 2017). Negative impacts on SGM communities are probable if there are reductions in funding for SGM health research, reductions in access to health care, or the adoption of policies that enable discrimination (Gonzales & McKay, 2017). For example, negative impacts are likely with the passage of state policies that allow health care providers to discriminate against LGBTQ individuals for self-proclaimed religious or moral reasons (Gonzales & McKay, 2017; Wang, Geffen, & Cahill, 2016) and the creation of a new division in the Office of Civil Rights (U.S. Department of Health and Human Services) to protect health providers from the consequences of violating non-discrimination policies when they deny services to LGBTQ individuals. Tan and colleagues (2017) suggest that increased hostility in the social climate and health-related policies proposed since the 2016 election would likely have an even greater negative impact on SGM people of color.

Social climate and support for policies designed to protect the rights of LGBTQ individuals vary considerably by state and region. Advocacy organizations have documented considerable variation between states in the U.S., and the degree to which states have extended protections against discrimination towards SGM people (e.g., employment, housing, and public accommodations), implemented inclusive adoption and parenting laws, addressed health and safety issues (e.g., non-discrimination in health coverage and inclusive anti-hate crimes legislation),

and enabled transgender people to correct gender markers in identity documents (ACLU, 2018; Movement Advancement Project, 2015). Findings from several studies suggest that support for policies that protect the rights of LGBTQ communities is greater, and experiences of discrimination among SGM individuals are lower, in urban environments than in rural areas (Casazza, Ludwig, & Cohn, 2015; Stange & Kazyak, 2016; Swank, Frost, & Fahs, 2012). Experiences of victimization (e.g., being verbally harassed, physically assaulted, or experiencing property damage) appear to be greater among more visible sexual minorities living in rural or small town contexts, and are more common among sexual minority people of color than white sexual minorities in both rural and urban contexts (Swank, Fahs, & Frost, 2013).

Stigma and Geographic Location

Although a few recent studies have examined the impact of the U.S. presidential election on SGM individuals regarding concerns about discrimination and stigma (Brown & Keller, 2018; Veldhuis et al., 2018a), concerns about violence (Veldhuis et al., 2018b), health and stress (Garrison, Doane, & Elliott, 2017; Gonzalez, Ramirez et al., 2018), family relationships (Brown & Keller, 2018; Gonzalez, Pulice-Farrow, & Galupo, 2018), motivations for marriage (Lannutti, 2018), and resiliency (Brown & Keller, 2018; Riggle, Rostosky, Drabble, Veldhuis, & Hughes, 2018), little is understood about SGM experiences related to the 2016 presidential election in varying geographic locations. Social norms and political values vary by region in the U.S. (Fisher, 2016), and regional culture may be even more important to SGM health than rural vs. urban residence (Fisher, Irwin, & Coleman, 2014). Supportive or stigmatizing political and social climates that impact SGM people operate on a continuum, from distal manifestations (such as state and national policy, regional social norms, economic and social service infrastructure) to more proximal manifestations (such as workplaces, schools, healthcare, schools, and religious

congregations) (Oswald & Holman, 2013). Residential community climate reflects the level of support for SGM communities within a locale (Oswald, Cuthbertson, Lazarevic, & Goldberg, 2010). Research is needed to better understand how the 2016 presidential election has impacted experiences and perceptions of both distal and proximal political and social climates among sexual and gender minorities.

As part of a pilot study to develop measures for a larger funded study of sexual minority women's health, our research team conducted a national online survey which asked about how recent events—particularly marriage equality and the 2016 presidential election—had impacted individuals' perceptions of health and well-being. The broader study focused on sexual minority women and transgender or gender non-conforming individuals because sexual minority women; e.g., lesbian and bisexual) and transgender/gender non-conforming individuals are underrepresented in research (Coulter, Kenst, & Bowen, 2014) and face potentially higher levels of oppression due to their multiple marginalized identities (Hagen, Hoover, & Morrow, 2018). Greater marginalization and underrepresentation in the socio-political power structures in the U.S. may magnify the impact of changes in the political and social environment on sexual minority women and transgender or gender non-conforming individuals. Initial findings focusing on concerns and perceptions of participants in relation to the outcome of the 2016 election are reported elsewhere (Veldhuis, 2018a). The current study explored how participants in different geographic regions experienced the outcome of the 2016 election. Research questions guiding this study were:

1. How do changes in level of concern among sexual minority women, transgender, and gender non-conforming individuals after the 2016 election differ by state social/political climate and size of residence? We hypothesized that participants in

low equality states and in rural areas would report greater increases in concern than participants in high equality states or urban areas.

2. How do sexual minority women, transgender, and gender non-conforming individuals describe their experiences and perceptions of the social and political climate in relation to geographical location since the 2016 election?

Methods

Design

Data for this study were drawn from a sub-component of a larger mixed-methods study in which we invited sexual minority women, transgender, and gender non-conforming individuals to complete an online survey about their perceptions of marriage equality, the 2016 election, and other policies.

Participants and Procedure

The study was advertised as a survey about “Marriage Recognition and Recent Political Events.” Data were collected between December 13, 2016 and December 31, 2017. All study procedures were approved by the San Jose State University Institutional Review Board. We recruited participants using on-line venues (e.g., online publications such as AfterEllen, Autostraddle, and Curve), listservs, and social media sites (e.g., Facebook and twitter) with advertisements designed to reach individuals over the age of 18 who identified as lesbian, bisexual, queer, same-sex attracted or something other than exclusively heterosexual—or who identified as transgender or gender non-conforming (e.g., genderqueer, trans woman, trans man, non-binary, gender fluid). To increase diversity, a supplemental panel sample of 200 sexual minority women of color was obtained through Qualtrics. Although data for participants from all sources of referral were incomplete, approximately 54% of the responses were collected over

a period of 5 days after announcements were circulated in online publications and 21% of the sample was from the Qualtrics sample.

Data from those who did not meet eligibility criteria (i.e., younger than 18 years old, not identified as a sexual minority woman, transgender, or gender non-conforming) were excluded, as were participants with missing data on key variables and those who resided outside of the United States, resulting in an analytic sample of 969 participants. The qualitative sample included 605 participants who responded to at least one of the open-ended questions. Table 1 summarizes the overall demographics of the sample. Almost 60% identified as lesbian, 27.6% identified as bisexual, and 13.4% identified as queer or another sexual identity. Most of the sample (77.5%) identified as female, 8.2% identified as transgender, and 14.3% as non-binary or another gender identity. More than one-half of the sample was White (65.1%), almost 20% was Black (18.8%), 7.4% was Asian/Pacific Islander, 6.7% was Latinx, 1.8% was American Indian/Alaska Native, and 0.2% “other.” A great majority of participants (90.1%) had at least some post high school education (vocational training or college), and most (42.4%) lived in a large city, a suburb (20.4%), or a medium-sized city (21.1%). More than one-half of the sample (60.5%) lived in states with a high level (19 or more) of policies supportive of LGBTQ individuals (60.5%).

Measures

Open-ended questions. Responses of primary interest in the current analysis were to the first open-ended question, which invited participants to "share with us your thoughts or concerns related to the current political and social environment." Participants were also asked, "In what ways has the election affected your relationships (e.g., intimate relationships, familial relationships, relationships with friends)?" Because some participant responses to this second

question were pertinent to the current research question (e.g., comments about the impact on relationships with people in extended social networks and community), responses to both questions were read for context and additional information about the experiences of the participant. If the participant wrote specifically about experiences and perceptions related to social and political climate in their responses, that portion of the response was coded as part of the analysis. Length of responses varied from one word to multiple paragraphs (range = 1 to 706 words).

Quantitative measures. A total score for increased level of concern was created as an outcome measure for this study. Participants selected “the category that best reflects your level of concern or feelings compared to how you felt before the election,” using a 7-category scale (much higher, moderately higher, slightly higher, about the same, slightly lower, moderately lower, much lower). Six items related to level of concerns after the election were used to create an overall concern score: concerns about LGBTQ rights, concerns about personal safety, concerns about the safety of others, concerns about discrimination, concerns about social acceptance, and concerns about social rejection. The aggregate concern score was used as an outcome measure for the current study; the score ranged from 7 to 42, with higher scores indicating greater increase in level of concern.

Two measures related to regional political and social climate were used in the study as independent variables. First, participants were asked their state of residence. Participants were then classified as living in one of four state policy contexts based on the Movement Advancement Project (MAP): high equality, medium equality, low equality, or negative equality (Movement Advancement Project, 2015). The MAP state classifications are based on a "policy tally" of six categories of laws: marriage and relationship recognition (prior to extension of

marriage recognition to all states), adoption and parenting, non-discrimination, safe schools, health and safety, and ability for transgender people to correct their gender marker on identity documents. One point was awarded to the state for each positive law (e.g., inclusion of LGBTQ populations in non-discrimination laws and hate crime laws) and a fraction was assigned for local laws that did not cover the entire state (e.g., protections against discrimination for state, but not all, employees). A point was deducted for negative laws that harm or target LGBTQ people (e.g., laws banning cities or counties from passing LGBTQ anti-discrimination laws or prohibiting school districts from passing LGBTQ non-discrimination or anti-bullying policies). The MAP final state policy tallies ranged from -6 to 29.25 and were classified as follows: High equality states (19 or more positive policies), medium equality states (7-18.99 positive policies), low equality states (0-6.99 positive policies), and negative equality states (predominantly negative policies). Second, participants were also classified as living in one of four types of community: large city, suburb near a large city, medium sized city (50,000 to 250,000 residents), and small city or town (less than 50,000 residents) or rural (on a farm in open country, in open country but not on a farm, or other).

Demographic variables included the following: sexual identity (lesbian, bisexual, queer, or other), gender identity (identified as female, transgender, or non-binary/genderqueer), race/ethnicity (American Indian/Alaska Native, Asian Pacific Islander, Black, Latinx, White, other), and education (high school diploma or less vs. some college or more).

Data Analysis

Qualitative Analysis. We conducted inductive thematic analysis of all narrative responses to identify patterned responses or meanings associated with the research questions (Braun & Clarke, 2006). After immersion in the data by reading and re-reading responses, the

first, third, and four authors independently coded a set (40 each) of narratives to identify provisional codes. Codes were compared across the three independently coded data sets to assess consistency; inter-coder reliability was 93%. The coders and the second author used an iterative process to further define and refine themes. Experts suggest using at least two strategies to ensure trustworthiness of data analysis in qualitative research (Cresswell & Poth, 2018). One strategy used in the current study involved an audit trail to log changes to the coding sheet, definitions of codes, and to review analytic decisions. In addition, the coders met regularly throughout the analysis to review similarities and differences in interpretation and to reflect on individual biases, values, and experiences. Finally, the findings were examined and verified by the fifth author who had not previously participated in qualitative data analysis as a final check on the stability and trustworthiness of the data analysis.

Quantitative analysis. Bivariate analyses were used to examine the distributions of election concerns by sexual identity, gender identity, and race/ethnicity, age, state political context, and presence of anti-discrimination policies. We fit unadjusted ANOVA models to the data to examine differences in election concern scores for categorical variables. Covariates in these models included sexual identity, gender identity, race/ethnicity, education, and city/residence size. All analyses used SPSS version 24.

Results

Changes in Level of Concern by State and Size of City/Residence

Overall, levels of concerns about the election were high, with 89% of the sample reporting greater concern, and 3% reporting lower concerns since the election. Table 2 summarizes the main effects for the geographic location on level of concern after the election. We found no effects of the size of the city/residence on election concerns, $F(4, 930) = 1.320, ns$.

There were, however, significant unadjusted associations between increased concern by level of LGBTQ equality in state policies, $F(3, 839) = 4.006, p < .01$. The significant association between level of protective policies and election concerns remained significant after controlling for covariates (sexual identity, gender identity, race/ethnicity, education, and city/residence size), $F(8, 830) = 3.025, p < .05$. Follow-up pairwise comparisons indicated significantly higher levels of concerns among those in high equality states ($M = 36.29, SE = .23; p < .01$), medium ($M = 36.94, SE = .72; p < .05$) or low states ($M = 35.99, SE = .35; p < .05$), compared to those in negative equality states ($M = 34.07, SE = .77$).

Table 2 also summarizes the main effects for level of concern after the election by demographic variables. Level of concern did not vary significantly by sexual identity, $F(2, 947) = 2.526, ns$. There were significant differences by gender identity, race/ethnicity, and education. In follow-up analyses, participants who identified as female ($M = 35.76, SD = 5.65$) reported significantly lower levels of election concerns compared to those who identified as transgender ($M = 37.33, SD = 5.29; p < .05$) and non-binary ($M = 37.78, SD = 3.59; p < .01$). There was also an effect of race/ethnicity, $F(5, 839) = 18.847, p < .001$. White participants reported significantly higher levels of concerns ($M = 37.17, SD = 4.02$) compared to participants who were Black ($M = 33.20, SD = 7.33; p < .001$), American Indian/Alaska Native ($M = 32.65, SD = 6.86; p < .01$), and those who were Asian/Pacific Islanders ($M = 35.25, SD = 7.02; p < .05$). Latinx participants ($M = 36.69, SD = 5.31; p < .001$) reported significantly higher levels of concerns than Black participants. No other significant racial/ethnic differences were observed. Participants who had more than a high school diploma ($M = 36.58, SD = 4.91$) reported higher levels of election concerns than those with a high school diploma or less ($M = 32.05, SD = 7.78$), $t = -5.499, p < .001$.

Participant Experiences and Perceptions of Local Social and Political Climate

Quantitative findings documented a high level of concern across participants. Findings also demonstrated that participants in states with at least some positive policies (high, medium, or low equality states) had higher levels of concern than those in states with negative policies. The themes that emerged from qualitative analyses, described below, provided more nuanced insight into the depth and dimensions of these concerns. Furthermore, the narratives offer a rich perspective about how participants experienced changes in state and local political and social climates, which is particularly helpful given the unexpected quantitative finding of greater increases in concern among participants in higher equality states.

Two broad categories of themes emerged from participants' narratives about characteristics of, and their responses to, local social and political landscapes. First, participants described changes and characteristics of their local and political landscape in relation to overall experiences of safety and support. Second, they described strategies for navigating the current or changing local social and political landscape. Specific themes that emerged in each of these areas are described below.

Safe havens and hostile locations.

Three general subthemes emerged in how participants described the current or changing local landscape: 1) feeling safe, welcome and protected - but worried for others outside their location; 2) noticing or anticipating trouble within a safe "bubble;" and 3) living in hostile locations perceived as unsafe and rejecting.

Feeling safe, welcome, and protected - but concerned for others. Participants frequently described being grateful or relieved to reside a specific city, state, or region that they deemed safe and supportive. These statements were often linked with contrasting observations about

places or people perceived to be less-safe or supported. For example, one participant commented on her state:

I am very grateful to be living in Hawai'i during this time. It is much more progressive here than it is on the mainland right now. We do not see or experience as much LGBT discrimination as people are on the mainland. Most of the time any LGBT discrimination or harassment actually comes from people who are visiting from the mainland.

Other participants identified their city or region as safe "bubbles" or "liberal bastions." For example, one participant observed, "We live in a bubble in Washington DC filled with wonderful left-leaning progressives; we know that if we were living outside of this bubble, we would be terrified for our physical safety, employment, and basic human rights." Another reflects, "I have never been so thankful to live in California/San Francisco; I'm terrified for folks who live in less accepting areas, and have heard of hate crimes in my own community and fear it's worse for folks outside of liberal bastions." Similarly, several participants contrasted their relative safety with concerns about people living in more "conservative" regions. One participant notes, "I'm terrified, not so much for myself and my wife because we live in a liberal state in an even more liberal enclave, but for the country as a whole, and for people—especially LGBT youth—who live in more conservative places." Another reflects, "As someone who lives in a suburb in a generally safe state, I'm not too concerned for myself, but I'm always scared for people who live in places that are more conservative or less safe than where I live." Another participant contrasts her perception of safety or rights in a local context compared to other regions of the U.S.:

I live in Berkeley, CA. one of the most liberal, accepting cities in the country. I am not easily identifiable as a lesbian by my appearance. Therefore, I am not particularly

worried about my safety or even my rights, although I now worry about the rights of LGBT people as a whole in this country due to what appears to be a political lurch to the right at the federal government level and in many parts of the country.

Sometimes participants contrasted their sense of local safety with the risks faced by others with intersecting identities and risks for marginalization. For example, one participant observed, "I have a lot of concerns about LGBTQ folks who live outside major cities, and for people with intersecting identities (e.g. LGBTQ immigrants and POC [people of color])."

Another noted:

I am frightened for the safety of LGBTQ people outside of where I live (the San Francisco Bay Area), people of color (especially Black, Native American Indian, and Latinx people), immigrants (especially the undocumented), Muslims, and Sikhs or others who are frequently mistaken for Muslims.

Trouble in my "bubble" - noticing and anticipating problems.

Several participants explicitly noted that their city or state, which should be a safe haven, was perhaps not so safe. For example, one participant observed, "Since the election got heated, I have experienced negative feedback related to my sexuality and my racial background, all in my little liberal city." Another participant noted "I'm fortunate to live in a diverse neighborhood, seemingly less susceptible to this kind of hate, but I have seen graffiti calling out 'Dykes and Fags' in my neck of the woods. I wasn't expecting that here, I thought New Yorkers were better than that." This theme was also reflected in narrative of another participant who described herself as "a white-passing and straight-passing and nondisabled Latina" and commented on experiencing negative interactions with both conservatives and liberals in her community:

It's disconcerting that we pretend Trump came into power from disaffected poor rural white people. I live and work in Boulder as a bartender and the racist, sexist, classist,

homophobic remarks I have received from 'liberals who hate Trump' is astounding. We have real issues in this country that are larger than just one party. Even if we are able to stay safe in Trump's America, there are so many cis heterosexual middle-class white people who think none of this stuff really matters and it's all in our heads.

Many participants described living in havens but having concerns about negative post-election changes, exemplified by the observation that "it seems like it's all taking place somewhere else from where I live and doesn't directly affect me or my family yet but I'm concerned things could change." Some participants expressed concern that the social climate would worsen and that expressions of hostility would become normative: "I live in D.C., which, as a city, leans liberal.... D.C. is historically a lesbian-friendly city, but I do wonder if more hostile attitudes will come out of the woodwork with Trump in power." A few participants identified changes in state and national policies as a threat to their local safe haven, such as one participant who stated, "I live in Austin, Texas, and my LGBTQ friends and I agree that it's a great place to be--I love it" then added, "However, this election has me terrified, because Texas is notoriously homophobic. I'm incredibly worried about the bills Texas could (and probably will) pass." Similarly, another participant commented, "as accepting as my own community may be, I worry about how that might change, and I worry about how national and state legislation could affect my life and the lives of all LGBT people in the country."

Living in hostile locations. Narratives describing fear and alienation related to living in hostile locations were common. In these narratives, it was typical for participants to identify state and local contexts in tandem with specific concerns. For example, one respondent stated, "with the current administration, women's rights, LGBTQ issues, racial issues, and the hate that is being spewed makes life for me and my spouse much harder to be ourselves as we are a mixed

race couple in a very backwards state." Another participant reflected, "I live in North Carolina so I was already feeling rather hopeless; now with the election, I feel even more hopeless and do not really feel like being involved in politics." Similarly, another respondent explained, "my spouse is Mexican and I am Jewish and we are both concerned about hate crimes in our state, where these have significantly increased since the election." This theme is captured in the following remarks:

I fear since this election, we will be discriminated against and have a fear in the back of my mind because of the place we live. We live in Alabama which is known for discrimination. I would say 90 percent of people I know on social media here were posting about voting for Trump. I have seen some hateful things said about people who are LGBT and of other races since this election.

In addition to describing state contexts, many participants described the rural or small town contexts as hostile locations. This theme was epitomized by a respondent who described feeling both fearful and betrayed:

I'm married to a lesbian Muslim who wears a hijab. We live in a tiny town (pop. 9,000) because it houses the only university within a thousand miles of home that has my major. I'm afraid of the people I see in the streets. I'm afraid for my spouse's safety. The election outcome felt like a betrayal of my country's acceptance of me and my spouse and everything we stand for.

Navigating through the changing social and political landscape.

Four general themes emerged in how participants described navigating through changing local and national social and political landscapes: 1) hunkering down in safe places and with safe

people, 2) increasing vigilance and evasion, 3) fleeing unsafe locations, and 4) paving the road for a better future.

Hunkering down in safe places and with safe people. Participants frequently described navigating through hostile locations or surviving harsh social and political environments by finding refuge in safe places and with safe people. For example, one participant explained, "Things are very grim, and I fear they will get worse. We are all hunkered down together. We are in Santa Cruz, so things are better in many ways." Another noted, "I take refuge in online and in-person communities that exist for people of my identities." Similarly, some participants described trusting that safe people would be there if the social and political climate deteriorates further: "I'm personally surrounded by a wonderful community of people, and I know that they support me and my rights. If things go horribly wrong, I think I have a very reliable safety net of loving arms to fall into."

Increasing vigilance and evasion. Participants frequently described increasing vigilance and refining calculations of risk in their own and surrounding communities. In this context, they described considering specific strategies for evading risks to their safety and well-being. For example, many participants described re-evaluating levels of safety and identified specific concerns related to travel. This was exemplified by a participant who noted:

It also helps that we live in Massachusetts...it's a non-issue here, and I feel safe. But my wife has family in Virginia and I have family in Utah and we're both worried about traveling. What if we hold hands while out of state and someone takes offense? What if one of us is involved in an accident and the hospital denies visitation rights to the other?

Other participants described restricting travel to evade potential risks to safety and security. For example, one participant explained, "already my wife and I have opted to not plan

a visit to friends living out of state (in states throughout the south) because we are concerned about us travelling freely there as a mixed race, obviously lesbian couple." Another reflected, "I wish I could return to my home state of Alabama to care for my ailing mother, but I feel like I would have to sacrifice even more security to do so." One participant described her internal struggle to determine if and how she would restrict travel.

Initially after the election, I had a strong reaction. I didn't want to go to any of the states that voted for Trump, including the state where my family lives (Indiana). I wanted to boycott any and all states. Then, I realized that there were still people and counties that didn't vote for Trump. So, I took a breath, calmed down, and realized that I couldn't make such a general, blanket decision.

Fleeing unsafe locations. Some participants stated that they, or friends, were considering moving away from locations perceived as unsafe. "There is a culture of fear, everyone is scared of having their rights eroded; many of my friends from Texas are thinking about leaving just because of the harsh political climate," observed one participant. Another participant who described feeling terrified and anxious after the election shared that she was "looking into moving to another area of the US or another country" and "renewed my passport even though I had some time left, just in case." Another participant considering leaving the U.S. altogether explained,

We (self, partners, and children) have plans to leave the country if things get really bad for us or we feel unsafe. [As] I write that I can feel the privilege dripping from each word. That said, I don't want to stay in a place where I fear for my trans son's life or where I am afraid that my kids will get hurt or taken away.

Paving the road to a better future. Despite, or because of, concerns about social and political climates, many participants described increasing their efforts to advocate for their own and others' safety and rights through engagement with local community groups, regional, and national networks. This theme was exemplified by participants who described "Witnessing solidarity in my community and in the broader community (social media, media)" or shared observations, such as "I've attended a few small protests in my local communities, and it helped remind me that I'm not alone in my fear and in this fight," and "I and my friends are moving more into activism, we are taking this dynamic very seriously, people are making phone calls, showing up." Other participants commented on every-day actions in their communities that were deemed important to changing the social climate. This was captured in the narrative of one participant who said she had "seen a number of instances where white people or men were more involved in shutting down harassment in public than I've typically seen in the past," and added "I think there is some pressure on those with social power to do more and stand up and also be aware of potential harassment than there has been historically."

Some participants described their involvement as a continuation of activism in their lives but reported increasing their own efforts or observing greater mobilization among others. For example, one participant described.

I have been working with local advocacy groups for years to lobby our state legislature to ban conversion therapy and am currently working with policy makers to bring forth new legislation for a ban. I have been overcome by statements of support from colleagues and community members pledging to take a more active role in local/state/national politics since the election and feel energized that we're ready to fight for the rights of LGBTQ people, people of color, women, immigrants, and marginalized folks.

Although many participants described feeling discouraged, narratives frequently also included a vision for a path to a better future: "People are speaking out, reaching out -- no one's alone -- I believe that forward progress is always inevitable, that sometimes setbacks happen or things are slow to change but social progress is wholly unstoppable."

Discussion

The current mixed-methods study explored experiences, perceptions, and concerns in relation to local social and political climate. Quantitative analyses found a notably high level of overall increased concern among participants; almost 90% of the sample reported increased levels of concerns following the election and only 3% reported that their concerns were lower after the election. Although our sample included only individuals who identified as sexual minority women or transgender or gender non-conforming, other studies suggest similarly high rates of concerns among individuals who identify as lesbian, gay, or gender non-conforming individuals (Brown & Keller, 2018; Garrison et al., 2018). At the same time, our study revealed some differences in level of concern by gender identity, race and ethnicity, and residence in states with higher vs. lower protections for LGBTQ people. For example, increased concerns were most pronounced among transgender and gender non-conforming individuals. Some sources of minority stress, such as post-election fears about and experiences of violence may disproportionately impact transgender and gender non-conforming individuals (Veldhuis et al., 2018b). Intersectional identities and other factors, such as region of residence, are important to understanding the dynamics of, and reactions to, the 2016 presidential election (McCall & Orloff, 2017; Strolovitch, Wong, & Proctor, 2017)

Our hypothesis that increases in level of concern would be highest among participants in lower equality states and those who lived in smaller towns or rural areas was contradicted by our quantitative findings. Increases in level of concern did not differ by size of residence and were lower among participants who lived in negative equality states compared to those in low, medium, or high equality states. There may be several reasons for these findings. First, the overall high level of concern may have created a ceiling effect. Thus, although people who live in high, medium, or low equality states reported greater increases in concerns compared to those in negative equality states, almost everyone reported being negatively impacted. Further, those who lived in negative equality states may have felt as though the election, in and of itself, would have less of an impact on them because they already had no protections. Second, the measure in the current study assessed changes in level of concern compared to how participants felt before the election. We did not have a separate measure to assess baseline level of concern prior to election and it is possible that participants in negative LGBTQ equality states and participants in smaller cities and rural areas already experienced high levels of concern. Changes in concern may have been more noticeable among participants who felt relatively safe or protected in their states, regions, or cities.

The qualitative findings provide help with interpretation of the quantitative findings and provide insights about perceptions of participants that would not have been possible without a mixed-methods design. Specifically, the qualitative findings provide insight into the unanticipated finding of heightened concerns among participants who resided in states with more protections than those in negative equality states. Qualitative findings suggest a shift in perceptions of safety and increased concerns among participants who described their locations as previously safe and supportive. Freyd and colleagues (Smith & Freyd, 2013, 2014) have

described similar experiences at the institutional-level (e.g., school or university, religious institution, workplace, healthcare), and call this “institutional betrayal.” In short, institutional betrayal describes the “violations of trust and dependency” (Smith & Freyd, 2014, p. 577) some people may feel when an institution either overtly (e.g., covering up evidence of wrongdoing, punishing whistleblowers) or covertly (e.g., fails to create or enforce protective policies, lack of action when harassment/violence occurs) acts in ways that cause harm. Because people are often highly dependent on their institutions to protect or support them, violations of trust may compound the effects of difficult or traumatic experiences. At the sociopolitical level, LGBTQ individuals — along with other marginalized groups — may feel a sense of betrayal by their peers, family members, and communities (local or national) for downplaying, denying, or not recognizing the potential harms to marginalized individuals and communities of policies emerging under the Trump administration. More broadly, marginalized communities may feel that the political norms, institutions, and conventions on which they are dependent for protections have betrayed them. For example, claims of “fake news” supporting those who espouse bigoted beliefs, and continuing support of an administration that seeks to further marginalize and mistreat vulnerable groups, may intensify the sense of betrayal due to the apparent denial of harms and the normalization of hate. Future research should examine the potential health impact of experiences and perceptions of betrayal at sociopolitical levels.

Qualitative analyses revealed themes in two broad categories. First, participants vividly described overall perceptions of safety and support in their local state, region, or neighborhood in two ways: safe havens and hostile locations. Interestingly, many participants who described living in safe havens or “bubbles” expressed concerns that their areas would become more hostile or reported actually experiencing discrimination or harassment within their previously relatively

safe regions. Second, participants described four strategies for navigating through the current or changing local social and political landscape: hunkering down in safe places and with safe people, increasing vigilance and evasion, fleeing unsafe locations, and paving the road to a better future.

The participant narratives described high levels of concern about local social and political climates following the election. Participants who lived in local environments perceived as hostile described continuing or amplified fears about their safety and feelings of hopelessness. Many participants who perceived their city or state as relatively safe described specific post-election incidents that reduced their sense of safety, or they articulated concern that the generally supportive climate of their location might change for the worse. Differences in political culture between states (Elazar, 1972) and differences in laws between states complicate research on the impact of political events on LGBTQ people and other marginalized groups who live in all states.

It was notable that participants who felt their cities, states, or regions provided them with some protection expressed deep concerns for individuals in other locations that afforded less protection and support. Descriptions of concern was often centered on groups perceived to be at risk for harm, such as LGBTQ youth, LGBTQ people of color, and people who are (or are perceived to be) Muslim. Although research to date has clearly documented the impact of local climate on sexual minority health and well-being (Hatzenbuehler, 2014; Hatzenbuehler et al., 2017; Hatzenbuehler et al., 2009), findings in the current study suggest that concerns for others may be an important dimension of stress which could be investigated in future studies.

Although our sample included only individuals who identified as sexual minority women and/or as transgender or gender non-conforming, some of the findings may be relevant to future

research and to helping professionals who work with the full spectrum of LGBTQ people. The current study contributes to an emerging literature about the impact of the 2016 presidential election by identifying strategies that some LGBTQ individuals are adopting to navigate what is perceived as a dynamic and challenging environment. Specifically, we found that participants adopted an array of strategies—from seeking support (hunkering down in safe places and with safe people), escalating self-protection behaviors (increasing vigilance and evasion), avoidance (fleeing unsafe locations) to advocating for change (paving the road to a better future). In a context where state laws and social climate continue to change, future research may be needed to explore what combination of coping strategies may be adopted by SGM individuals in different states or locales in the U.S., and how these different strategies may positively or negatively impact health outcomes or influence the local sociopolitical climate. For example, future studies might explore the degree to which SGM individuals respond to perceived threats to safety and support through fleeing (e.g., moving to other states or cities) or seeking support, and how those choices may differentially impact health and well-being. Helping professionals working with SGM populations may consider explicitly addressing how different coping strategies may impact stress levels and psychological health.

In addition to themes related to evading discrimination or potential harm, it was notable that many participants concurrently described efforts to effect positive change. This theme is consistent with emerging research suggesting that SGM communities have found hope and empowerment after the election through reaffirming individual agency, mobilizing support from others, and engaging in political advocacy and collective action (Riggle et al., 2018). The protective effects of positive coping strategies and social support need to be researched over the long-term in the changing political environment.

Additional research is needed to determine the impact of the Trump administration and its policies on LGBTQ health outcomes over time. Our findings point to increased stressors in the form of concerns for personal safety and support, concerns for the safety of others, and worries about political and social changes that might negatively impact local communities. However, we did not include measures related to the impact of such concerns on health.

Additional research is needed to examine the impact of emerging federal and state policies on SGM health (Gonzales & McKay, 2017). Furthermore, in the context of emerging threats to federal support for SGM research and explicit inclusion of SGM populations in non-discrimination laws, continued advocacy and scientific inquiry is essential to preserving and maintaining momentum toward achieving health equity for SGM individuals (Byne, 2017).

Limitations and Conclusions

There are a number of limitations that should be considered when evaluating findings from this study. First, it includes only sexual minority women and transgender and gender non-conforming individuals. Although these groups have received far less attention in research compared to other sexual minority groups, they may not represent the full spectrum of LGBTQ reactions to the election. Second, the survey included open-ended questions about general perceptions and experiences related to the election, but we did not include specific qualitative follow-up questions related to participants' perceptions of their specific location. Although participants' narratives about their state or regional location were common, the on-line format did not allow for follow-up or clarification on open-ended questions. Therefore, meanings derived from narrative responses are limited to those identified by the authors through careful reading and iterative analysis. Third, study participants were self-selected volunteers who were recruited online in response to outreach for a survey focused on marriage equality and recent

political events. Consequently, the sample may over-represent individuals who had strong feelings about the election, and the findings may overestimate the effects of the election.

Fourth, we collected data from a supplemental sample of sexual minority women of color through a Qualtrics panel. Participants in this supplemental sample received a modest monetary incentive for participation through Qualtrics. Although adding this sample increased the diversity of the sample (in relation to race/ethnicity and education) and research suggests that panel samples such as those recruited by Qualtrics may be reasonably representative (Heen, Lieberman, & Miethe, 2014), it is possible that participants in the supplemental sample differed in other demographic characteristics (e.g., political affiliation) that were not assessed in the study. Fifth, at the time of the survey, there were no existing measures of effects of the election. Thus, the measures used in this study have not been validated; future research is needed to develop robust measures of the impact of political events. Finally, this study used a cross-sectional design; longitudinal data are needed to understand the impact of sociopolitical changes over time.

Conclusion

The current study adds to an emerging literature documenting the felt and anticipated negative impact of the 2016 presidential election among LGBTQ people. Findings point to multiple sources of stress among individuals who identified as sexual minority women, transgender, or gender non-conforming. Sources of stress included increased concerns among participants residing in locations that were perceived as hostile; emerging concerns among participants residing in locations generally perceived as supportive; and growing concerns for LGBTQ individuals perceived to be particularly vulnerable to local political and social climate, such as LGBTQ people of color and LGBTQ youth. Future research should examine the health

impacts of stressors associated with changes in the political and social climate and further explore strategies among LGBTQ populations for navigating these challenges. Findings underscore the importance of recognizing variations in state and local contexts and avoiding treating the U.S. culture as a single unit.

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Table 1. Demographics of sample.

	n	%
Sexual Identity		
Lesbian	571	58.9
Bisexual	268	27.6
Queer or other	130	13.4
Gender Identity		
Female	751	77.5
Trans	79	8.2
Non-binary/genderqueer	139	14.3
Race/ethnicity		
AIAN	17	1.8
API	70	7.4
Black	177	18.8
Latinx	63	6.7
White	613	65.1
Other	2	0.2
Education		
< HS or High School	97	9.9
> High School	880	90.1
Residence		
Rural	31	3.6
Small city/town	107	12.5
Medium city	181	21.1
Suburb	175	20.4
Large city	363	42.4
State policy		
Negative	49	5.8
Low	234	27.6
Medium	52	6.1
High	513	60.5

Table 2. General Linear Model results of level of state equality in LGBT policies on election concerns.

	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	<i>p</i>
Covariates					
Sexual identity	66.919	1	66.919	2.526	0.112
Gender identity	224.339	1	224.339	8.466	0.004
Race/ethnicity	261.701	1	261.701	9.876	0.002
Education	1177.416	1	1177.416	44.435	<0.001
Residence size	9.58	1	9.58	0.362	0.548
Main effect					
State LGBT equity policy	240.486	3	80.162	3.025	0.029