

Resilience Strategies Buffer The Impact of Internalized Transphobia on Sexual Esteem of Transgender Individuals

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Abstract

In Khyber Pakhtunkhwa, Pakistan, this study examines the link between internalized transphobia, sexual esteem and resilience strategies among transgender people. In our sample of 100 transgender individuals, we were interested in how resilience strategies can act as a buffer against the negative effects of internalized transphobia on sexual esteem. These dynamics were investigated using correlation, regression and moderation techniques. The findings showed that there was a strong and negative relationship between the degree to which they internalize their own transphobia and their sexual self-esteem indicating that high levels of internalized transphobia are associated with low sexual self-esteem. Further regression analysis supported this result demonstrating significant prediction for sexual esteem by internalized transphobia. On the other hand, recovery factors were positively related with sexual self-esteem as indicated by the results of regression analyses that substantiated such factors' significant increase in sexual self-esteem. Finally, moderation analysis highlighted that resilience strategies significantly moderate the deleterious effects of internalized transphobia on sexual self-esteem. As a result, this buffering effect underscores how crucial it is for them to have resiliency so as to remain psychologically healthy.

Introduction

In the last few years, people have started to know and appreciate gender diversity to a greater extent than before resulting in a heightened awareness of society that there are many layers of human beings (Bussey, 2011). Most notable is the concept of transgender persons which defies traditional notions of gender by assuming identities that do not conform with their given biological sex as per societal norms (Hines, 2007). Transgender is an umbrella term encompassing various concepts such as transvestism, transsexuality, cross-dressing and gender queer (Greenblatt & Greenblatt, 2011). It also refers to those persons who undergo different medical processes to change their genders (Camminga, 2019). This also links them with lesbian gay bisexual community giving rise to the famous abbreviation LGBT (Mumcu & Lough, 2017).

Mizock and Mueser (2014) define transphobia as an irrational fear, hatred or discomfort of transgender people which severely affects their mental health as well as general well-being. Prejudices manifest themselves in several ways like discrimination, violence and social segregation resulting into psychological maladies including anxiety, depression and low self-esteem (Budge et al., 2013a). When transgender individuals internalize societal transphobic attitudes, they have internalized transphobia that causes self-directed negativity and shame (Testa et al., 2015). In fact, this inner conflict can lead to severe mental disorders like feelings of worthlessness or reduced life satisfaction (Breslow et al., 2015). Internalized transphobia is a huge problem since it not only affects how one views himself but also destroys opportunities for healthy relationships with others and personal development (Helsen et al., 2022).

Inderbilen et al. (2021) have recently conducted research that showed internalized transphobia as a predictor of negative mental health outcomes and thus advocated for interventions to decrease internalized stigma. Also, according to Budge et al. (2013a), high levels of internalized transphobia are related to increase suicidal thoughts among transgender individuals necessitating the development of positive coping skills and resilience practices in this group. For supportive interventions, it is important to understand all the dimensions related to internalized transphobia. According to Testa et al. (2015), resilience and self-acceptance-based interventions are able to counterbalance the negative consequences of self-disgust by empowering transgender people with coping skills. Thereby, mental health and life quality of transgender persons should be improved, by using an approach that combines elements on external challenges as well as addressing those occurring within their personal lives in comprehensive support systems

Sexual self-respect is about the affirmative feeling and belief that persons have for their sexual qualities and values (Snapp et al., 2015). It covers how one views his or her physical appeal, sexual competence and attractiveness as well as it's a significant part of overall self-esteem and emotional wellness (Kotiuga et al., 2022). This is essential for "Trans" people who may already too many barriers towards attaining healthcare access (Baril & Martel, 2009:11). It has been established by research that higher levels of sexual self-esteem correspond with better mental health outcomes such as decreased anxiety and depression, increased

life satisfaction (Vasilenko et al., 2012). This optimistic self-evaluation can enable transgender persons to establish healthier intimate relationships hence contributing to an improved overall standard of living (Hirsch et al., 2019).

The positive or negative feeling about the self or sexual esteem in transgenders not only affect them individually but it also has wider impact on society as whole. For example, Dasgupta (2022) pointed out that sexual self-worth also contributes to good sexual health behaviors such as consistent use of protection and regular medical check-ups. It is because they confront many barriers to healthcare (James et al., 2016). Furthermore, the disastrous effects that come along with rejecting oneself can be mitigated by developing sexual self-esteem in transgender people. A study conducted by Austin and Goodman (2017) indicate interventions developed to foster resilience as well as reduce internalized stigma may include positive sexual worthiness. Thus, support systems must be all-encompassing, tackling psychological and sexual health matters alike among transgender individuals.

Resilience strategies can be described as behaviours, thoughts and actions that facilitate the recovery of a person after catastrophes, stress or trauma (Sisto et al., 2019). For transgender people, resilience is very important for specific reasons such as discrimination, social exclusion and self-disgust because they are transgender (Meyer, 2015). The construction of strong support networks is one of the most important strategies to develop resilience. According to research conducted by Budge et al. (2013a) social support from friends, family members and community organizations lessens the impact of discrimination on mental health. Support groups play a crucial role in creating feelings of acceptance and validation for those fighting against isolation and stigmatization (McConnell et al., 2016).

Additionally cognitive reframing is another integral aspect of resilience which refers to changing how individuals perceive situations involving stress. By this way it allows trans-genders to view challenges as opportunities for growth rather than insurmountable barriers (Neff & Vonk, 2009). Negative thinking patterns can be changed to positive ones using cognitive behavioral therapy (Budge et al., 2013a). In addition, self-care is a crucial aspect of resilience that includes mindfulness and physical activity. To stay present and lower anxiety, mindfulness practices such as yoga and meditation can be employed (Keng et al., 2011). Regular engagement in physical activities enhances moods while also reducing symptoms of depression and anxiety (Emmelkamp & Meyerbröcker, 2019). For transgender individuals, embracing self-care may also become a powerful form of resilience and personal affirmation.

Besides, transgender people use advocacy and activism to fight for their rights thus invariably promoting social changes which empower them. Resilience among men having sex with men: A review of key constructs, measures, and contexts. Resilience among men having sex with men; A Review of Key Constructs, Measures, and Contexts. In addition to being resilient strategies in themselves, activism groups also offer sources of agency and community critical for resilience (Riggle et al., 2010). Finally, yet importantly affirmative healthcare is an important aspect of enhancing one's resilience. Creating supportive healthcare experiences requires training health professionals about the needs of transgender patients so that they demonstrate sensitivity toward their clients' needs during service delivery (Poteat et al., 2013).

Literature Review

Transphobia and Internalized Transphobia

Transphobia is the word used to refer to any kind of hostility, be it in terms of thoughts, words or actions towards transgender people because they represent fear, hatred and discomfort with people who transgress gender norms (Nadal et al., 2014). Other terms used in this sense include; ill-treatment, bias and societal maltreatment (Grant et al., 2011). For example, there exist a lot of practices that affect gay people negatively like hate crimes which can start as simple instances of bullying or harassment but end up escalating into direct physical violence for instance assault even leading to murder. On the other hand, institutional discrimination means unfair policies directed at transgender populations within organizations such as companies' labor regimes just as well as exclusive medical standards (Bauer et al., 2015). Besides societal detestation is a popular view point that hinders acknowledgement of trans individuals thereby enhancing exclusive attitudes and marginalization (Poteat et al., 2013).

Self-stigma and self-hatred are the results of absorbing into oneself the society's negative view on transgenderism (Testa et al., 2015). This internalization is influenced by different ways and one of them is socialization characterized by frequent exposure to transphobic messages (Meyer, 2015). Socialization is the process that individuals undergo in order to take up values and norms of a society that devalues transgender people. It runs from childhood to senility (Breslow et al., 2015). Practice in institutions also includes repeatedly encountering messages that are both transphobic aired through mass media or in interaction with peers (Testa et al., 2015). In other words, internalized transphobia among transgender persons means that they do not only hate themselves but they have low self-confidence as well as avoiding any kind of support system socially uniting them thus making their mental health deteriorate (Budge et al., 2013a).

The number of transgender people experiencing transphobia and internalized transphobia is shocking. Research conducted by James et al (2016) revealed that nearly 60% of transgender citizens in United States had been exposed to some kind of discrimination due to their gender identity. Besides, it has been widely observed that internalized transphobia contributes greatly to poor mental health and well-being among many individuals across the globe (Breslow et al., 2015). Transgender persons who imbibe a culture that propagates transphobia within them are at a higher likelihood of being depressed; anxiety-ridden; drug addicts as well as having suicidal thoughts (Helsen et al., 2022). At the same time, various external processes such

as discrimination or violence caused by society tend to exacerbate these psychological problems for such patients (Meyer, 2015).

Also, transgender people lose self-confidence and self-esteem due to acquired transphobia among them, hence complicating their capacity to have sound relationships and personal ambitions (Testa et al., 2015). Nonetheless, it fortifies the probability of transgenders not receiving the healthcare and other welfare services thus prolonging the gap in health inequalities in that group (Bauer et al., 2015). It is essential for tackling both external transphobia and its internalized forms for enhancing mental wellbeing and overall health condition of transgendered individuals.

Sexual Esteem in Transgender Individuals

Sexual esteem refers to one's perception of their worthiness as well as abilities when it comes to matters concerning sex (Snapp et al., 2015). Thereby, it determines how they see themselves as sexually attractive, competent or desirable and all that plays a significant role in overall dignity and mental well-being (Kotiuga et al., 2022). By the time they become transgendered persons, sexual esteem is characterized by complex identities entailing societal censoring. Positive sexual esteem can strengthen one's sense of personal worth and intimate relationships leading to better quality life (Polihronakis, 2019).

The sexual self-esteem of transgender persons is influenced by multiple factors. In this respect, social support is vital; family, friends and society as a whole should accept them as they are to boost their sexual esteem (Budge et al., 2013a). Conversely, low self-worth can be due to undesirable experiences like transphobia and discrimination. Transgender individuals also tend to face higher rejection rates from the community and violence against them is usually high making their self-worth of themselves lower along with sexual esteem (James et al., 2016). Some people may fail to feel good about themselves due to body dysphoria since some transgender people experience it (Budge et al., 2013). Medical interventions such as hormone therapy or gender alignment surgeries may improve body satisfaction and hence enhance sexual esteem (Garz et al., 2021). Lastly, if one possesses internalized transphobia, it can reduce the level of sexual esteem because these individuals have absorbed negative societal beliefs about their own gender identity (Testa et al., 2015).

Transgender people with low sexual esteem can have devastating effects on their mental health and general well-being; this condition is correlated with increased levels of depression, anxiety, and thoughts of suicide (Budge et al., 2013a). When transgender people suffer from low sexual esteem, they tend to behave in a risky manner that includes unsafe sex practices resulting from lack of confidence in agreeing upon the safety measures (Hirsch et al., 2019). Moreover, it affects an individual's capacity to create or maintain healthy intimate relationships. In relationships, individuals who are transgender may have issues relating with trust and communication because of low sexual esteem leading moments when they feel dissatisfied and instability (Polihronakis, 2019). As such, these feelings increase their sense of isolation while enhancing a vicious cycle of poor psychological outcomes for these victims as well as deteriorating self-esteem. Intervention specifically targeted at rectifying the situation should be addressed. For instance, therapeutic approaches that address body image issues, encourage social support systems creation and reduce forced transphobia may significantly contribute to improved sexual esteem among transgender individuals thereby raising their quality of life (Testa et al., 2015). Promoting positive sexual esteem is important not only for the mental well-being but also physical health and relational satisfaction among transgender individuals.

Resilience in Transgender Populations

According to Sisto et al., (2019), resilience is the art of adapting well in the midst of adversity, trauma, tragedy, threats or unavoidable sources of stress. It includes various adaptive skills and coping mechanisms that enable a person to keep his / her mental health throughout challenging circumstances. Resilience among transgender people encompasses overcoming significant societal, interpersonal and internal issues such as discrimination, violence and transphobia within themselves (Meyer, 2015). General resilience strategies are ways and means fostering an individual's ability to cope with and bounce back from stressor. These approaches fall under three main categories namely social support; cognitive emotional strategies; behavioural practices.

Resilience necessitates strong social support networks. In other words, it's the emotional sustenance and practical aid of family members, friends and community fellows that can minimize stress impacts on the human body (Budge et al., 2013a). In relation to mental health outcomes, the role played by social support is significant as it increases overall wellness (McConnell et al., 2016). Cognitive techniques such as cognitive reframing assist someone in re-evaluating stressful situations positively (Neff & Vonk, 2009). This can be done by changing their perspective about a particular situation which could make them feel more comfortable with it and have a more positive approach towards their coping mechanism. Emotional regulation strategies including mindfulness and acceptance may help an individual control his or her emotions during periods of anxiety and depression, for example (Keng et al., 2011). Resilience is also promoted through maintaining physical fitness regimes as well as leading healthy lifestyles coupled with personal interests. Such activities lead to better health conditions, reduced stress levels, and improved life satisfaction in general (Emmelkamp & Meyerbröker, 2019).

Resilience is particularly important because transgender individuals often face unique and cumulative stressors. Some of the best ways that transgender persons can build resilience include establishing, cultivating, and maintaining relationships with people who affirm or support them. The environments that affirm gender identities are critically important in safeguarding against discrimination as well (Budge et al., 2013a). Additionally, psychological well-being and body satisfaction are enhanced by gender-affirming medical care such as hormone therapy and surgeries that constitute key components of resilience

(Breidenstein et al., 2019). Critical to fostering a supportive healthcare experience is access to informed providers who are sensitive to trans issues (Poteat et al., 2013). Similarly, taking part in advocacy work helps transgender people draw attention to systemic disparities and bring about change within society. By so doing they gain empowerment and agency which are components of resilience too (Riggle et al., 2010). Equally important, building a strong sense of self-identity or embracing one's identity forms essential aspects of resilience. Together they manage internalized transphobia leading toward increased wellbeing overall (Budge et al., 2013a).

The Relationship Between Internalized Transphobia and Sexual Esteem

Different theoretical standpoints can open up the relationship between internalized transphobia and sexual esteem. According to Meyer (2015), minority stress theory states that minority people like transgender persons suffer from chronic stress resulting from stigmatization, discrimination, and social rejection. This stigma internalized or transphobia internalized affects an individual's personality and self-worth involving sexual esteem negatively. As per Scheepers & Ellemers (2019), social identity theory suggests that self-concept arises out of identification with particular groups. In such situations, their sexual esteem may be affected as they might feel unworthy or unattractive if transsexuals adopt negative societal opinions about themselves (Testa et al., 2015).

Empirical research has consistently demonstrated a negative correlation between internalized transphobia and sexual esteem. For example, Budge et al. (2013a) found that among transgender individuals, more internalized transphobia was associated with lower sexual esteem. This means that when transgenders are immersed with internalize transphobia then they feel very low in what they have in physical appearance thus reducing confidence in oneself. Another study by Breslow et al. (2015) showed that internalized transphobia predicted lower sexual esteem and greater psychological distress, supporting the pervasive impact of internalized stigma on different aspects of well-being. Moreover, Testa et al. (2015) came up with Gender Minority Stress and Resilience Measure, which addresses issues such as Internalized Transphobia and Sexual Esteem, for enhanced empirical studies.

Sexual esteem is severely affected by internalized transphobia psychologically and socially. Psychological complications, like low sexual esteem due to internalized transphobia can lead to augmented depression levels, anxiety and suicidal thoughts (Helsen et al., 2022). Transgender people may find themselves dealing with feelings of uselessness and self-loathing which only serve to worsen mental health issues as well as decrease general life satisfaction (Breslow et al., 2015). On a social basis, decreased sexual-esteem hampers the establishment and maintenance of intimate relationships. Transgender persons with low sexual-esteem may experience difficulties in relating and trusting others within their relationships, thus causing heightened relational disagreements and unstableness (Polihronakis, 2019). Consequently, such interpersonal pressures alienate transgender individuals further thus robbing them off vital social connections and intensifying sensations for isolation or rejection.

Importantly, for the transgender community, they need to be able to deal with transphobia that has been internalized and which affects their sexual self-esteem and general well-being (Bockting et al., 2020). Therefore, interventions are highly essential in terms of self acceptance, social support building as well as challenging negative societal beliefs. For instance, there have been instances where cognitive behavioral therapies have worked well in addressing internalized shame thereby increasing one's self esteem while decreasing psychological distress (Matsuno & Israel, 2018). In addition to this aspect is the provision of safe spaces and resources for transgender persons through community-based programs aimed at minimizing the impacts of internalized transphobia on sexual esteem (Hughto et al., 2015).

Resilience Strategies as Buffers

Resilience strategies work by mitigating ill effects of internalized transphobia on the sexual esteem of transgender people (Matsuno & Israel, 2018). These strategies may involve a variety of support systems aimed at enhancing mental health and self-concept even in situations where they face minority stressors. According to Bitton and Weiss (2024), transgender individuals rely on their social support which entails the family members, friends, and community as they are one of the most essential aspects that define resilience. This is done by accepting minority stress with the help of family members. The level of self-esteem and general life satisfaction can be greatly improved by acceptance and affirmation from one's own relatives (Budge et al., 2013a). Protective factors in families include emotional support and practical assistance, which help people who have gender identity problems to overcome many hardships (Testa et al., 2015). Besides, peer groups and communities provide positive reinforcement for increased coping. These groups act as places where transgender persons may discuss about their lives without fear, validate each other's feelings or access information (Hughto et al., 2015). They stand out among others because these supportive networks promote a sense of camaraderie against individualism and marginalization that prevent isolation.

The behavior and cognitive strategies could assist transgenders to bravely cope with negative feeling and experiences and transform them into positive self-belief and esteem. Cognitive restructuring makes a person challenge the thoughts that are not good for them with those which are more adaptive and validating (Neff & Vonk, 2009). By doing so, transgenders can interpret discriminatory experiences as discrimination against their personal values but not an attack on their self-worth hence enhancing self-esteem and determination to overcome any obstacles (Matsuno & Israel, 2018). Practising mindfulness i.e. meditation as well as yoga helps in controlling emotions thus reducing anxiety levels (Keng et al., 2011). Other researchers

suggested that regular exercise and having good time with friends and family could help transgenders to gain self motivation and develop strong belief on self (Emmelkamp & Meyerbröcker, 2019).

Advocacy and activism help transgender people to redress systemic imbalances and bring about social transformation. Participation in advocacy efforts increases awareness of transgender rights thereby ensuring that they are more accepted within the society thus reducing stigma (Riggle et al., 2010). Through policy advocacy and local support programs, transgender individuals create safe spaces that foster resilience and heighten sexual self-respect. To promote body satisfaction and overall well-being, access to gender-confirming medical services like hormone therapy should be granted (White et al., 2020). Trans affirming healthcare practices also improve psychological consequences leading to reduced internalized transphobia and enhancement through resilience capabilities (Poteat et al., 2013).

Integrative Models and Frameworks

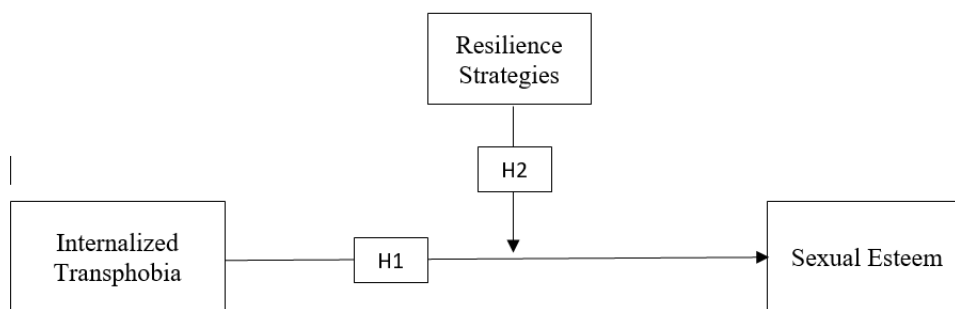
The foundation of the Minority Stress Theory offers an understanding into how minority groups such as transgendered individuals are mentally and physically affected by social stigma and discrimination. Meyer (2015) defines minority stress as chronic stressors faced by marginalized people due to their social identity. For transgender persons, examples of minority stress include discrimination, assault, or violence in the external environment; internalized transphobia; and anticipated rejection. They lead to negative health consequences such as decreased self-esteem and mental health disorders (Testa et al., 2015).

The resilience theory is concerned with comprehension of how people overcome difficulties and retain sound mentality. Resilience’s essential elements encompass traits, environmental elements as well as coping methods that allow individuals to live successfully in spite of hard times (Sisto et al., 2019). For transgender populations, the resilience theory has a particular emphasis on employing useful adaptation mechanisms like social backing, cognitive reorientation and community involvement. These aspects are integral to mental health promotion and boosting self-identification which culminate into resistance to minority stressors (Budge et al., 2013a).

Rather than separating them as different elements, the integrated approaches to sexual esteem of transgender persons combine Minority Stress Theory and Resilience Theory in order to examine how stressors interact with protective factors (McConnell et al., 2018). These models accept that while minority stressors such as transphobia and discrimination negatively affect sexual esteem, resilience factors like social support and self-acceptance can alleviate these effects (Breslow et al., 2015). Recent studies have emphasized the need for integrated models that account for risk factors of minority stress as well as those associated with resilience. For instance, Breslow et al. (2015) found out that transgender people who had more of resilience components like strong social networks, positive coping mechanisms were having higher levels of sexual esteem and low levels of psychological distresses.

When these theoretical frameworks are combined, a wide range of actions can be made by researchers and practitioners. In so doing, they ensure that interventions are complete and address unique aspects that transgender persons go through thereby strengthening their coping skills, boosting their self-worth as well as promoting an all-inclusive health. For this reason, it is fundamental to use such integrated approaches in the realization of both theoretical comprehension and practical solutions aimed at bringing down minority stress levels among transgender populations as well as improving their health statuses.

Conceptual Framework



Methodology

In order to explore how resilience strategies mitigate the impact of internalized transphobia on the sexual esteem of transgender individuals, the research will be conducted. The methodology section of this paper describes the steps taken in collecting and analyzing data from a sample size of 100 transgender people living in Khyber Pakhtunkhwa province, Pakistan. It includes a research design description, as well as details on how subjects were chosen for testing purpose, tools used during data collection process and procedures involved as well as ways that are used to analyze data. This study utilized quantitative cross-sectional research design which was designed to test relationships between internalized transphobia, resilience strategies and sexual esteem among transgender individuals. This kind of study helps to measure and analyze variables at one point in time hence making it easier for correlation studies and possible moderating effects (Spector, 2019).

The sample consisted of 100 transgender persons living in the Khyber Pakhtunkhwa province of Pakistan. Participants were recruited through convenience sampling, using networks within local transgender communities and organizations (Rosser et al., 2007). The inclusion criteria required that participants must identify themselves as transgender, with matriculation as the lowest level of education and a minimum age of eighteen years. Data was collected by means of a structured questionnaire consisting of validated scales to measure internalised transphobia, resilience strategies and sexual self-esteem. It was designed to be self-administered, ensuring privacy and encouraging truthful responses.

Internalized transphobia was assessed using the 13 items Internalized Transphobia Scale (ITS)- a valid instrument that is designed to determine the extent to which transgender people internalize societal transphobic attitudes. The responses were measured on a Likert scale of 1 (Strongly disagree) to 5 (Strongly agree), higher scores indicating more internalized transphobia (Bocking et al., 2020). For this study, Resilience strategies were assessed with an eight-item CD-RISC developed by Connor and Davidson Resilience measures the skills in coping with stress and adversity. The response scale ranged from strongly disagree (1) to strongly agree (5), with higher scores indicating greater resilience (Connor & Davidson, 2003). Sexual esteem was measured using a ten-item Sexual Esteem Scale from Snell and Papini's Sexuality Scale which examines subjective feelings of value and worth attributed to one's sexuality. The responses were recorded on a Likert scale from "strongly disagree" through "strongly agree", higher scores indicating higher sexual esteem (Snell & Papini, 1989).

The data for the current study from the sample was collected by the author as she was good understanding of the issues faced by transgenders in Pakistan especially KPK province by using a close-end questionnaire. Ensuring that these discussions happened in private locations guaranteed confidentiality and comfort. Consent was first sought by the participants before seeking ethical permission from the relevant institutional review board for commencement of the study. Data were analyzed using SPSS software. Reliability measures evaluated scale authenticity. In this case, survey research designs summarize demographic characteristics of the sample and main variables of interest (Mishra et al., 2019). Schober et al. (2018) mentions further that Pearson's correlation coefficients were calculated among internalized transphobia, resilience strategies and sexual esteem as it discerns relationships between them. We also used linear regression analyses to test hypothesis 1 while H2 was analyzed using mixed processes with Hayes to determine moderating effects of resilience strategies on relationship between internalized transphobia and sexual esteem (H2).

Results and Discussion

Results

The demographic analysis (table 1) of the sample size reveals aspects of 100 transgendered individuals from Khyber Pakhtunkhwa, Pakistan such as their education level, birth order, family composition and family structure. The table demonstrates that 40% of the sample has an intermediate level of education while matriculation is complete for 30 percent. Bachelors' degree holders were at 21%, then master's degree accounted for 9% without any M.Phil. or PhD. This implies that a small proportion of transgender people in this sample population have completed higher education. Most (65%) are from families with less than four members while 60% live in extended families which is common in Pakistan and provide support and challenges as well. Nuclear families constitute only 12%, single parent households make up about 10% while blended families comprise about 18%. Birth order distribution shows middle-born children being largest group at (33%) followed by only children (28%), last born (25%) and first born (14%). These data shed light on educational and familial aspects relating to transgender community in Khyber Pakhtunkhwa.

Table 1: Sociodemographic Characteristics of sample (transgenders)

<u>Transgenders characteristics</u>	<u>n</u>	<u>Percentage</u>
Education		
Matriculation	30	30.0
Intermediate	40	40.0
Bachelor	21	21.0
Masters	9	09.0
M.Phil./PhD	0	00.0
Family Composition		
Less than 4 members	65	65.0
4 to 6 members	20	20.0
7 or more members	15	15.0
Family Structure		
Nuclear family	12	12.0
Extended family	60	60.0
Single-parent family	10	10.0
Blended family	18	18.0
Birth Order		
First born	14	14.0
Middle child	33	33.0
Last born	25	25.0
Only child	28	28.0

For each of the measuring instruments (see table 2), the scales' reliability analysis indicates that they have strong internal consistency. Therefore, Cronbach's alpha for Sexual Esteem scale equals 0.821 which exceed the desired threshold of 0.70

thus assuring reliable measurement of sexual esteem among transgender people. This is because high internal consistency means that items on a scale produce similar results under consistent conditions (Cronbach, 1951). Resilience Strategy also shows strong internal consistency since it has Cronbach's alpha value of .810 which highly demonstrates what strategies are used by transgender persons to uplift their capacities for stress resilience and overcoming adversities. It is important that the measure is both reliable in supporting sexual esteem and buffering internalized transphobia effects (Meyer, 2015; Testa et al., 2015). On the other hand, The Internalized Transphobia Scale with a Cronbach $\alpha = .839$ represents good reliability and validity which implies that it can be trusted as a measure for this latent construct. In other words, being complex but multidimensional this construct exerts significant effect on mental health issues and self-esteem levels in trans people (Breslow et al., 2015; Budge et al., 2013).

Table 2: Reliability analysis of scale

Scales	No of items	Alpha value
Sexual Esteem	10	0.821
Resilience Strategy	8	0.810
Internalized Transphobia	13	0.839

The descriptive examination offers worthwhile revelations regarding the distribution and central tendencies of the variables in questionnaire (see table 3). The mean score for sexual esteem is 3.6580, showing that transgender people have relatively high ratings; this is substantiated by a standard deviation of 0.67737 meaning that some deviation occurs within the sample. With negative skewness value -1.282, it implies that most participants reported above-average sexual esteem; on the other hand, a kurtosis value of 2.879 indicates that these scores are clustered around the mean (leptokurtic distribution). In terms of resilience strategies, the mean score is 3.6108 which shows moderate to high use among respondents as evidenced by a standard deviation of 0.65553. A negative skewness value such as -1.304 means that most participants report more use of resilience strategies compared to others. Also, a kurtosis value like 2.940 reflects leptokurtic distribution implying scores are concentrated near the average for all variables as well as this one too. The mean for internalized transphobia is 3.6413 thus indicating moderate to high levels in relation to sample cases and having a standard deviation equal to 0.69782. The skewness coefficient has got -1.511 suggesting a higher proportion of participants showed lower internalized transphobic feelings whereas kurtosis index equals to 2.809 meaning there was clustering at middle values much similar with other variables.

Table 3: Descriptive analysis of data

Variable	Mean	Std. Deviation	Skewness	Kurtosis
Sexual Esteem	3.6580	.67737	-1.282	2.879
Resilience Strategy	3.6108	.65553	-1.304	2.940
Internalized Transphobia	3.6413	.69782	-1.511	2.809

Pearson correlation analysis, helps in pointing the way to the relationships between Sexual Esteem(SE), Internalized Transphobia(IT) and Resilience Strategy(RS) among transgender people. The strengths and directions of the associations are shown by the correlation coefficients (r). This may vary from -1 to +1. If one increases and the other remains constant, it is a positive correlation while if one increases and the other decreases, it is a negative correlation. In addition, Sexual Esteem & Internalized Transphobia Correlation which is -0.804 signifies strong negative relationship.

Therefore, high levels of internalized transphobia are closely linked to low self-esteem in terms of sexual esteem for transgender persons. Thus, this supports previous research (Budge et al., 2013b; Bockting et al., 2020) where negative societal attitudes and internalised stigma lead to serious damage on people's overall sense of worthiness as well as their sexual self-concept. Moreover, $p < .01$ implies that this relationship cannot be regarded as accidental but it has statistical significance at higher level compared with $p > 0.05$.

The positive and significant correlation indicates that a strong relationship exists between Sexual Esteem and Resilience Strategy ($r = .819$). This finding supports the hypothesis that resilience strategies can foster sexual esteem by way of providing transgender individuals with coping mechanisms to counter stress, and negative societal messages (Meyer, 2015; Testa et al., 2015). It is in this sense that the results confirm to us that it is essential for transgender people to be encouraged in developing resilience as a strategy of managing stress. Internalized Transphobia has a strong negative correlation with Resilience Strategy (-.723) which means higher use of resilience strategies corresponds to lower levels of internalized transphobia. Breslow et al. (2015), noted that the role of resilience in mitigating the internalization of negativity is supported by this finding while discussing these findings; they also said that resilient behavior is associated with reduced psychological effects linked to transphobia.

As such, according to Budge et al. (2013a), it was thus established that there was indeed strong evidence supporting that the literature emphasizes on how resiliency assist in reducing the psychological effects resulting from transphobia and internalization rates concerning society's negative attitudes towards transgender individuals. The implications are therefore clear: transgender people need to be provided with tools for building their own resilience which will help them cope with stressors arising from societal attitudes towards them.

Table 4: Relationship analysis (Pearson correlation)

Variable	SE	IT	RS
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Sexual Esteem (SE)	1		
Internalized Transphobia (IT)	-0.804**	1	
Resilience Strategy (RS)	0.819**	-0.723**	1

**** Correlation is significant at the 0.01 level (2-tailed).**

The regression analysis in table 5 looks at how Internalized Transphobia (IV) impacts Sexual Esteem (DV) among transgender persons, thereby focusing on the predictive potential of this relationship. This shows that 64.7% of the variability in sexual esteem is accounted for by internalized transphobia, meaning a strong connection between these variables. Generally speaking, an R² value above 0.6 is regarded as being strong in psychological research, emphasizing the significant influence of internalized transphobia on sexual esteem (Conn et al., 2023). The beta coefficient (β) of -0.781 indicates a strong negative relationship with one unit increase in internalized transphobia leading to decrease by 0.781 units in sexual esteem. Existing literature supports this position; it suggests that high levels of internalised transphobia are correlated with low self-esteem and sexual esteem amongst transgender people (Budge et al., 2013b; Bockting et al., 2020). The F-value of 179.702 together with p-value of zero tells us that the regression model was a right fit and statistically significant. A t-value of -13.405 reaffirms the very negative relation while p-value equals zero confirms our hypothesis that internalized transphobia has a significant effect on sexual esteem among transgender people

Table 5:Regression analysis (Hypothesis 1)

IV	DV	R ²	Beta	SE	F-value	df	t-value	p-value
IT	SE	.647	-.781	0.043	179.702	1	-13.405	0.000

The above results in table 5 declare that internalized transphobia in transgenders is significant predictor of low-level of sexual esteem among them. The findings further advocate that former is predicting (64.7%) latter’s sexual esteem behavior. Also, this is strongly supported by a negative beta (b= -0.781), which indicates that higher levels of internalized transphobia are associated with significantly (p < 0.01) lower sexual esteem. The confidence in results is certain from the significance of regression analysis based on (p < 0.01). In addition, these results reinforce what is already known from theoretical frameworks and prior research about transgender communities where self-worth, sexual value are undermined heavily through internal criticisms and societal discrimination (Budge et al., 2013b; Meyer, 2015). It comes out here as seen from this study that resilience negatively correlates with internalized transphobia as well as support mechanisms, resulting into ill-being and sexuality among transgendered individuals.

Table 6: Moderation analysis (Hypothesis 2)

Mode 1 Summary	R	R ²	MSE	F	df1	df2	p
	.7285	.6622	0.0652	200.2008	3.000	96.000	0.000

Mode 1							
	coeff	se	t	P	LLCI	ULCI	
Constant	-.3474	.3105	1.1188	0.266	-.9638	0.2690	
Resilience Strategies	1.4434	.1467	9.8377	0.000	1.1521	1.7346	
Internalized Transphobia	-.1479	.1253	2.1804	0.008	.3966	0.4008	
Int_1	-.0493	.0291	-2.6948	.0034	3.1070	4.0084	

The moderation analysis in Table 6 tests if resilience strategies interact with internalized transphobia (IT) to influence sexual esteem(SE) among transgender individuals. The value of R² is approximately 0.6622 which means that the model, which considers IT, resilience strategies, and their interaction term, accounts for almost 66.22% of the variation in SE. This implies that the model has strong explanatory power as indicated by this high R² value. The overall significance of the model is demonstrated by an F-value of 200.2008 and a p-value = 0.000.

The t-value for resilience strategies is approximately 9.8377 with a p-value=0.0000 while its coefficient amounts to around 1.4434 thus indicating a significant positive correlation between them and sexual esteem respectively. Higher levels of resilience strategies were found to be significantly associated with higher levels of SE. This supports prior research that has emphasized on the constructive role played by resiliency in enhancing self-esteem within transgender population (Meyer, 2015; Testa et al., 2015). With a t-value of about -2.1804 and a p-value equal to or less than 0.008, the regression coefficient for internalized transphobia is -0.1479 thereby suggesting an inverse relationship between internalized transphobia and sexual esteem.

Significant correlations are observed between internalized transphobia and sexual esteem, which is in line with what has been documented (Budge et al., 2013b). The t-value for the interaction term (Internalized Transphobia x Resilience Strategies) is -1.6948 with coefficient of -0.0493 and p-value of 0.0034. The negative and significant interaction term means that resilience strategies are a moderator between internalized transphobia and sexual esteem. This means that as the level of resilience strategies increases, the harmful influence of internalized transphobia on sexual esteem lessens. Hence this result underlines how resilience strategies protect people from negative impacts of internalised phobias developed within them. These findings

support the idea that resilience strategies act as buffers against the detrimental effects of self-hate on sexual confidence among transgender people, hence confirming our hypothesis (Meyer, 2015; Testa et al., 2015).

Discussion

To investigate the association between internalized transphobia, sexual esteem and resilience strategies in transgender persons in Khyber Pakhtunkhwa, Pakistan was the aim of this study. The present results illuminate different analyses; correlation, regression, moderation which disclose complex dynamics between these variables emphasizing the importance of resilience in reducing negative impacts of internalized transphobia. Higher levels of internalized transphobia are associated with lower sexual esteem ($r = -0.804$, $p < 0.01$) through a strong negative correlation.

This result is in line with previous studies that indicated self-assent and self-concept related to sex have been eroded by internal stigma and societal detestation towards them (Budge et al., 2013b; Bockting et al., 2020). Moreover, this conclusion is supported by regression analysis which indicates that internalized transphobia is a significant predictor of sexual esteem ($\beta = -0.781$, $p < 0.01$). Thus, these findings show how deeply entrenched internalised phobias affect mental health in transgender people and still suggest on the necessity for interventions designed systematically to address and attenuate it within themselves.

The positive correlation between resilience strategies and sexual esteem ($r = 0.819$, $p < 0.01$) indicates that transgender individuals who use more resilience strategies are likely to have higher sexual esteem. Many different methods of coping with discrimination include cognitive reframing, mindfulness, and social support (Meyer, 2015; Testa et al., 2015). The significant regression coefficient ($\beta = 1.4434$, $p < 0.01$) also corroborates the fact that resilience strategies positively affect sexual esteem with a large effect size.

That was the same finding that previous researchers have found in resilience building, suggesting that interventions aimed at building resiliency foster self-esteem and overall well-being (Neff & Vonk, 2009; Keng et al., 2011). By using cognitive reframing as a means by which negative experiences may be transformed into positive ones it can significantly help to reduce psychological consequences of discrimination experienced by individuals (Reed & Buck, 2009). Riggle et al. (2010) argue that enhancing psychological resilience means being able to manage emotions effectively as this helps in curtailing stress levels through mindfulness practices. Emotional and practical assistance comes from family, peers and community networks and it helps enhance sense of belongingness and self-worthiness among transgenders.

In the course of moderation analysis, resilience strategies have been found to significantly moderate the relationship between internalized transphobia and sexual esteem. This is because, as indicated by the interaction term ($\beta = -0.0493$, $p < 0.01$), the negative effect that internalized transphobia has on sexual esteem diminishes with increasing levels of resilience strategies. In this regard, it can be seen that resilience strategies play a protective role in reducing the negative effects of internalized transphobia on sexual esteem. It has also been noted from prior research that resilience serves as a buffer against internalized stigma resulting in psychological distress (Breslow et al., 2015; Budge et al., 2013a).

A number of examples include cognitive reframing, social support and mindfulness. For instance, social support will ensure that one feels he belongs somewhere and his identity is acceptable instead of having isolation feelings caused by having an inner sense of being transgender (Bauer et al., 2015). Equally important is cognitive reframing which helps change negative thought patterns related to stigma (Reed & Buck, 2009) while mindfulness practices boost emotional regulation and reduce stress (Keng et al., 2011). Our research contributes to this knowledge by proving that other than general self-worthiness; resiliency techniques improve transgender persons' specific sexual appraisals thereby fostering their psychological wellness".

The outcomes of this research are important for practice and policy. First, reducing internalized transphobia should be the major aim of interventions. These may include psychological education, cognitive-behavioral therapy or support groups that challenge and reframe negative self-views amongst many others. Second, transgender mental health services should encompass resilience-building programs. In addition to cognitive reframing and mindfulness skills training, these could incorporate self-care practices and also develop a strong social network. Thirdly, there is need for policies aimed at promoting transgender social acceptance and legal protection. Inclusive policies can help reduce societal stigma as well as discrimination which in turn would minimize both internalized transphobia and its adverse effects on sexual esteem.

Conclusion

It is important to note that this study draws attention to the fact that transphobia (which is internalized) has a negative impact on victims' self-esteem about sexuality. In addition, it shows how resilience strategies can play a protective role. Based on these findings, interventions and policies should focus on reducing internalized stigma and enhancing resilience so as to improve the psychological health of transgender persons. When we create an environment where individuals feel supported and included, we can reduce the harm caused by internalizing transphobia while enabling transgender individuals have more self worth and a better overall life. Nevertheless, the study is valuable, however it has its own limitations. The cross-sectional design limits causality among variables to be inferred.

Longitudinal studies should now establish causation and illuminate the long-term impacts of internalized transphobia and resilience strategies on sexual esteem. Besides, the sample was limited to transgender individuals in Khyber Pakhtunkhwa, Pakistan thus generalizability of findings might be hampered. Subsequent research should have more diverse and representative

samples for improving generalizability of results. Also, this study relied on self-reporting measures that are vulnerable to social desirability bias. This would lend more validity to the findings if objective measures or multiple informant reports were included as well. Finally, future research should examine other potential moderating and mediating variables that may influence the relationship between sexual esteem and internalized transphobia; some of these could include access to gender-affirming healthcare, community support as well as individual coping mechanisms.

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