





RESEARCH ARTICLE

Intersectional microaggressions, depressive symptoms, and the role of LGBTQ-specific parental support in a sample of Latinx sexual and gender minority youth

Roberto L. Abreu¹  | G. Tyler Lefevor²  | Aldo M. Barrita³  |
Kirsten A. Gonzalez⁴  | Ryan J. Watson⁵

¹Department of Psychology, University of Florida, Gainesville, Florida, USA

²Department of Psychology, Utah State University, Logan, Utah, USA

³Department of Psychology, University of Nevada, Las Vegas, Nevada, USA

⁴Department of Psychology, University of Tennessee, Knoxville, Tennessee, USA

⁵Department of Human Development and Family Sciences, University of Connecticut, Storrs, Connecticut, USA

Correspondence

Roberto L. Abreu, Department of Psychology, University of Florida, Gainesville, FL, USA.
Email: rabreu26@ufl.edu

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Abstract

Introduction: Latinx and sexual and gender minority (SGM) youth experience higher incidents of racism, cissexism, and heterosexism in the forms of overt discrimination and microaggressions. These experiences could in part explain increased negative mental health outcomes, such as depressive symptoms. Evidence points to the possibility that LGBTQ-specific parental support buffers the effects of intersectional microaggressions on depressive symptoms among Latinx SGM youth.

Methods: In a sample of 1292 Latinx SGM youth (ages 13–17), we assessed: a) the association between LGBTQ-specific parental support and depressive symptoms, b) the associations between three forms of intersectional microaggressions and depressive symptoms, and c) whether parental LGBTQ-specific parental support moderated the relationship between three forms of intersectional microaggressions and depressive symptoms. Main effect and moderation analyses examined interactions between LGBTQ-specific parental support with each of the three forms of intersectional microaggressions on depressive symptoms.

Results: We found that Latinx transgender youth experienced higher intersectional microaggressions compared to their cisgender counterparts and that Latinx SGM youth who reported lower LGBTQ-specific parental support experienced higher depressive symptoms. We also identified a significant interaction between intersectional microaggressions and LGBTQ-specific parental support, suggesting that parental support was more protective at low rather than high levels of intersectional microaggressions.

Conclusions: Findings suggest a need for future work examining culturally appropriate approaches to foster a supportive parent-child relationship among Latinx SGM youth and their parental figures.

KEYWORDS

depressive symptoms, Latinx, microaggression, parental support, sexual and gender minority

1 | INTRODUCTION

The United States is often perceived as one of the most culturally diverse nations in the world (Pew Research Center, 2013). However, discrimination and intolerance, particularly in relation to race and ethnicity, gender, and sexual orientation, continue to be important issues in the United States (Pew Research Center, 2021). Many scholars have highlighted the negative physical (see Pascoe & Smart Richman, 2009 for a review) and mental health (see Vargas et al., 2020 for a review) outcomes for marginalized individuals as a result of discrimination and oppression, including Latinx and sexual and gender minority (SGM) youth. More recently, scholars have focused on earlier interventions to address racism (see Cave et al., 2020

for a review) and sexual discrimination (see Taylor, 2019 for a review). However, this research often addresses racism and discrimination as a single variable, failing to capture the cumulative impact individuals with multiple marginalized identities may experience (Abreu, Lefevor, Gonzalez, Teran, et al., 2022).

Intersectionality theory (Crenshaw, 1989) highlights that when studying complex social interactions and interpersonal relationships, scholars should consider the multiple forms of oppression that cumulatively impact marginalized individuals. In addition, the revised multicultural guidelines in psychology by the American Psychological Association (American Psychological Association, 2017) specifically suggest using intersectional approaches when conducting research that explores the effects of oppressive systems on marginalized communities. Similarly, the APA guidelines for working with sexual minority persons (Nakamura et al., 2022) and transgender people (American Psychological Association, 2015) highlight the importance of understanding the crucial role that parental figures and families play in the development of SGM youth. Furthermore, experts have recommended that research about the effects of oppressive systems on marginalized communities use youth samples to implement interventions at earlier stages of development (Jones & Neblett, 2017). Following these theoretical frameworks, guidelines, and recommendations, the present study focuses on addressing the psychological impact in the form of depressive symptoms from microaggressions and the role of LGBTQ-specific parental support as a protective factor in a sample of Latinx SGM youth. Below, we provide an overview of the literature regarding Latinx SGM youth intersectional experiences of racism, cissexism, and heterosexism, explore available research about specific experiences of intersectional microaggressions among Latinx SGM youth, and discuss the role of LGBTQ-specific parental support on symptoms of depression for Latinx SGM youth.

1.1 | Latinx SGM youth intersectional experiences of racism, cissexism, and heterosexism

Research shows that SGM people of color experience oppression at the intersection racism, cissexism, and heterosexism, exposing these groups to racial discrimination from dominant groups (e.g., White people) as well as other racial, gender, and sexual minoritized groups (e.g., other people of Color, SGM people) (Balsam et al., 2011; Le et al., 2021; Witherspoon et al., 2022). Collectively, this body of research indicates that intersectional oppression among racially diverse SGM people is associated with poor mental health outcomes such as lower self-esteem (e.g., see review in Toomey et al., 2017). Intersectionality theory, developed by Crenshaw to explain the experiences of Black women within the legal system in the United States (Crenshaw, 1989), may help contextualize how the interaction between social, personal, and political aspects (Crenshaw, 2017) influences the intersectional experiences of racism, cissexism, and heterosexism among Latinx SGM youth.

Latinx SGM youth experience unique forms of oppression (Garcia-Perez, 2020) at the intersection of racism, xenophobia, and nativism (e.g., Borges, 2018; Cave et al., 2020; Chavez et al., 2021; Chavez, 2013; Chávez-Moreno, 2020) and cissexism and heterosexism (e.g., Abreu, Lefevor, Gonzalez, Teran, et al., 2022; Barrita & Wong-Padoongpatt, 2021; Hall, 2018). Intersectional oppression takes place in multiple settings such as in schools (e.g., see review in Abreu, Audette, et al., 2022). For example, as part of the *National School Climate Survey* by GLSEN, a sample of 3352 Latinx LGBTQ youth reported experiences of intersectional discrimination and harassment based on their sexual orientation, gender expression, and race and ethnicity (Zongrone et al., 2020). These intersectional experiences of oppression lead to higher symptoms of depression and suicidal ideation (Lardier Jr. et al., 2017), poor academic achievement, decreased educational aspirations, and overall poor psychological well-being (see review in Abreu, Audette, et al., 2022; Vance et al., 2021). In addition, specific to within-group differences, some research shows that transgender students report greater levels of intersectional victimization due to their gender expression and race and ethnicity than their cisgender sexual minority counterparts (e.g., Zongrone et al., 2020).

Although recent studies have begun to explore the intersectional experiences of Latinx SGM youth, there has been paucity of research about within-group differences such as cisgender versus transgender and gender-diverse youth. Furthermore, research about the intersection of racism, cissexism, and heterosexism among Latinx SGM youth have primarily explored the effects of oppressive systems on overt forms of discrimination, leaving out more subtle forms of oppression such as microaggression.

1.2 | Latinx SGM youth and intersectional microaggressions

The focus of scholarship pertaining to discrimination has extensively addressed overt forms of discrimination (e.g., systemic racism, cissexism). More subtle forms of aggressions, or microaggressions (Sue et al., 2007), have received less attention in research among youth. Microaggressions are everyday exchanges that include negative or derogatory messages that function to further subordinate marginalized individuals (Sue et al., 2007). Most research on microaggressions has addressed individual experiences of oppression (e.g., racism, cissexism, heterosexism, sexism, and ableism). Yet, there has been increased attention to how individuals who hold multiple marginalized identities uniquely experience microaggressions as a result of navigating multiple systems of oppression, or intersectional microaggressions. Intersectional microaggressions refers

to the combined experiences of microaggressions, and the impact from these experiences, based on having to navigate two or more systems of oppression (see review in Fattoracci et al., 2021). Research shows that Latinx SGM people experience microaggression at the intersection of racism, xenophobia, cissexism, and heterosexism, among other forms of oppression (see review in Fattoracci et al., 2021; Rivera et al., 2010; Sue, 2010). However, few studies have explored intersectional microaggression with samples of Latinx SGM youth specifically (see Madubata et al., 2021).

Latinx SGM youth experience intersectional microaggressions based on their positionality within multiple systems of oppression (Aguilera & Barrita, 2021; Nadal et al., 2015; Sue et al., 2019). Some studies with Latinx SGM young adults have reported intersectional microaggression that include invalidation of one's experiences of racism, cissexism, and heterosexism (Noyola et al., 2020; Ramirez et al., 2018). For example, in a qualitative study with 18 young Latinx sexual minorities, participants reported the authenticity of their intersecting identities being questioned and invalidated in multiple settings, leading to poor mental health outcomes such as symptoms of anxiety and depression (Noyola et al., 2020). However, this literature has yet to explore within-group differences of intersectional microaggressions among Latinx SGM youth. Exploring within-group differences is key to understanding the specific stressors that impact Latinx SGM youth.

1.3 | LGBTQ-specific parental support, depressive symptoms, and latinx SGM youth

LGBTQ-specific parental support often serves as a buffer against negative mental health outcomes, such as depressive symptoms, among SGM youth (e.g., Abreu, Lefevor, Gonzalez, Barrita, et al., 2022; Dickenson & Huebner, 2016; Hall, 2018; Katz-Wise et al., 2016; Zhao et al., 2021). For example, in a systematic review of 35 studies, researchers found that decreased levels of LGBTQ-specific parental support were related to increased levels of depressive symptoms among SGM youth (Hall, 2018). In addition, when exploring within-group differences, research suggests that non-monosexual people (e.g., bisexual, pansexual) experience less acceptance from parental figures when compared to their monosexual counterparts (e.g., gay, lesbian; see review in Pollitt et al., 2017; Roberts et al., 2015). For example, in a study of 348 bisexual women and gender-diverse people, Ghabrial (2019) found that parental figures' lack of support was a source of personal stress for participants. Participants shared experiences of having to align with binary expectations such as marrying someone of the opposite sex or gender to be accepted by family members (Ghabrial, 2019). Furthermore, the current literature shows that transgender youth experience less support from parental figures compared to their cisgender counterparts, leading to higher levels of negative mental health outcomes such as depressive symptoms (e.g., Abreu, Lefevor, Gonzalez, Barrita, et al., 2022; Catalpa & McGuire, 2018; Johnson et al., 2020; Katz-Wise et al., 2016). For example, in a study with 6837 SGM youth, researchers found that transgender youth reported less parental support and higher levels of depressive symptoms than their cisgender counterparts (Abreu, Lefevor, Gonzalez, Teran, et al., 2022). This study also found that parental support was more strongly related to depressive symptoms among participants who identified as transgender compared to those who identified as cisgender (Abreu, Lefevor, Gonzalez, Teran, et al., 2022).

While there has been paucity of research about the role of LGBTQ-specific parental support and depressive symptoms among Latinx SGM youth, some studies provide evidence about this relationship (Abreu, Lefevor, Gonzalez, Barrita, et al., 2022; Abreu, Lefevor, Gonzalez, Teran, et al., 2022; Ryan et al., 2009, 2010, 2020). For example, in a study of 1,005 Latinx SGM youth, researchers found that parental acceptance was significantly associated with depressive symptoms, such that decreased levels of parental support was associated with increased levels of depressive symptoms (Abreu, Lefevor, Gonzalez, Barrita, et al., 2022). Similarly, in the study by Abreu, Lefevor, Gonzalez, Teran, et al. (2022) described above, Latinx SGM youth reported less parental support and higher levels of depressive symptoms compared to their non-Latinx counterparts. Furthermore, specific to intersectional microaggressions, in a qualitative study with young Latinx gay and bisexual men, researchers found that participants reported symptoms of distress as a result of being exposed to intersectional microaggressions (i.e., microassaults, microinsults, microinvalidations) from family members (Li et al., 2017). However, to the author's knowledge, no study to date has explored the association between intersectional microaggressions on depressive symptoms among Latinx SGM youth and LGBTQ-specific parental support as a buffer on the effects of intersectional microaggressions on depressive symptoms.

Latinx cultural values, beliefs, and traditions such as *familismo*, religion and spirituality, and gender norms could impact the parent-child relationship among Latinx SGM youth and their parental figures (e.g., Abreu, Gonzal, et al., 2022; Abreu, Riggle, et al., 2020; Gattamorta et al., 2019; Lozano et al., 2021). For example, in a study with 30 Latinx parental figures of SGM people, Abreu, Riggle, et al. (2020) found that Latinx cultural values such as *familismo*, gender norms (i.e., *caballerismo*, *machismo*, and *marianismo*) influenced the process toward acceptance of one's SGM child. Similarly, studies with Latinx sexual minority youth have found that Latinx cultural aspects such the role of family, *machismo*, and religion and spirituality plays a crucial role in Latinx sexual minority youth's relationship with their families (Gattamorta & Quidley-Rodriguez, 2018). Furthermore, while research shows that Latinx cultural values could serve as a protective factor for depressive symptoms among Latinx people (Chavez-Korell et al., 2014), this research has omitted to report on SGMs. Therefore, it is unclear the role of these cultural factors on the parent-child relationship among Latinx SGM youth and their parental figures.

1.4 | Current study

Research indicates that Latinx SGM youth report experiences of overt discrimination and marginalization at higher levels than their White, cisgender, and heterosexual counterparts, leading to increased depressive symptoms. Given what we know about the impact of overt discrimination on the well-being of Latinx SGM youth, an appropriate next step in research is to study the impact of intersectional microaggressions on Latinx SGM youth. Furthermore, while the important role of LGBTQ-specific parental support in the psychological well-being of SGM youth has been well documented, research has been slow to explore the association between intersectional microaggressions on depressive symptoms among Latinx SGM youth. To begin to address these research gaps, we used subset of data from a large national survey of SGM youth in the United States to examine whether LGBTQ-specific parental support buffered the effects of intersectional microaggressions on depressive symptoms for Latinx SGM youth. In our analyses, we combine sexual and gender minorities to highlight our belief that the processes of discrimination and parental support affect both groups of individuals. At the same time, we include gender and sexual orientation as covariates in analyses to account for the unique contributions of each identity to outcomes. Our research questions are divided into four broad areas of inquiry:

- R1: What is the relation between three forms of intersectional microaggressions (LGBT racism toward LGBT people of color, people of color cissexism and heterosexism toward LGBT people of color, racism toward LGBT people of color in dating and close relationships) and depressive symptoms among Latinx SGM youth?
- H1: We expect that intersectional microaggressions will be positively related to depressive symptoms among Latinx SGM youth.
- R2: What is the relation between LGBTQ-specific parental support and depressive symptoms among Latinx SGM youth?
- H2: We expect that LGBTQ-specific parental support will be negatively related to depressive symptoms among Latinx SGM youth.
- R3: Does LGBTQ-specific parental support buffer the relations between three forms of intersectional microaggressions (LGBT racism toward LGBT people of color, people of color cissexism and heterosexism toward LGBT people of color, racism toward LGBT people of color in dating and close relationships) and depressive symptoms for Latinx SGM youth?
- H3: We expect LGBTQ-specific parental support to buffer the effects of intersectional microaggressions on depressive symptoms such that for Latinx SGM youth who experience higher degrees of LGBTQ-specific parental support, there will be a weaker relationship between intersectional microaggressions and depressive symptoms.

2 | METHOD

2.1 | Study design and participant recruitment

Participants were drawn from the *LGBTQ National Teen Survey*, a survey of LGBTQ + adolescents collected between April and December 2017. This survey was conducted primarily through social media campaigns on Twitter, Instagram, and Facebook, and was endorsed on these platforms by well-known LGBTQ + organizations (e.g., Human Rights Campaign [HRC], Trevor Project). Participants were offered an HRC bracelet and were entered into a drawing for 1 of 10 \$50 gift cards for their participation.

The present study was approved by the Institutional Review Board at the University of Connecticut. After providing consent, participants provided demographic information (e.g., age, race and ethnicity, sexual orientation, and sate of residence) and then answered randomized questions in subsequent blocks with topically grouped questions. See Watson et al. (2020) for further information about survey recruitment, data cleaning, and respondent analysis.

2.2 | Participants

Although 17,112 people started the survey, 9460 completed the entire survey. Of those who completed the survey, 2915 were Latinx. A total of 2915 Latinx youth started the survey. Of these, 1292 reported being out to at least one parental figure (1077 had missing data on this item, 546 reported not being out). These individuals comprise our primary analytic sample.

Of the Latinx SGMs who were out to at least one parental figure, all 1292 provided information about their age, gender identity, and sexual orientation. There was some degree of missingness on other variables: LGBT Racism (missing $n = 167$; 12.9%), POC Heterosexism (missing $n = 176$; 13.6%), Relational Racism (missing $n = 186$; 14.4%), Parental Support (missing

$n = 92$; 7.1%), and Depressive Symptoms (missing $n = 202$; 15.6%). In most cases, the same participants evidenced missing data on multiple variables, with the total number of participants missing any data point being 277 (21.4%). Also, in most cases of missing data (over 90%), data were missing because participants exited the survey early, after completing demographic questions (see details in Watson et al., 2020). Results from Little's missing completely at random test (Little, 1988) suggested that data may be missing completely at random, $\chi^2(73) = 79.70$, $p = .28$.

Given this pattern of missingness, we addressed missing data using multiple imputation chains of equations (MICE; Berchtold, 2019) using the “mice” and “miceadds” packages in R, version 4.1.2 (R Core Team, 2021; Robitzsch & Grund, 2022; van Buuren & Groothuis-Oudshoorn, 2011). Multiple imputation has been shown to be an improved approach to missing data over listwise or pairwise deletion, even when both predictor and outcome data are missing (Lang & Little, 2018).

Our sample was primarily young ($M = 15.65$, $SD = 1.25$). The sample consisted primarily of cisgender girls (44.3%) and cisgender boys (32.8%), although a substantial proportion of the sample identified as transgender boys (14.0%), transgender girls (1.3%), and genderqueer individuals (27.1%; note that participants could select more than one gender identity). Participants primarily identified as gay/lesbian (43.0%) or bisexual/pansexual (47.8%) although a small proportion identified as queer (3.5%), questioning (1.2%), asexual (1.9%), or something else (2.6%).

2.3 | Measures

2.3.1 | Demographic information

Participants indicated their race/ethnicity, sexual identity, gender identity, and age. Questions assessing both race/ethnicity and gender identity were presented in a “checkbox” manner, allowing participants to select all identities that apply to them. For gender identity, participants selected between the following options: transgender boy, transgender girl, nonbinary, genderqueer/gender non-conforming, cisgender boy, cisgender girl, and “something else.” A close look at the responses of participants who reported “something else” indicated these participants largely identified as genderqueer (e.g., agender, genderfluid). Therefore, these participants were recoded as nonbinary. To facilitate the analyses, we created separate variables: cisgender boy, cisgender girl, transgender boy, transgender girl, and genderqueer.

For sexual identity, participants indicated whether they identified as gay/lesbian, bisexual, straight, queer, pansexual, asexual, questioning, or other. From this question, we coded participants who identified as gay/lesbian or straight as monosexual (experiencing sexual attraction to only one gender) and participants who identified as any other option as non-monosexual. For racial/ethnic identity, participants could choose as many responses they identified with. Response options included, “White, non-Hispanic,” “Non-Latino Black or African American,” “Native American or Alaska Native,” “Asian or Pacific Islander,” “Latino, Hispanic, or Mexican-American,” and “Other.” Everyone who selected “Latino, Hispanic, or Mexican-American” was included in the study at hand.

2.3.2 | Intersectional microaggressions

Three forms of intersectional microaggressions were assessed through the LGBT People of Color Microaggressions Scale (Balsam et al., 2011). The LGBT People of Color Microaggressions Scale is an 18-item measure that includes three subscales: LGBTQ racism, POC heterosexism, LGBT relational racism. Each subscale contains six items that participants responded to on a 5-point Likert scale. Items include, “Feeling misunderstood by White LGBT people” (LGBT racism), “Not having any LGBT people of color as positive role models” (POC heterosexism), and “Being rejected by potential dating or sexual partners because of your race/ethnicity” (LGBT relational racism). Participants indicated the extent to which these events bothered them, if they had happened to them, on a 5-point Likert scale ranging from “Not at all” (0) to “Extremely” (4). In the present study, subscales evidenced good internal consistency: LGBT racism ($\alpha = .87$), POC heterosexism ($\alpha = .81$), and LGBT relational racism ($\alpha = .82$).

2.3.3 | LGBTQ-specific parental support

We assessed parental LGBTQ-specific support using an 8-item scale modified from previous research (Ryan et al., 2009) and used in previous studies (Miller et al., 2020). Items were assessed on a 5-point Likert scale ranging from “Strongly disagree” (1) to “Strongly agree” (5). Sample items include “How often do your parents say they were proud of you for being an LGBTQ person?” and “How often do your parents say that they like you as you are in regard to being an LGBTQ person?” Internal consistency in the present study was good ($\alpha = .85$).

2.3.4 | Depressive symptoms

Depressive symptoms were measured through the Kutcher Adolescent Depression Scale (KADS; LeBlanc et al., 2002). The KADS is an 11-item scale listing various symptoms of depression (e.g., sadness, low mood, feeling blah, or down). The item from the original 11-item scale that assesses suicidal ideation was not administered in the current study because a parental waiver of consent was obtained; asking participants about suicide was not appropriate without consent from the parents of participants. Participants indicated how often they have experienced each symptom on a 4-point Likert scale, ranging from “hardly ever” to “all of the time.” Internal consistency for the 10-item scale was excellent ($\alpha = .90$).

2.4 | Analysis plan

Previous work has identified age, gender identity, and sexual orientation to be potentially related to both intersectional microaggressions and depressive symptoms. As such, we included each of these variables as covariates in our models. We dichotomized gender identity (transgender/genderqueer vs. cisgender) and sexual orientation (monosexual vs. non-monosexual) for inclusion in regression analyses. A complete correlation matrix of study variables is presented in Table 1.

We conducted three separate regressions to investigate our research questions. In these analyses, we first entered gender identity. In the next step, we entered our independent (intersectional microaggressions) and moderating variable (parental support). Finally, we entered the interaction between our independent and moderating variable. We determined that conducting three separate regressions (rather than one regression with all variables) best fit our research question because it separately investigated whether each kind of microaggression interacts with parental support in predicting depressive symptoms (rather than asking if each kind of microaggression interacts with parental support *while controlling* for other forms of intersectional microaggressions). We conducted all analyses in R version 4.1.2 (R Core Team, 2021), centering continuous terms before doing interaction analyses. All variables evidenced good skewness and kurtosis (between -1 and 1), and no outliers were detected.

3 | RESULTS

Participants reported substantial degrees of all three forms of intersectional microaggressions. On average, participants indicated that they experienced “A little bit” of POC Heterosexism ($M = 1.62$, $SD = 1.09$) and LGBT Racism ($M = 1.16$, $SD = 1.10$). Fewer participants experienced Relational Racism (possibly because of the requirement for this kind of racism to occur within romantic relationships, and we had an adolescent sample; $M = 0.64$, $SD = 0.88$).

3.1 | The impact of intersectional microaggressions and LGBTQ-specific parental support on depressive symptoms

To investigate our research questions, we conducted hierarchical regressions separately for each of the subscales of the LGBT POC Microaggressions Scale to test whether main and interaction effects would hold across each dimension of the scale (see Table 2). We found that POC Heterosexism, LGBT Racism, and LGBT Relational Racism each showed a main effect on depressive symptoms, confirming hypothesis 1. We also found that Parental Support was negatively related to depressive

TABLE 1 Correlations between variables of interest ($n = 1292$)

	<i>M</i>	<i>SD</i>	Range	1.	2.	3.	4.	5.
1. Age	15.65	1.25	13–18					
2. LGBT Racism	1.16	1.10	0–4	.09**				
3. POC Heterosexism	1.62	1.09	0–4	.05**	.45**			
4. Relational Racism	0.64	0.88	0–4	.07**	.52**	.47**		
5. Parental Support	2.39	0.76	1–4	-.07**	-.12**	-.30**	-.16**	
6. Depressive Symptoms	1.41	0.77	0–3	-.07**	.28**	.34**	.22**	-.21**

** $p < .01$.

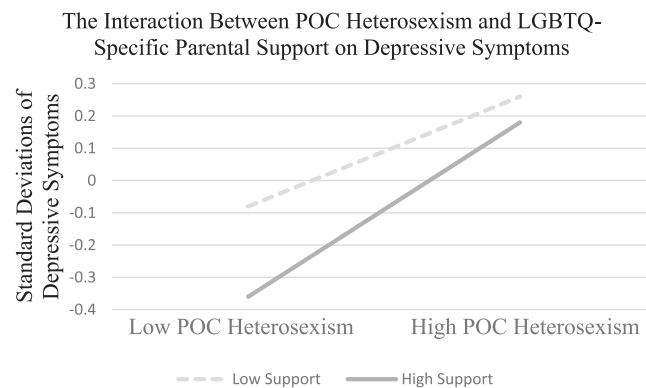


FIGURE 1 The interaction between POC heterosexism and LGBTQ-specific parental support on depressive symptoms.

symptoms in all models, confirming hypothesis 2. These findings suggest that POC Heterosexism, LGBT Racism, LGBT Relational Racism, and Parental Support each influenced depressive symptoms for Latinx SGMs.

We examined whether each kind of microaggression (POC Heterosexism, LGBT Racism, LGBT Relational Racism) would interact with parental support in predicting depressive symptoms and found that only POC Heterosexism did ($b = 0.06$, $SE = 0.02$, $p < .05$; see Figure 1). This finding suggests that when participants report little LGBTQ-specific Parental Support (-1 SD), POC Heterosexism (but not LGBT Racism or LGBT Relational Racism) is *less* strongly related to depressive symptoms ($b = 0.16$, $SE = 0.03$, $p < .01$; $\beta = .17$) than when participants reported more parental support ($+1$ SD; $b = 0.28$, $SE = 0.02$, $p < .01$; $\beta = .27$). While this finding fails to support hypothesis 3, this is consistent with other findings in the literature. That is, like other studies that have examined stressors, our findings show that when participants experience high degrees of a stressor (POC Heterosexism in our study), support (LGBTQ-Specific parental support in our study) becomes less protective (see Sadika et al., 2020 for a review).

4 | DISCUSSION

We sought to contribute to a growing body of scholarship that investigates microaggressions and LGBTQ-specific parental support. To do this, we examined the prevalence of three forms of intersectional microaggressions and LGBTQ-specific parental support, the role of three forms of microaggression and depressive symptoms, and the role of LGBTQ-specific parental support on three forms of microaggression in a sample of Latinx SGM youth. Our findings indicated that: a) transgender Latinx youth experience more of all forms of intersectional microaggressions (POC Heterosexism, LGBT Racism, and LGBT Relational Racism), more depressive symptoms, and less LGBTQ-specific parental support compared to their Latinx cisgender counterparts and b) LGBTQ-specific support from parental figures influences depressive symptoms for Latinx SGM youth.

While some research shows that Latinx SGM youth experience overt forms of discrimination because of racism, xenophobia, cissexism, and heterosexism (Garcia-Perez, 2020), our study is among one of the first ones to show that Latinx SGM youth are also experiencing different forms of intersectional microaggressions. In addition, several scholars have established the importance LGBTQ-specific parental support on the well-being of Latinx SGM youth and Latinx parent-child relationship (e.g., Abreu, Gonzalez, et al., 2020; Gattamorta et al., 2019; Lozano et al., 2021). Our findings expand the current literature about Latinx SGM parent-child relationship and highlights the impact that LGBTQ-specific parental support has on Latinx SGM youth experiences with multiple forms of intersectional microaggressions and depressive symptoms.

Our results show that various forms of intersectional microaggressions are significantly related to depressive symptoms for Latinx SGM youth. This finding highlights the negative effects of intersectional microaggressions and suggests that addressing not only overt forms of intersectional discrimination but various forms of intersectional microaggressions may be important for improving the mental health of Latinx SGM youth. In addition, although all forms of intersectional microaggressions seem to be contributing to depressive symptoms among Latinx SGM youth, cissexism and heterosexism from people of color seems to have the greatest impact on depressive symptoms among this community. Although more research is needed to better understand why this form of microaggression has the greatest impact on Latinx SGM, some research suggests that SGM of color depend on their families and communities to help them navigate other forms of oppression such as racism (e.g., Moradi et al., 2010). Therefore, it is plausible to believe that perceived intersectional microaggressions from one's racial and ethnic group may impact ethnic and racial minority SGM youth in different ways than they impact White SGM youth. Specific to Latinx SGM youth, it is important to uncover what cultural aspects are contributing to Latinx SGM's perception of intersectional microaggressions. For example, research with Latinx SGM youth

TABLE 2 Three models examining the influence of forms of intersectional microaggressions on depressive symptoms

	Model 1		Model 2		Model 3	
	<i>b</i> (SE)	β	<i>b</i> (SE)	β	<i>b</i> (SE)	β
POC Heterosexism						
Transgender	0.47** (0.05)	.22	0.38** (0.05)	.19	0.40** (0.05)	.18
Non-monosexual	0.12* (0.05)	.06	0.15** (0.05)	.07	0.12** (0.04)	.08
Age	−0.03 (0.02)		−0.04 (0.02)		−0.04 (0.02)	
POC Het			0.22** (0.03)	.22	0.22** (0.02)	.22
Par Sup			−0.08** (0.02)	−.09	−0.10** (0.02)	−.09
POC Het × par Sup					0.06* (0.02)	.05
<i>F</i>	35.49**		54.20**		47.10**	
<i>R</i> ²	.10		.21		.22	
<i>F</i> _{change}			92.64**		9.91**	
<i>R</i> ² _{change}			.11		.01	
LGBT Racism						
Transgender	0.47** (0.05)	.22	0.39** (0.05)	.19	0.41** (0.05)	.18
Non-monosexual	0.12* (0.05)	.06	0.10 (0.05)		0.07 (0.04)	
Age	−0.03 (0.02)		−0.06* (0.02)	−.06	−0.05* (0.02)	−.05
LGBT Rac			0.17** (0.02)	.17	0.16** (0.02)	.17
Parental Sup			−0.14** (0.02)	−.14	−0.15** (0.02)	−.14
LGBT Rac × par Sup					0.03 (0.02)	
<i>F</i>	35.49**		45.46**		42.98**	
<i>R</i> ²	.10		.18		.19	
<i>F</i> _{change}			66.60**		3.37	
<i>R</i> ² _{change}			.08		<.01	
LGBT Relational Racism						
Transgender	0.47** (0.05)	.22	0.43** (0.05)	.21	0.44** (0.05)	.20
Non-monosexual	0.12* (0.05)	.06	0.11* (0.05)	.05	0.09* (0.04)	.06
Age	−0.03 (0.02)		−0.05* (0.02)	−.05	−0.05* (0.02)	−.05
Relat Rac			0.13** (0.02)	.12	0.13** (0.02)	.13
Par Sup			−0.13** (0.02)	−.14	−0.15** (0.02)	−.13
Relat Rac × par Sup					0.02 (0.02)	
<i>F</i>	35.49**		39.84**		37.58**	
<i>R</i> ²	.10		.17		.17	
<i>F</i> _{change}			54.14**		1.97	
<i>R</i> ² _{change}			.07		<.01	

Note: POC Het = POC Heterosexism; Par Sup = LGBTQ-Specific Parental Support; LGBT Rac = LGBT Racism; Relat Rac = LGBT Relational Racism.

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

shows that Latinx strict gender norms of *machismo* and religion and spirituality make it difficult for Latinx SGM youth to come out to their families and be their authentic selves (Gattamorta & Quidley-Rodriguez, 2018). It is important to note, however, that culturally affirming approaches that both validates the experiences of Latinx SGM youth and does not further stigmatize Latinx communities are critical in uncovering the cultural aspects that may contribute to Latinx SGM's

experiences of intersectional microaggressions within their Latinx communities (Abreu, Lefevor, Gonzalez, Teran, et al., 2022; Abreu, Riggle, et al., 2020; Lozano et al., 2021). For example, it is important to know that Latinx parental figures of SGM people struggle both honor the opinions of their elders (as explained by the value of *respeto*) while also advocating for their SGM child's wellness within the family unit (see Abreu, Gonzalez, et al., 2020).

4.1 | LGBTQ-specific parental support and intersectional microaggressions

The result of the tested interaction between LGBTQ-specific parental support and intersectional microaggressions suggests that LGBTQ-specific parental support might not always be protective for Latinx youth experiencing intersectional microaggressions. Specifically, our results show that at low levels of intersectional microaggressions parental support was protective of depressive symptoms, but not at high levels of intersectional microaggressions. This finding is consistent with the other studies examining minority stressors. That is, current research shows that protective mechanisms do not serve as a buffer at high levels of stressors (see Sadika et al., 2020 for a review). In addition, the role of support from Latinx parental figures need to be contextualized from a systemic, intersectional perspective. Researchers have argued that LGBTQ-specific support from parental figures of color could stem from their interaction with their SGM child within multiple systems of oppression (e.g., racism, cissexism, and heterosexisms). For example, parental figures of color often fear that their child's intersecting identities will increase incidents of discrimination and oppression (see Abreu, Lefevor, Gonzalez, Teran, et al., 2022). Furthermore, these results can also be explained based on the ambiguous nature of microaggression, where youth might struggle even more than adults to recognize these slights and, therefore, underreport them in this type of assessment. Research indicates that adolescents can and do identify overt forms of discrimination (e.g., racism, cissexism, heterosexism; Hall, 2018; McKown & Weinstein, 2003). Yet, little is known about their awareness about more subtle forms such as intersectional microaggressions. Finally, it is important to acknowledge and address other factors besides parental support that contribute to Latinx SGM's youth depressive symptoms such as intersectional discrimination from classmate and other school personnel (e.g., Toomey et al., 2018; Zhao et al., 2021; Zongrone et al., 2020).

4.2 | Study strengths

The strengths of this study are important to mention. First, regarding the LGBTQ-specific parental support literature, this study is among one of the first studies to establish the importance of LGBTQ-specific parental support in experiences of intersectional microaggressions among Latinx SGM youth. While some studies have established the importance of LGBTQ-specific parental support in depressive symptoms among Latinx SGM youth (Abreu, Lefevor, Gonzalez, Barrita, et al., 2022), our study adds to this research by showing that Latinx parental figures influences the effects of microaggressions on depressive symptoms on Latinx SGM youth, and that such influence is not always protective. Second, regarding the microaggression literature, our study not only adds to a scant body of research about the experiences of intersectional microaggressions among Latinx youth, but it also highlights the experiences of intersectional microaggressions among Latinx SGM youth. Third, our study utilized a multi-faceted LGBTQ-specific parental support scale, moving beyond the typical single-item measurement commonly used in the family acceptance literature. Fourth, our study analyzed how experiences of intersectional microaggressions and LGBTQ-specific parental support affect depressive symptoms on Latinx SGM youth differently depending on their gender identity. Given that we found that Latinx transgender individuals are more affected by lack of LGBTQ-specific parental support and intersectional microaggressions than their cisgender counterparts, these findings provide further evidence for the need to investigate how to lessen the impact of parental acceptance and intersectional microaggressions on Latinx transgender youth. Overall, this study provides unique approaches to examine layered oppression using an intersectional approach for specific marginalized samples.

4.3 | Study limitations and future research direction

There are several limitations that are worth noting. First, although we found differences between cisgender and transgender participants, we do not know for sure from quantitative approaches the experiences that account for these differences. Future research should use qualitative methodological approaches to better understand the experiences of intersectional microaggressions, depressive symptoms, and LGBTQ-specific parental support among Latinx transgender youth. This could lead to trans-specific interventions rather than using broad LGBTQ interventions that might not be inclusive of the intersectional experiences of Latinx trans youth. Second, although most participants reported that they lived with at least one parent, future research should explore how LGBTQ-specific parental support varies for Latinx SGM youth who do and do not live with at least one parental figure, as well as different experiences of LGBTQ-specific parental support depending on

the parental figures' relationship to the child (e.g., mother vs. father). Third, although the microaggression scale used in this study is widely used in microaggression research, we recognize that there are differences between sexual orientation and gender diversity among Latinx SGM youth (e.g., Abreu, Lefevor, Gonzalez, Barrita, et al., 2022) that this scale might have not appropriately captured. Future research should specifically develop scales to capture the experiences of Latinx sexual minority and gender-diverse youth as two separate constructs. Finally, because our data were collected from the internet, we might not have reached the most vulnerable youth within the LGBTQ community (e.g., LGBTQ youth in rural areas). Future research should aim to collect data from community organizations where the most marginalized members of the LGBTQ community reside.

5 | CONCLUSION

Latinx SGM youth face multiple forms of oppression and marginalization that exposes them to both physical and mental harm while having less resources than adults. Research focusing on Latinx SGM youth should use intersectional approaches to better capture both their lived-realities and the impact from these realities. We found that intersectional microaggressions negatively impacted the mental health of Latinx SGM youth, while LGBTQ-specific parental support positively impacted the mental health of Latinx SGM youth, with transgender and genderqueer Latinx youth experiencing more intersectional microaggressions and depressive symptoms. Our results present helpful evidence for clinicians and practitioners serving this vulnerable population to assess for implications from more subtle forms of oppressions such as intersectional microaggressions.

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DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

ORCID

Roberto L. Abreu  <http://orcid.org/0000-0003-1305-2152>

G. Tyler Lefevor  <http://orcid.org/0000-0003-4510-7306>

Aldo M. Barrita  <https://orcid.org/0000-0002-6596-1078>

Kirsten A. Gonzalez  <https://orcid.org/0000-0002-5499-6152>

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