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THE IMPACT OF MARRIAGE EQUALITY AMONG TAIWANESE LGBTQ+
INDIVIDUALS IN RELATIONSHIPS: THE MEDIATING ROLE OF MINORITY
STRESS AND RELATIONSHIP SATISFACTION

A Dissertation Presented

by

CHIA PO CHENG

Submitted to the Office of Graduate Studies,
University of Massachusetts Boston,
In partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2024

Counseling Psychology Program

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ABSTRACT

THE IMPACT OF MARRIAGE EQUALITY AMONG TAIWANESE LGBTQ+ INDIVIDUALS IN RELATIONSHIPS: THE MEDIATING ROLE OF MINORITY STRESS AND RELATIONSHIP SATISFACTION

May 2024

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Taiwan became the first Asian country to legalize same-sex marriage in 2019, however, the impact of marriage equality on Taiwanese LGBTQ+ individuals' mental health remains understudied. There were three major purposes of this study: (1) It explored what socioeconomic factors related to the value of the importance of marriage for LGBTQ+ individuals in relationships; (2) Using the framework of minority stress, this study investigated whether marital status was related to mental health outcomes (depression, anxiety, and overall mental health) among Taiwanese LGBTQ+ individuals in relationships. In addition, this study explored the mediating role of minority stress (heterosexist experiences, internalized homophobia, and outness) and relationship satisfaction. (3) This study explored whether having access to full marital rights related to

Taiwanese LGBTQ+ individuals in binational relationships' experience of minority stress, mental health outcomes, and their relationship satisfaction.

There were 397 participants included in this cross-sectional survey study comparing data from surveys of Taiwanese LGBTQ+ adults in relationships for analyses. Overall, the results indicated a high level of perceived importance of marriage. Greater age, higher income level, and religiosity were found to be significant predictors for endorsement of marriage importance. Marital status was positively related to mental health with those Taiwanese LGBTQ+ individuals in relationships who were also married reporting lower depression, anxiety, and more positive overall mental health. Greater outness and relationship satisfaction were found to have partial mediation effects for the relationships between marital status and mental health outcomes, suggesting that being married may relate to being more out and more relationally satisfied, which in turn, are both associated with more positive mental health.

As for Taiwanese LGBTQ+ individuals in binational relationships, the results showed no sequential mediation relationship between access to marital rights and mental health outcomes through minority stress factors and relationship satisfaction. However, the most consistent and salient finding was that access to marital rights was a significant predictor for policy-related anxiety among LGBTQ+ individuals in binational relationships who lacked rights.

Clinical and policy implications of study findings are discussed. Study limitations and future direction for research also are explored.

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CHAPTER 1

INTRODUCTION & LITERATURE REVIEW

Introduction

Government policies and legislation inevitably impact the health and well-being of socially disadvantaged groups, as they have the power to change the social environment by protecting people's rights and dictating the distribution of resources (Aksoy et al., 2020; Courtin et al., 2020; Hatzenbuehler, 2010). People identified as lesbian, gay, bisexual, transgender, and queer (LGBTQ+) often face greater discrimination in multiple aspects of their lives, from interpersonal to institutional levels that the general population does not (Casey et al., 2019; Feinstein et al., 2012; Hatzenbuehler et al., 2010; Moagi et al., 2021; Nadal et al., 2016). They are also at higher risk for both physical health and mental health concerns, such as suicidality and depressive symptoms (Hafeez et al., 2017; Jackson et al., 2016; King et al., 2008; Lick et al., 2013; Russell & Fish, 2016), as well as reporting less access to health care in comparison to their cisgender and heterosexual counterparts (Müller, 2017; Williams et al., 2021).

The minority stress model is one way to understand the physical health and mental health disparities faced by LGBTQ+ individuals in comparison with their cisgender and heterosexual counterparts. The model suggests one's interactions with others and/or responses to the environment that involve stigma and prejudice can expose LGBTQ+ individuals to greater levels of stress, which can explain the prevalence of mental health

concerns in LGBTQ+ individuals (Meyer, 2003; Brooks, 1981). In addition, both external prejudicial events and one's internal response to heteronormativity can contribute to LGBTQ+ individuals' reported stress. In fact, there is a growing body of research that documents the role of minority stress as an important determinant of negative health and mental health consequences, as well as its linkage to disparities in access (Hatzenbuehler & Pachankis, 2016; Meyer, 2003; Mongelli et al., 2019).

At a macro level, studies have found that anti-LGBTQ policies and legislation pose threats to LGBTQ+ individuals and lead to minority stress and negative psychological consequences for both themselves and their family members (Arm et al., 2009; Halkitis, 2020; Levitt et al., 2009; Rostosky et al., 2010; Russell et al., 2011). On the other hand, LGBTQ-inclusive policies, such as anti-discrimination statutes and marriage equality, promote better health and mental health outcomes for LGBTQ+ individuals (Fingerhut et al., 2011; Hatzenbuehler et al., 2012; Van Der Star & Bränström, 2015; Wight et al., 2013). That is, people's health and psychological wellbeing are connected to the sociopolitical context, which can't be separated from the status of one's local and national policies. Hence, individual psychology and mental health cannot be understood without considering macro contexts and systemic effects.

Taiwan, the pioneer of LGBTQ+ rights in Asia, legalized same-sex marriage in 2019 (Hollingsworth, 2019). Since then, there are over 5,000 same-sex couples that have practiced their rights and married in Taiwan, according to data from the Ministry of the Interior, ROC (2021). Yet, the impact of marriage equality on the mental health of LGBTQ+ individuals in Taiwan remains understudied. Notably, one study conducted prior to the passage of marriage equality examined the effect of an anti-LGBTQ+ referendum, which was an attempt by anti-

LGBTQ+ groups to remove marriage equality from congressional consideration, found the referendum was associated with an increased rate of suicidal ideation among LGBTQ+ individuals (Lin et al., 2019). It showed that the reported mental health of LGBTQ+ individuals in Taiwan was indeed impacted by the political context and social policy considerations leading up to the passage of marriage equality. Now that marriage equality has passed, there is an urgent need to understand what psychological factors may be linked to marriage, and whether these in turn are related to improved mental health. Given that Taiwan is a largely homogenous and collectivistic country, it may provide insight on what demographic characteristics and socio-political considerations related to policy impact on LGBTQ+ people's mental health.

In addition, unique to Taiwan, there were limitations on access to marriage equality for binational LGBTQ+ couples. Prior January 19th, 2023, only same-sex couples in which one partner is a citizen of the 31 countries that endorse same-sex marriage were allowed to marry. That is, there were unequal rights to marriage in Taiwan for same-sex couples based on country of origin and citizenship (Drillsma, 2020). These limitations also raise questions about marriage equality and how it may relate to mental health of LGBTQ+ individuals in Taiwan.

LGBTQ+ Policy and Mental Health

Minority Stress Related to Sexual Orientation and Gender Identity

The minority stress model has been conceptualized and proposed to account for mental health disparities related to sexual orientation and gender identity (SOGI) due to greater stigmatization and discrimination experienced by LGBTQ+ individuals (Hatzenbuehler & Pachankis, 2016; Meyer, 2003; Brooks, 1981; Müller, 2021; Sapiro & Ward, 2020; Schmitz

et al., 2020). Stigmatization includes labeling, stereotyping, separation, status loss, and discrimination, which are used to deprive marginalized individuals of social, economic, and political power (Link & Phelan, 2001; Puckett & Levitt, 2015; Whitehead et al., 2016). In fact, the Institute of Medicine (2011) identified minority stress as one of the most important factors in mental health concerns, and a core aspect in the study of health and health disparities of LGBTQ+ populations.

Minority stress is described as chronic social stress that an individual with stigmatized identity(ies) may experience due to stigma, prejudice, and discrimination (Brooks, 1981; Meyer, 2003). Meyer (2003) proposed that minority stress is experienced by LGBTQ+ individuals in ways that are both distal and proximal. Distal stressors, also known as external stressors, are external prejudicial events LGBTQ+ individuals experience, such as discrimination, rejection, or violence related to one's SOGI (Meyer, 2003). For example, studies found gender minority stress was associated with external stressors, perceived stress, sense of belongingness, depression, and anxiety among transgender people (Testa et al., 2017; Timmins et al., 2017). Microaggressions, including verbal or nonverbal interactions that communicate hostility towards members of oppressed groups, are also forms of distal stressors LGBTQ+ individuals commonly experience (Balsam et al., 2011; Nadal, 2013). In addition, LGB individuals can experience minority stress from being denied opportunities and thus reduced access to achievement in comparison their heterosexual peers due to their sexual minority status (Frost & LeBlanc, 2014).

Proximal stressors, also known as internal stressors, are a person's internal responses to heteronormativity and other heterosexist and cisgenderist societal norms which lead to internalized homophobia, expectation of rejection, and/or concealment of one's identity

(Meyer, 2003). Internalized homophobia is when LGBTQ+ individuals internalize LGBTQ+ negative attitudes and beliefs due to stigmatized messages they were exposed to and can also contribute to greater fear of rejection and concealment as well as mental health concerns (Frost & Meyer, 2009; Newcomb & Mustanski, 2010; Walch et al., 2016). In a comparison of Malaysian and Australian gay men's experiences of internalized homonegativity and internalized shame, gay men living in Australia, where homosexuality is legal, reported lower scores on internalized homonegativity and internalized shame while gay men living in Malaysia, where homosexuality is illegal, reported greater minority stress (Brown et al., 2016). Although a recent study suggested that proximal stressors accounted for more variance in mental health concerns than distal stressors among LGB people of color (Ramirez & Galupo, 2019), both distal and proximal stressors are understood to be contributing factors for health and mental health disparities among LGBTQ+ individuals (Dürrbaum & Sattler, 2020; Lucassen et al., 2017; Newcomb & Mustanski, 2010).

Minority stress has been found to be positively associated with increased psychological distress (Meyer, 2003), and its negative impact on LGBTQ+ individuals' physical health has been studied broadly (Flenar et al., 2017; Flentje et al., 2020; Frost et al., 2015; Hamilton & Mahalik, 2009; Lick et al., 2013). Multiple meta-analytic studies found sexual minority youths reported greater suicidality and substance use than their heterosexual peers due to minority stress (Dürrbaum & Sattler, 2020; Goldbach et al., 2014; Marshal et al., 2011). Suicidality perhaps is one of the most concerning health issues LGBTQ+ individuals face due to minority stress across the globe (Henry et al., 2021; Kittiteerasack et al., 2021; Lea et al., 2014; Meyer et al., 2015; Meyer et al., 2021). In a survey study of 200 LGBT people of color, it was found that LGBTQ-based discrimination increased their risks for psychological

dysfunction and suicidal ideation (Sutter & Perrin, 2016). One of the explanations for the increased suicidal ideation among LGBTQ+ individuals is that they are facing more stress due to perceived burdensomeness and lack of belongingness in the world that is dominated by cisgenderist and heterosexualist norms (Baams et al., 2015; Plöderl et al., 2014).

Many studies have also found that LGBTQ+ individuals report greater mental health issues, such as anxiety and depression, due to minority stress (Burns et al., 2012; Chodzen et al., 2019; Dürrbaum & Sattler, 2020; Lehavot & Simoni, 2011; Lucassen et al., 2017). A longitudinal study in Sweden found that LGB individuals are more likely to receive treatments for anxiety and to use antidepressants, and that bisexual men and women are more likely to receive treatments for mood disorders and substance use disorders (Bränström, 2017). In an intervention study with a randomized controlled trial, which specifically addressed minority stress as a part of the treatment protocol, it was found that sexual minority women participants who received the intervention reported significantly less depression, anxiety, and alcohol use (Pachankis et al., 2020).

More evidence regarding the impact of minority stress on LGBTQ+ individuals' health and mental health disparities can be drawn from studies on proximal stressors. As mentioned in the previous section, there are three common proximal stressors: the expectation of rejection, internalized homophobia, and identity concealment. All of them, under the framework of minority stress, could affect LGBTQ+ individuals' relationship satisfaction with their partners (Balsam & Szymanski, 2005; Gamarel et al., 2014; Mohr & Daly, 2008; Pepping et al., 2019), and with family members and friends (Haas & Lannutti, 2021; Rostosky et al., 2007; Shao et al., 2018). Rood et al. (2016) explored the thoughts and feelings associated with expecting rejection, and identified that the expectation of rejection

could lead to elevated stress, sadness, anger, hypervigilance, and physical exhaustion. When anti-homosexual attitudes or beliefs are internalized by an LGBTQ+ individual, one may also experience shame, guilt, and fear (Hatzenbuehler, 2014; Newcomb & Mustanski, 2010; Puckett & Levitt, 2015). These issues understandably can put a strain on relationships LGBTQ+ individuals have with others and may contribute to the health and mental health disparities LGBTQ+ individuals experience in contrast to their cisgender and heterosexual counterparts (Hatzenbuehler, 2009; Hatzenbuehler & Pachankis, 2016).

Identity concealment, often acted out of fear of rejection and/or shame of one's own identity, has been found to have a negative psychological impact on LGBTQ+ individuals in several studies (Brennan et al., 2021; Livingston et al., 2020; Newheiser et al., 2017; Zhou et al., 2019). Not only is identity concealment associated with increased mental health concerns, such as depression and anxiety (Pachankis, Mahon, et al., 2020), it has also been found to lead to a decrease in life satisfaction for LGBTQ+ individuals (Pachankis & Bränström, 2018). For example, the mental process of revealing one's sexual orientation and/or gender identity in a new environment and the resources required to decide whether to conceal can increase the degree of uncertainty in interpersonal interactions with other people, and can negatively impact LGBTQ+ individuals' mental health (Meyer, 2003; Pachankis, 2007; Budge et al., 2018). In addition, Levitt et al. (2016) found that minority stress impacted LGB individuals' reports of their feelings of authenticity and that LGB individuals often felt like they had to conceal their identities either fully or partially due to fear of victimization or rejection.

Whether it is because of one's internal processes or experiences of negative events, current studies on minority stress have showed that LGBTQ+ individuals' health and mental

health, as well as their relationships with others, can be at risk. Notably, LGBTQ-related policies carry legislative and symbolic power that can impact LGBTQ+ individuals via both distal and proximal minority stressors. For example, LGBTQ+ individuals may view their country's lack of legal recognition of same-sex relationships as a direct form of rejection of their identities and an explicit denial of equal opportunity. Those messages can then further reinforce LGBTQ+ individuals' internalized homophobia and identity concealment. Hence, it is critical to explore whether minority stress is related to policies such as the presence of marriage equality, which may act as a buffer with respect to LGBTQ+ mental health concerns.

How LGBTQ+ Policy and Legislation Impact Health and Mental Health

Another way to understand the health and mental health disparities faced by LGBTQ+ individuals is through the concepts of determinants of health including social determinants of health and political determinants of health. Social determinants of health are the social, environmental, and economic conditions that affect individuals' health outcomes (Braveman & Gottlieb, 2014; Marmot & Wilkinson, 2005; World Health Organization [WHO], 2021). Given that these social determinants are often directly and indirectly altered by social policies and legislation, scholars are calling more attention to the political determinants of health by understanding how voting, government, and policy are inseparable root causes for health inequities people face (Kickbusch, 2005; Dawes, 2020). Many studies have examined the socio-economic contexts of social policies and recognized the impact of these determinants on people's health (Ellison, 2014; Hatzenbuehler, 2010; Osypuk et al., 2014; Terris, 1968). For example, Courtin et al. (2020) conducted a meta-analysis to evaluate the relationships between social policy and health outcomes in the United States. They found that social policies regarding education and early life intervention, income, and health insurance are associated with better health outcomes within the general population. That is, the health

disparities for LGBTQ+ individuals may be explained by the failures of social policy to ensure equality in the distribution of resources and to minimize the barriers LGBTQ+ individuals face in their daily living.

Social policies and legislation that limit LGBTQ+ individuals' rights perpetuate prejudice toward and mistreatment of LGBTQ+ individuals, thus increasing the risk for health and mental health concerns among LGBTQ+ individuals (Hatzenbuehler, 2014; Russell et al., 2011). As forms of government-sponsored discrimination, anti-LGBTQ+ policies can increase the social exclusion of LGBTQ+ individuals and decrease their social capital (Badgett, 2011; Van Der Star & Bränström, 2015), which has been associated with poorer mental health and psychological wellbeing (Kawachi & Berkman, 2000; McKenzie et al., 2002; Wakefield & Poland, 2005). Essentially, anti-LGBTQ+ policies limit LGBTQ+ individuals' rights to be treated as equals and in doing so they reinforce social stigma toward LGBTQ+ communities. The United States military transgender ban in 2019, for example, restricted transgender individuals' rights to enlist in military service, and not only rescinded their rights to serve their country like their cisgender peers, but also prevented them from accessing resources otherwise available to cisgender individuals, such as military benefits and medical insurance to cover their transition (Alford & Lee, 2016; Yerke & Mitchell, 2013). In the same year, transgender participants who were concerned about the uncertainty of transgender-related policies reported greater depression, anxiety, and posttraumatic stress disorder than those who were not (Hughto et al., 2021).

LGBTQ+ individuals experience significantly more psychological distress during periods of LGBTQ-related legislative initiatives and living within a context of anti-LGBTQ+ legislation. There is a substantial research in the United States documenting the profound impact of anti-LGBTQ+ legislations on LGBTQ+ individuals' and their family's physical and mental health due to both minority stress (Frost & Fingerhut, 2016; Hatzenbuehler, 2010; Horne et al., 2022; Horne et al., 2011; Rostosky et al., 2009; Russell & Richards, 2003) and

structural stigma (Corrigan & Watson, 2002; Hatzenbuehler et al., 2009; Russell, 2007; Russell, 2000). For example, Russell and Richards (2003) found that LGB people living in a state with anti-LGBT legislation on the ballot reported greater psychological risks, a greater sense of hopelessness, and lower levels of social support. In addition, marriage amendments have also been shown to relate to greater psychological distress for LGB people and their family members (Arm et al., 2009; Fingerhut et al., 2011; Levitt et al., 2009; Rostosky et al., 2009; Russell & Richards, 2003). LGBT people reported greater depression and anxiety, and negative feelings such as anger, sadness, fear, and anxiety leading up to the passage of anti-LGBT legislation in comparison to people living in states where anti-LGBT legislation was not on the ballot (Levitt et al., 2009; Rostosky et al., 2009), and LGBT individuals' family members reported increased concerned for their LGB family members' safety and future (Horne et al., 2011). In fact, a recent study found that LGBT individuals reported increased minority stress following the 2016 Presidential election, with the advent of the election of Donald J. Trump, even though its relationship to LGBT rights was indirect (Gonzalez et al., 2018). Wadler (2021) surveyed 363 LGBTQ+ individuals after the 2016 Presidential election and found that over 30% of participants reported they increased in their perceived visibility as LGBTQ+ people, which was a significant predictor of reports of heterosexist events like discrimination, harassment, and vigilance. Lastly, LGBT people even reported trauma-related symptoms several years after experiencing anti-LGBT legislation (Russell et al., 2011). Thus, anti-LGBTQ legislation indeed negatively impacts LGBTQ+ individuals, and the impact can be profound and lasting.

Moreover, the stigmatization of LGBTQ+ individuals is exacerbated when they become the focus of political discourse and debates, as well as when they are exposed to more anti-LGBTQ messages (Frost & Fingerhut, 2016; Riggle et al., 2005; Rostosky et al., 2009). The discourse surrounding anti-LGBT legislation, including ads, conversations, and the process of debating about voting had negative psychological effects on LGBT people similar to the

potential negative psychological impact of the actual anti-LGBT laws and policies (Riggle et al., 2005). Negative messages based on false stereotypes are often used in media and political campaigns to misinform the public, which creates harmful environments for LGBT individuals (Cahill, 2007). Rostosky et al. (2009) surveyed 1,552 LGB people and found that LGB people reported higher levels of stress, anxiety, and depressive symptoms when they were exposed to more negative messages and false stereotypes during marriage amendments. In addition, LGB people felt alienated and helpless when the majority of voters supported marriage amendments (Rostosky et al., 2010). Notably, recent public discourse, leading up to an election to remove transgender rights, was found to be significantly related to increased depression and anxiety for LGBT individuals preceding the election with the ballot measure, and substantially so for transgender individuals in comparison to cisgender participants (Horne et al., 2022). Following the election, when the measure retained gender rights, anxiety and depression decreased significantly for those participants who completed a follow-up post-election survey. All of these studies highlight how anti-LGBT legislation can create a hostile environment toward LGBTQ+ individuals and can have significant negative effects on LGBT people's psychological well-being and mental health.

Conversely, LGBTQ-inclusive policies and legislation have been found to have a positive impact on LGBT individuals' psychological wellbeing and mental health (Blosnich et al., 2016; Hatzenbuehler et al., 2012; Mulé et al., 2009; Riggle et al., 2010; Wight et al., 2013). For example, Blosnich et al. (2016) found that transgender veterans living in states with employment nondiscrimination protections reported decreased odds of mood disorders and self-directed violence than those living in states without the same protections. Yet, the majority of current research on the positive impact of LGBT-inclusive policies has been related to legal recognition of same-sex relationships. In 2013, Wight et al. (2013) conducted a survey study in California and found that LGB people in legally recognized relationships were significantly less distressed than LGB people who were not, and this finding was

congruent with those of Riggle et al.'s (2010) study on the effect of legal recognition of same-sex relationships. It is undeniable that pro-LGBT policies can promote more LGBT-inclusive environments and appear to have a positive impact on LGBT individuals' lives.

Marriage Equality for LGBTQ+ Individuals in Relationships

Studies exploring legalized same-sex marriage can provide a lens to understand how inclusive policies could impact both the physical and mental health of LGBTQ+ individuals. It is well established that marriage generally provides social, financial, legal, physical health, and psychological health benefits (Dush & Amato, 2005; Eskridge, 2013; Grossbard-Schechtman & Grossbard-Shechtman, 2019; Ryff & Kessler, 2004; Simon, 2002; Soulsby & Bennett, 2015; Waite & Gallagher, 2001; Williams, 2003). Hence, it is not hard to understand why an examination of same-sex marriage policies can shed light on how those inclusive policies can affect the health and mental health of LGBTQ+ couples (Herek, 2006).

Furthermore, in addition to the legal recognition of same-sex couple's relationships and rights, studies have shown that the legalization of same-sex marriage offers financial benefits (Gonzales & Blewett, 2014; Hatzenbuehler et al., 2012), access to social services and resources (Goldsen et al., 2017), reduced psychological stress (Drabble et al., 2021), and positive health and mental health outcomes (Kail et al., 2015; Tatum, 2017). These findings correspond to the three major pathways, which Hatzenbuehler (2010) identified, regarding how anti-LGBTQ+ public policy impacts LGB individuals' mental health: (1) decreased financial and social resources, (2) increased minority stress, and (3) increased psychological risk factors. The following sections will review the various impact of marriage equality and the relationship to LGBTQ+ mental health through these three pathways.

Financial and social resources. Married same-sex couples have an array of financial and social benefits and resources available to them. For instance, there are income-tax

deductions and Social-Security spousal benefits. Also, married couples tend to receive greater medical insurance coverage and employee benefits. Gonzales and Blewett (2014) reviewed the disparities in health insurance coverage for same-sex couples, and they found that same-sex couples are less likely to have employer-sponsored insurance than their heterosexual counterparts due to lack of same-sex marriage protections. In addition, married people can combine their income and credit to have better financial options. In some less direct pathways, the recognition of same-sex marriage can also lead to other legal rights, such as inheritance and citizenship. Hass and Whitton (2015) surveyed 526 individuals in same-sex relationships across 47 states, and 91 percent of the participants reported that legalized same-sex marriage was important because of the legal protection and financial benefits. For people with international partners, citizenship through legalized same-sex marriage allows their spouses to have more access to social services and in many cases, citizenship rights. Another example of how legalized same-sex marriage could indirectly put LGBTQ+ individuals at a financial disadvantage is the impact of policy on their health and mental health. Hatzenbuehler et al. (2012) found that sexual minority men reported a decrease in medical and mental health visits 12 months after the legalization of same-sex marriage. Due to the decrease in visits, their mental health costs also significantly decreased. Notably, financial and social benefits are commonly identified by same-sex couples as the primary reasons for their decision to seek legal recognition for their relationship (Badgett, 2011; Richman, 2013; Rostosky et al., 2016)

Minority stress. The lack of legal recognition of same-sex marriage and relationships could increase minority stress experienced by LGBTQ+ individuals and lead to greater health and mental health concerns (Drabble et al., 2021; Fingerhut et al., 2011; Goldsen et al., 2017; Kail et al., 2015; King & Bartlett, 2006; Riggle et al., 2010; Rostosky et al., 2007; Rostosky et al., 2009; Solomon et al., 2004; Tatum, 2017; Wolff, 2017). A study conducted by Frost et al. (2017) found that over 60 percent of participants among 120 same-sex couples reported

the unequal legal recognition of their same-sex relationships as one of the minority stressors they encountered. Tatum (2017) conducted a large-sample national survey examining the legal recognition of same-sex relationships on people's mental health. They found that sexual minority participants living in the states without same-sex marriage reported significantly higher levels of internalized homonegativity, greater anxiety, and lower subjective wellbeing compared to sexual minority participants living in states with same-sex marriage. Similarly, Hatzenbuehler (2010) found that LGB people living in a state without same-sex marriage reported greater mood disorder, generalized anxiety, alcohol use, and psychiatric comorbidity than LGB people living in a state with same-sex marriage. One may understand that same-sex marriage, by providing legal protection and social validation, could reduce the minority stress that LGBTQ+ individuals experience in life and contribute to better health and mental health outcomes. In fact, Erlangsen et al. (2020) compared longitudinal data on changes in civil status as well as suicide rates in Denmark and Sweden from 1989 to 2016, and they found that the suicide rate among individuals in same-sex marriages was lower by 46 percent from 1989 to 2016. They believe the decrease in stigmatization reduced the psychological stress and level of distress experienced by sexual minorities, thus lowering the suicide rate. In the United States, Raifman (2017) also found a seven percent drop in suicide attempts among LGBT youth after the adoption of same-sex marriage policy. All of these findings suggest same-sex marriage policies can reduce minority stress experienced by LGBTQ+ individuals. However, little is known about the effect of marriage equality on minority stress outside the context of North American or Europe.

The marital relationship, under the minority stress framework, can also be impacted by institutional discrimination for LGBTQ+ couples. Mohr and Fassinger's (2006) study on same-sex couples' relationships suggested that identity-based discrimination negatively affected the quality of same-sex relationships. After Vermont became the first state to grant same-sex couples the same legal rights as marriage at the state level, a longitudinal study

found that same-sex couples in civil unions were less likely to end their relationships compared to same-sex couples not in a civil union three years after passage (Balsam et al., 2008). Moreover, Riggle et al. (2017) found that same-sex couples in states with recognized same-sex marriage reported a higher level of social support from their partner than couples in states without recognized same-sex marriage, which might explain why same-sex couples with legal recognition are more likely to stay together longer. In short, a stronger relational bond has been found after same-sex couples are legally married (Kennedy & Dalla, 2020). Although many studies have explored the relationship between marriage equality and minority stress and the relationship between minority stress and LGBTQ+ individuals' relationship quality, few have investigated whether marriage equality is related to LGBTQ+ individuals' reports of minority stress and relationship satisfaction, and whether they in turn are associated with mental health outcomes.

Psychological risk factors. By giving more meaning and support to LGBTQ+ relationships with social validation and legal recognition, marriage equality can also reduce psychological risks (Badgett, 2011; Kennedy & Dalla, 2020; Rostosky et al., 2016; Rothblum et al., 2011). Rothblum et al. (2011) analyzed the narratives from 659 people in same-sex couples in civil unions in Vermont and found that same-sex couples often reported the legal recognition of and ceremony of their relationships as meaningful events in their life. Moreover, they experienced an increased sense of love, closeness, and commitment to their partners. Similarly, Rostosky et al. (2016) interviewed 21 long-term same-sex couples who married after same-sex marriage was legalized in 2015, and many participants reported that their civil union was a meaningful event. In addition, some reported a sense of satisfaction

and achievement that they were finally being recognized by society, friends, and family as equals.

For same-sex couples who choose to enter marriage, family validation is often an important factor. It is understandable that having a better relationship with their family members will be a protective psychological factor for LGBTQ+ individuals. In fact, a study showed that same-sex couples identified social validation from friends and family as one of the main reasons why they got married (Rostosky et al., 2016). Previous research also showed that LGB couples with legally recognized status reported better relationships with their family of origin (Solomon et al., 2004). Many married same-sex couples shared that marriage made their relationships more legitimate, thus gaining more recognition from their friends and family members (Haas & Whitton, 2015; Rostosky & Riggle, 2017).

Research from the U.S. and Europe also showed that marriage equality can slowly, yet gradually, change social norms and overall acceptance of sexual minorities (Aksoy et al., 2020; Fischer et al., 2016; Hooghe & Meeusen, 2013; Takács & Szalma, 2011; Van Der Star & Bränström, 2015), and can thereby be a prescription for better health and mental health for LGBT individuals (Campion et al., 2015; Rostosky & Riggle, 2011). On the other hand, denying LGBTQ+ individuals' rights for marriage can increase the social exclusion of LGBTQ+ individuals and decrease their social capital (Badgett, 2011; Van Der Star & Bränström, 2015), which has been associated with poorer health and psychological wellbeing (McKenzie et al., 2002; Wakefield & Poland, 2005). It is undeniable that marriage equality can have a positive impact on LGBT individuals' lives. Nevertheless, more empirical evidence is needed in order to increase and strengthen the protections for LGBTQ+ individuals, especially in a region Like Asia where LGBTQ+ rights are growing rapidly.

Marriage Equality in Taiwan

LGBTQ+ Mental Health in Taiwan

Although the overall acceptance of LGBTQ+ individuals in Taiwan has improved (Cheng et al., 2016; Lee, 2018; Zhou & Hu, 2020). LGBTQ+ individuals in Taiwan are still facing greater health and mental health concerns due to their experiences of social and cultural discrimination and oppression compared to their heterosexual peers (Lian et al., 2015; Wang et al., 2019; Yu-Rong et al., 2010; Laurent, 2005). Chung and Lee (2017) published a study in the *Formosa Journal of Mental Health*, the leading journal in the field of mental health in Taiwan, about the social and psychological experience of gay men. In this study, they surveyed 270 gay men were surveyed and found that over 70 percent of the survey participants reported being treated in an unfriendly manner by others due to their sexual orientation. In addition, the study identified a negative relationship between the experiences of social exclusion felt by gay men and their mental health. Similarly, Liu (2013) found that LGBTQ+ individuals reported the experience of being treated as second-class citizens and experiencing compromises in their mental health in Taiwan due to public discrimination.

Some scholars believed that most Taiwanese people are still under the impression that homosexuality is a disease since it was once a formal medical diagnosis, and that this explains why some people continue to be prejudiced toward LGBTQ+ individuals (Hsu & Yen, 2017). This prejudice also extends to the psychiatric profession. Yeh (2015) investigated the reasons for, and the barriers against, Taiwanese gay men seeking psychiatric services. He found that gay men in Taiwan sought psychiatric services due to great societal pressure on them for not being heterosexual and being feminine. Ironically, gay men were

discouraged from seeking medical services due to psychiatric providers' lack of empathy, homophobic assumptions, and over-emphasis on medication treatment (Yeh, 2015).

These heterosexist experiences may also explain why Taiwan LGB youths were found to have a higher rate of suicidal ideations in Asia. Lian et al. (2015) surveyed 17,016 youths between ages 15 to 24 from the cities of Hanoi (the capital of Vietnam), Shanghai (the biggest city of China), and Taipei (the capital of Taiwan) for their suicidal ideations and suicide attempts, and they compared results from LGB youth with their heterosexual counterparts. They found the overall prevalence of suicidal ideation and suicide attempts in those three cities was not only higher for LGB youth than their heterosexual peers, but that Taiwanese LGB youths reported the highest rate in both suicidal ideation and suicide attempts among the three cities. Thus, it is likely that Taiwanese LGBTQ+ individuals' health, mental health, and access to health care are being affected by identity-based stigma and minority stress.

Certain Asian cultural beliefs and values also put LGBTQ+ individuals at risk for mental health concerns as they could compromise LGBTQ+ individuals' rights (Lee, 2016; Li, 2019). In fact, previous studies have suggested that Asian cultures, which often include conservative values in gender roles and sexuality norms and collectivist cultural values, are related to greater psychological distress for LGBTQ+ individuals (Chung & Katayama, 1998; Kimmel & Yi, 2004; Szymanski & Sung, 2010). Szymanski and Sung (2013) examined the relationship between Asian cultural values, internalized heterosexism, and sexual orientation disclosure. They surveyed 143 Asian American LGBTQ individuals using the Asian American Values Scales Multidimensional (AAVS-M; Kim et al., 2005), which consists of 42 items regarding traditional Asian values, such as collectivism, conformity to norms, and

family recognition through achievement. They found that the adherence to Asian cultural values was positively correlated with internalized heterosexism and negatively correlated with identity disclosure. They also found internalized heterosexism mediated the relationship between Asian cultural values and identity disclosure. These findings suggested that Asian cultural values have an impact on Asian LGBTQ+ individuals' experience. In addition, conservative attitudes toward sexuality also increased the propensity for Asian LGBTQ+ individuals to conceal their identities, which can have a negative impact on their mental health. Shieh (2006) suggested same-sex couples in Taiwan apply coping strategies such as concealing and/or lying about their sexual orientations, creating geographical distance with family and friends, and avoiding closer relationships with heterosexual peers and colleagues in order to decrease the negative impacts on their relationships.

The idea of filial piety, with the root in Confucianism, is another belief that is highly valued in Chinese society. For instance, not being able to produce a male child to continue the family line can be a cause of major family conflict in Chinese culture (Liao, 2020; Wang et al., 2009; Yinhe, 2007). Many Chinese studies identified that the fear of family conflict can prevent gay men from coming out and can introduce more psychological stress as gay men and/or their family members may believe they will not be able to have a child of their own (Wah-Shan, 2001; Wang et al., 2009; Bih, 2003; Liao, 1997). External stress and shame experienced by the whole family also can discourage gay men from coming out, since LGBTQ+ individuals are still at risk for being perceived as mentally ill in Taiwan (Lauber & Rössler, 2007). Considering how embedded the value is in maintaining family harmony, in Taiwanese society, the concept of filial piety is often used to guard the family tradition (Liao,

2020), thus causing LGBTQ+ individuals in Taiwan to be reluctant to come-out and thereby expose themselves to greater mental health risks.

Knowing how minority stress may affect same-sex couples in Taiwan within the context of same-sex marriage is critical. Taiwan's marriage system is rooted in hegemonic heterosexuality, and the idea of patriarchy is historically embedded in the culture (Yu-Rong et al., 2010; Laurent, 2005). Same-sex couples have been found to have a harder time maintaining their relationships than those of heterosexual married couples potentially due to lack of social supports (Shieh et al., 2009). Shieh et al. (2009) explored the impact of traditional family values on the quality of relationships by surveying 128 other-sex married couples and 90 same-sex couples. Although both heterosexual married couples and same-sex couples reported similarly on feelings of happiness and relationship satisfaction, same-sex couples reported significantly less stable relationships than other-sex couples. Furthermore, in Taiwanese culture, unmarried adults are often not viewed as mature adults who can take care of family responsibilities, and this can represent another psychological risk for Taiwanese LGBTQ+ individuals.

Tang (2020) attempted to understand the views of legal recognition of same-sex partnership in Asia. They interviewed 31 gay men and lesbians from Hong Kong, Taiwan, and Japan, and proposed that same-sex partnerships have to be understood within the context of kinship. Participants from both Hong Kong and Taiwan emphasized a deep level of cultural meaning in the wedding that the ceremony is an opportunity to prove one's worth among family members. Lastly, LGBTQ+ individuals in same-sex couples may put themselves at higher psychological risk because their desires and attempts to create family for themselves are inevitably under the examination of public opinion and laws, especially

during the debate on marriage equality (Shieh & Tseng, 2015). Prior to marriage equality, Shieh and colleagues (2017) identified the challenges faced by long-term gay couples in Taiwan. They found three reasons accounted for the challenges for gay couples to sustain their relationships: (1) gay couples' secretive relationships, (2) the pressure of fulfilling societal/family responsibilities due to their life development stage, and (3) the rigidity and lack of resources in their same-sex relationships. All findings suggested how same-sex couples are affected by minority stress and the need for greater mental health care and protection.

Taiwan as A Pioneer for Same-Sex Marriage

On May 17, 2019, Taiwan became the first country to legalize same-sex marriage in Asia (Hollingsworth, 2019; Wamsley, 2019). The Legislative Yuan, the parliament in Taiwan, passed the same-sex marriage bill: The Enforcement Act for Implementation of J. Y. (Judicial Yuan) Interpretation No. 748 (JYI-No.748). According to the report from the Department of Household Registration, Ministry of the Interior (2019), 744 same-sex couples registered their marriages within a month of legalization and 509 of them were lesbian couples. Prior to the success in legalization for same-sex marriage, both the Taiwanese Society of Psychiatry and the Taiwan Association of Clinical Psychology made a public statement supporting marriage equality for same-sex couples and encouraged the Taiwanese government to provide protections, such as medical care, laws forbidding bullying and discrimination, and marriage rights to gender and sexual minorities (Taiwanese Society of Psychiatry, 2016; Taiwan Association of Clinical Psychology, 2016). Studies regarding the overall acceptance for LGBT people in Taiwan suggested that the improvement of overall education level, income, and liberal values among Taiwanese accounted for this positive

change (Cheng et al., 2016; Lee, 2018; Zhou & Hu, 2020), which made LGBT-affirming legislation, and marriage equality possible in Taiwan. In addition, local Taiwanese studies showed that having education on LGBTQ+ issues at the college level significantly affected people's favorable attitudes toward the LGBT community (Chang & Wang, 2009; Lee, 2018). Notably, Hung (2018) examined the factors affecting attitudes toward same-sex marriage using the data for attitudes toward the death penalty from the Academia Sinica, the national academy of Taiwan. Despite the original survey being designed for a different purpose, it did include questions that explored people's attitudes toward same-sex marriage. Hung found that older people, men, aboriginal people, people with mid level educational attainment, people with higher income, and people who are Christian and Catholic were less likely to support same-sex marriage. Nevertheless, three years after the legislation, there has not been any empirical study to examine what sociocultural factors are actually linked to the support and practice of same-sex marriage.

Taiwan's same-sex marriage movement was not always viewed in a positive light and there were multiple antigay movements against the legalization of same-sex marriage prior to the bill's passage. Many of these antigay movements were believed to be initiated by Protestants as well as people holding rigid Confucianism beliefs (Liao, 2020). LGBTQ+ individuals in Taiwan were exposed to homophobic messages and antigay media. For example, an antigay group ran an advertisement claiming early education on LGBTQ+ issues will change young children's gender identity (Shu, 2018). These anti-LGBTQ+ movements later led to a national referendum in 2018 with a vote on various LGBTQ issues including same-sex marriage. Devastatingly, over 70 percent of the general population voted against same-sex marriage, which postponed the decision of Congress on the legalization of same-sex marriage. In fact, Lin et al. (2019) found that LGBT individual who were exposed to the

anti-same-sex marriage referendum reported a higher suicide rate, which raised great concerns for the health and mental health of LGBTQ+ individuals in Taiwan.

Dr. I-Hsuan Lin and his team (2019) was the first international article to examine the impact of anti-LGBT policy on mental in Taiwan. They surveyed suicidal ideation among 3,286 participants 23 months before the same-sex marriage referendum, and they compared the data with another group of participants (a total of 1,370) who responded to the survey one week after the marriage referendums. The study found that the rate for suicidal ideation significantly increased for nonheterosexual participants. Interestingly, the heterosexual participants' responses showed a significant positive association between poor mental health and low support for same-sex marriage. This study provided groundbreaking findings for how the lack of support at the societal level for same-sex marriage was related to poor mental health for LGBTQ+ individuals in Taiwan. Hence, by removing institutional discrimination, Taiwan's passage of marriage equality may have the power to reduce the prejudice experienced by LGBTQ+ individuals and thereby positively impact LGBTQ+ individuals' mental health.

Due to the recent public discourse on same-sex marriage in Taiwan, more and more Taiwanese researchers are looking into the impact of same-sex marriage on LGBT individuals' mental health (Hsu & Yen, 2017; Huang et al., 2020; Lin et al., 2019; Hsu et al., 2018). Drawing evidence from multiple empirical studies, Hsu and Yen (2017), suggested a framework for promoting better mental health for LGBT individuals through the legalization of same-sex marriage. However, there is still a knowledge gap for understanding the impact of policy on LGBTQ+ individuals in Taiwan.

Discriminatory Practice Toward Binational Same-Sex Couples¹

The development of democracy and the presence of vibrant LGBTQ+ communities have allowed Taiwan to advance its LGBTQ+ rights and to legalize same-sex marriage (Jeffreys & Wang, 2018; Kuan, 2019). However, Taiwan's path to marriage equality was yet to complete at the launch of this study. The previous JYI-No.748 provided legal recognition of same-sex relationships with marriage in Taiwan but excluded certain binational same-sex couples based on their nationality (Drillsma, 2020; Lee, 2019). The exclusion was removed on January 19th, 2023, after years of local marriage equality movement and administrative proceedings. Taiwanese bi-national couples or transnational couples are same-sex couples in which one partner is a Taiwanese citizen and the other is from a foreign nation. The law only recognized the marriage of partners who are citizens of one of the 31 countries where marriage equality is legal, and the majority of these are Western countries, such as the United States, the United Kingdom, Spain, and Germany and countries from Latin America, such as Chile, Argentina, Ecuador, and Brazil. In fact, Taiwan was the only country with a nationality-based preclusion in same-sex marriage policy. However, a large portion of the binational LGBTQ+ couples in Taiwan are with partners from Asian countries like China, Hong Kong, Japan, Singapore, and Malaysia. Thus, as a result of this limitation in law, there are approximately 1,000 bi-national couples who are not able to marry in Taiwan and share the rights that are granted to married same-sex couples (Wamsley, 2020).

Just like other same-sex couples, same-sex bi-national couples are often the victim of prejudice and discrimination in the law (Carron, 2014; Domínguez et al., 2012). Prior to 2013

¹ On January 19th, 2023, Taiwanese government passed the revision of same-sex marriage bills and removed the limitation on marital rights for binational couples regardless their nationalities except those with foreign partner from China. This study was proposed, and data collection occurred during the change.

in the United States, many scholars have reviewed the impact of the Defense of Marriage Act (DOMA) on bi-national couples. They identified that bi-national couples had fewer legal rights, as well as available resource and benefits (Carron, 2014; Dunton, 2012; Golden, 2008; Goring, 2015; Nakamura & Kassan, 2019). They were also at risk for separation from their partners and family members (Dueñas, 2000). Wilets (2007) compared countries providing full recognition for same-sex couples in their immigration law (e.g., Canada and Denmark) with countries that had no recognition (e.g., the U.S.A and Brazil). They found that most countries that have full recognition for same-sex couples in their immigration laws reported greater, or at least equal, legal and political gender equality as the United States. That is, the social and political climate of a country has significant impact on binational same-sex couples' lives and integration (Nakamura et al., 2017). In other words, Taiwan's failure to provide a more inclusive policy to reach marriage equality could have negative impact on bi-national same-sex couples' mental health and lives.

Discriminatory policies and laws can also lead to greater stress and have significant negative impact on people's health and psychological well-being (Becerra et al., 2013; Joseph, 2011; Nakamura & Tsong, 2019; Tran et al., 2010). Nakamura and Tsong (2019) surveyed 183 people in binational same-sex relationships before the Supreme Court overturned DOMA in 2013. The results showed that people in binational same-sex relationships reported greater anxiety and depressive symptoms, as well as higher levels of perceived stress compared to their heterosexual peers. In two other studies that conducted interviews with people in binational same-sex relationships (Nakamura & Kassan, 2019; Nakamura et al., 2015), participants shared that they often felt unwelcomed by the country due to a lack of inclusive policies for their rights, experienced negative impact on their mood

and emotion, experienced negative impact on their relationship, and felt forced to leave the country. These are additional psychological stressors that binational same-sex couples who experience incomplete marital rights will face on an ongoing basis, thus it further highlights the importance of understanding whether there is a relationship between minority stress and the unequal marital status of individuals in Taiwanese bi-national couples.

Summary

As Taiwan became the first Asian country to legalize same-sex marriage, little research on the impact of marriage equality on LGBTQ+ individuals' health and mental health has been explored. LGBTQ-related policy and legislation have the power to change sociopolitical contexts that LGBTQ+ individuals are living in and to affect their experiences of minority stress. LGBTQ+ individuals in relationships, particularly when there are discrepant rights or unequal access to rights, may face unique challenges in navigating society due to both distal and proximal minority stressors. These adverse experiences further lead to health and mental health disparities experienced by LGBTQ+ individuals. Marriage equality could offer LGBTQ+ individuals in relationships legal, financial, social, physical health, and psychological benefits. Through actively honoring LGBTQ+ individuals' rights to be treated as equal to their heterosexual peers and equitably altering the social determinants of health, individuals have the opportunity to gain better relationships outcomes, as well as improved health and mental health outcomes. Taiwanese LGBTQ+ individuals in relationships may be uniquely positioned to assess how current marriage policy affects their health and mental health as research has not explored these questions in the Chinese cultural context. In addition, the fact that there was discrepant marriage equality,

restricting some couples' rights to get married in Taiwan based on nationality, provided a one-of-a-kind opportunity to review how unequal rights could affect LGBTQ+ lives.

Purpose of the Study

There were three major purposes of this study. (1) This study aimed to uncover what demographic information (e.g., gender, age, income) relate to the value of the importance of marriage for LGBTQ+ individuals in relationships. Previous Western studies on marriage equality have suggested that younger people, women, people with higher education level, people with greater financial resource, and people with lower religiosity are more likely to support sex-sex marriage among general population in United State (Kaufman & Compton, 2020; Armenia & Troia, 2017; Baunach, 2012). The Ministry of Interior in Taiwan showed that two-thirds of same-sex couples who got married were lesbian when the law changed in 2019. Learning more about the demographic outlook of Taiwanese LGBTQ+ individuals' attitudes on marriage importance could provide information about who may be or may not be pursuing marriage, especially within the context of Taiwan.

(2) Using the framework of minority stress, this study investigated whether marital status was related to mental health outcomes among Taiwanese LGBTQ+ individuals in relationships. In addition, this study explored the mediating role of minority stress and relationship satisfaction. As LGBTQ+ policy and legislation are known to relate to LGBTQ+ individuals' minority stress, as well as psychological well-being, depressive symptoms, anxiety, and relationship satisfaction, this study reviewed the association of marital status of Taiwanese LGBTQ+ individuals in relationships on these domains.

(3) This study explored whether having access to full marital rights related to Taiwanese LGBTQ+ individuals in binational relationships' experience of minority stress,

mental health outcomes, and their relationship satisfaction. Due to the limitations of the original marriage equality policy, many Taiwanese LGBTQ+ individuals in binational relationships did not possess the same access to marriage, therefore, this study reviewed their reports of minority stress, as well as overall mental health, anxiety, and depressive symptoms, and relationship satisfaction in comparison to individuals in binational relationships who were able to fully exercise their rights to same-sex marriage.

Research Questions

1. Research Question 1 (RQ1): Did demographic background relate to marriage importance among Taiwanese LGBTQ+ individuals in relationships?
 - a. Hypothesis 1 (H1). Age would positively predict marriage importance.
 - b. Hypothesis 2 (H2). There would be significant differences among different gender identities [cigenderwomen, cisgendermen, and transgender/gender diverse people] on marriage importance.
 - c. Hypotheses 3 (H3). There would be significant differences among different sexual orientations [e.g., lesbian, gay, and others] on marriage importance.
 - d. Hypotheses 4 (H4). Education level would positively predict marriage importance.
 - e. Hypotheses 5 (H5). Income level would positively predict marriage importance.
 - f. Hypotheses 6 (H6). There would be significant differences among different place of residences [capital, special municipality (other than the capital), and city/county].
 - g. Hypotheses 7 (H7). Religiosity would positively predict marriage importance.

2. Research Questions 2 (RQ2): Did minority stress and relationship satisfaction mediate the relationship between marital status and mental health outcomes among Taiwanese LGBTQ+ individuals in relationships (see figure 1)?

- a. Hypotheses 8 (H8). Marital status (being married) would negatively relate to minority stress factors, and minority stress factors would negatively relate to relationship satisfaction, and relationship satisfaction would positively relate to better mental health outcomes.

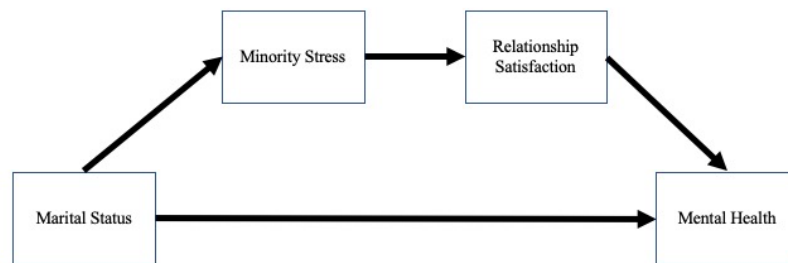


Figure 1. RQ2 Research Model

3. Research Questions 3 (RQ3): Did minority stress and relationship satisfaction mediate the relationship between access to marital rights and mental health outcomes among Taiwanese LGBTQ+ individuals in relationships (see figure 2)?

- a. Hypotheses 9 (H9). Access to marital rights (having access to full marital rights) would be negatively related to minority stress factors, minority stress factors would negatively relate to relationship satisfaction, and relationship satisfaction would positively relate to better mental health outcomes.

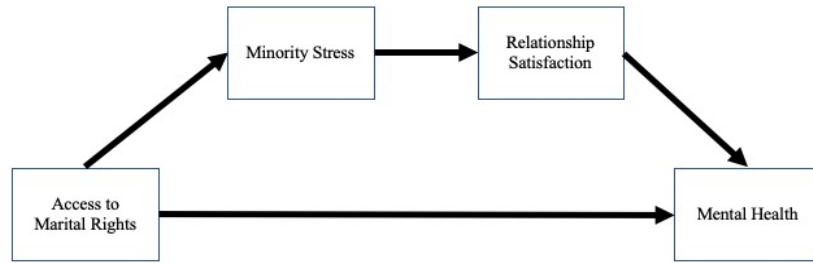


Figure 2. RQ3 Research Model

CHAPTER 2

METHODS

This section presents a quantitative study that compared data from surveys of Taiwanese LGBTQ+ individuals in same-sex relationships (a cross-sectional survey design). It included participants with diverse relationship status and those with varying access to marital rights due to their partner's nationality. The section describes the considerations for research participants and the recruitment procedures. Subsequently, it discusses various measures and provides rationales for their use. Finally, the section proposes statistical analytic strategies that are applied in this study.

Participants & Procedure

The participants in this study met four inclusion criteria: (1) being 18 years of age or older, (2) being a Taiwanese citizen living in Taiwan, (3) identifying as a sexual minority and/or gender minority whose relationship could be impacted by same-sex marriage policy, (4) currently being in a relationship over 6 months. Since the aim of this study is to explore the impact of marriage equality on Taiwanese individuals, it is expected that participants are at or above the legal age to get married and are Taiwanese citizen residing in Taiwan. In Taiwan, the legal age to get married is 16 for women and 18 for men; therefore, for this study, an age requirement of 18 or older was used. To ensure inclusivity for all LGBTQ+ individuals, this study recruited LGBQ people and transgender/gender nonbinary individuals who are in same-sex relationships that are impacted by the same-sex marriage bill (The Enforcement Act for Implementation of J. Y. Interpretation No. 748; JYI No.748).

Commitment and relationship duration can affect relationship satisfaction (Duffy & Rusbult, 1986; Heiman et al., 2011). Previous research suggests that it typically takes approximately 6 months for individuals to start considering marriage (Klein & O'Brien, 2018). Therefore, this study set a criterion that participants must be in a relationship for at least 6 months. The 6-month cutoff was also utilized in another study exploring equality and relationship satisfaction in same-sex relationships (Horne & Biss, 2009).

A subset of the participants consisted of LGBTQ+ individuals in binational relationships. All of these participants met the same inclusion criteria. As of January 26th, 2022, there were three binational same-sex couples, who originally did not have the full marital rights based on JYI No.748, won legislation appeals against the Taiwanese government and had their relationships recognized by the government with marriage. Hence, those participants were expected to be detected and removed based on their responses to the survey due to the unique nature of their situations and the purpose of the study; however, they did not participate the survey.

This study adhered to ethical research guidelines and was approved by the Institutional Review Board (IRB) at the University of Massachusetts Boston (UMB). Recruitment was conducted online using a confidential survey and informed consents were obtained from all participants. Given the specific requirements for the target participants and the potential challenges in researching the LGBTQ+ population in Taiwan, this study employed non-random, snowball, and convenience sampling methods. Participants were recruited through local LGBTQ+ communities (e.g., the Taiwan Alliance to Promote Civil Partnership Rights, Gender/Sexuality Rights Association Taiwan), social media (e.g., Facebook, Dcard), and colleges and universities. Additionally, due to the nature of the study design, only one

individual in a couple was asked to fill out the survey. In the case of binational same-sex couples, the Taiwanese participants were asked to fill out the survey. The survey took about 15-20 minutes, and any identifying information was kept confidential separate.

This study aimed to recruit a minimum of 350 participants to ensure the statistical power required for conducting the analyses. For the first research question, the analyses required a minimum of 198 participants to reach a statistical power of 0.95. The estimated number of 350 participants for the second and third research questions was drawn from two other similar studies (Tan et al., 2017; Yildiz, 2016) that applied serial mediation to address counseling psychology research questions and had participants ranging from 218 to 311.

The recruitment took place between August 2022 to April 2023. Following the norms of Taiwanese research recruitment, no financial compensation was provided to participants.

Overall, there were 397 participants included in this study for analyses among 748 participants who consented to the survey (a 53% response rate). Participants who did not meet eligibility criteria (i.e., being 18 years-old or older, being a Taiwanese citizen and living in Taiwan, at least 18-year-olds, identity as sexual and/or gender minority, being in a relationship over 6 months) were removed ($n = 242$). Additionally, 9 participants were removed based on their responses to the nationality question in the demographic section as they did not identify as Taiwanese. Furthermore, participants who did not provide their sexual orientation or identified as both cisgender and heterosexual were also excluded from the study ($n = 100$).

Measures

Given the critical importance of cultural sensitivity in international studies, the selection of measures for this study was partially based on their successful application in

Taiwan or their common usage in research and/or clinical contexts in the country. The selection of measures was also reviewed and approved by a Taiwanese psychology researcher who has expertise in LGBTQ+ and mental health domains. To ensure the reliability of the measures, a process of forward and backward translation and a brief pilot study were conducted. For measures related to minority stress that lacked existing Chinese versions, a Native Chinese translator in the U.S. was engaged to translate them into Chinese. A Native English translator then conducted a back-translation of these measures. The researcher, who is a Native Chinese speaker, reconciled both versions to create the final version for use in the study.

To ensure internal consistency, a brief sample consisting of first 25 participants who completed the translated measures for minority stress. The responses from this sample demonstrated good to acceptable internal consistency ranging from .79 to .91. Measures that already had existing Chinese versions were given priority and utilized. Additionally, for a measure related to overall mental health that was developed in Taiwan, the published English version was utilized.

Finally, at the end of the survey, the participants were provided with local mental health resources, considering the inclusion of measures related to mental health risks and outcomes.

Background Information

Demographics. This study collected demographic information from participants, which included age, nationality, gender identity, sexual orientation, education level, income, place of residence, religious affiliation, and religiosity. Participants were required to provide

this information for themselves and their partners. Detailed information regarding the demographic questions is included in Appendix 2 (English version & Chinese version).

As presented in Table 1, the mean age of the sample was 32.3 ($N = 397$) years old ($SD = 7.45$), ranging from 18 to 57 years old. Starting with gender identity, 48% of the sample identified as cisgender male, 42% of the sample identified as cisgender female, and 10% of the sample identified as either transgender, nonbinary, or other gender diverse identities. As for sexual orientation, 43% of the sample identified as gay, 29% of the sample identified as lesbian, 21% of the sample identified as bisexual, and 7% of the sample identified as other (including queer, pansexual, asexual individuals). The education level of the sample was: 15% less than or equal to high school education, 57% college degree or equivalent, and 26% graduate degree or higher. The income level of the sample was diverse with 63% of the sample making \$20,000 to 59,999 New Taiwan Dollar (NTD) monthly, 19% of the sample making \$60,000 to \$99,999 NTD monthly, 11% of the sample making \$19,999 NTD or less monthly, and 8% of the sample making \$100,000 NTD or above monthly. Based on residence, participants reported that 59% were in a major city (municipality level) including New Taipei City, Taoyuan City, Taichung City, Tainan City, Kaohsiung City, 27% in the capital (Taipei City), and 14% reported residence in the county or smaller city level. The breakdown of reported religion was: 51% reported not having any religion, 16% Buddhism, 13% Taoism, 6% Christian, 5% folklore religion, 3% Atheist, 3% spiritual, 1% Catholic, 1% Yiguandao, just 1 person identified as Islamic, and 7 people identified as others. Based on the level of religiosity participants reported, 38% of participants reported standard/average level of religiosity or religious involvement, 34% with a weak and/or very

weak level, 18% with no religious belief or involvement at all, and 10% with a strong and/or very strong level.

Relationship & Family Information. The study collected information from participants regarding their relationship status, marital status, and family information (if applicable). Participants provided details about their current relationship, marital status (e.g., dating, engaged, married), relationship duration, estimated start date of their relationship, date of marriage (if applicable), binational relationship status, and their access to marital rights (e.g., full rights, rights with limitations/no rights). Additionally, participants answered questions about their family composition (e.g., number of siblings, number of children) and living arrangements (e.g., living alone, living with parents/family, living with partner with/without children) as those questions may provide cultural context to further inform the study. Detailed information regarding the relationship status and family are included in Appendix 1 (Tables) & Appendix 2 (Survey questions).

As presented in Table 2, 66% of the sample reported that they were dating, 16% of the sample were engaged, 15% of the sample were married, and 6% of the sample were other (in a relationship for over 6 months but did not fit the options above). The mean relationship duration of the sample was 58.96 months ($SD = 60.26$), ranging from 6 to 360 months. As for marital status, 86% of the sample were unmarried and 14 % were married with their marriage recognized by Taiwanese government. Most of the sample reported that they were not the only children in the family (85%) and did not have their own children (97%). The living situation of the sample was as follow: 41% living with partner (with no children), 31% living with parents/family members, 17% living by themselves, 6% living with roommates, and 3% living with partners along with their children.

As for the information regarding individuals in binational relationships, 20% of the sample were in binational relationships. Among those who identified as binational couples, 83% of them did not have full marital rights in Taiwan due to their partners' nationality.

Marriage Importance

Participants were asked to respond to a series of three researcher-generated questions regarding their attitude toward marriage, which aimed to assess the importance they attributed to marriage. Items included (1) "Being married means a lot to me," (2) "Being married means a lot to my relationship with my partner," and (3) "I would not choose to be married even if same-sex marriage were legal (reverse coded)." Participants provided their responses to these questions using a 4-point Likert scale, ranging from 0 (completely disagree) to 3 (completely agree). Marriage importance was calculated based on the sum scores of participants' responses and the mean score in this study was 6.6 out of a total score 9, The internal consistency of the marriage importance survey in this study was Cronbach alpha = .77.

Minority Stress

Heterosexist Harassment, Rejection, and Discrimination Scales. The Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006; Smith et al., 2020) was used to measure heterosexist experiences. The original version of the HHRSD consisted of 14 items, encompassing three subscales: harassment/rejection, workplace and school discrimination, and other forms of discrimination. The scale had excellent internal consistency (Cronbach alpha coefficient of .90) with White, lesbian samples (Szymanski, 2006). However, Smith et al. (2020) examined the HHRDS with LGBTQ people of color samples, and they suggested an updated scale with 12 items with two subscales:

harassment/rejection and family discrimination. The updated scale had excellent internal consistency (Cronbach alpha coefficient of .90), with the harassment subscale having an internal consistency of .91, and the family discrimination subscale having an acceptable internal consistency of .70. Considering that the Taiwanese population in this study may possess cultural characteristics more akin to samples of people of color than white people and that family concerns are important considerations within Asian populations (Matthews, et al., 2022; Battle et al., 2016), the updated 12-item scale was employed. Participants responded to the scale items using a 6-point Likert scale, ranging from 1 (this event has never happened) to 6 (this event occurred almost all the time). Higher scores indicated a greater degree of heterosexist experiences. It should be noted this scale's application to the specific population in Taiwan had not been previously conducted. The internal consistency of the full HHRDS scale in this study was .92.

Outness. The Outness Inventory (OI; Mohr & Fassinger, 2000) was used to measure the level of outness. The OI consists of 11 items, divided into three subscales: Out to Family, Out to World, and Out to Religion. Previous studies have indicated good internal consistency for the OI, with Cronbach's alpha coefficients ranging from .81 to .87 (Balsam & Mohr, 2007; Balsam et al., 2013). The scale has also demonstrated good construct validity in other research (Meidlinger & Hope, 2014; Riggle et al., 2017). Participants responded to the OI items based on the extent to which they were open about their sexual orientation with specific individuals or groups, using an 8-point Likert scale ranging from 0 (not applicable) to 7 (person definitely knows and its openly talked about). Higher scores indicate a greater degree of outness. The original study recommended calculating the overall outness score by averaging the three subscale scores (excluding item 11) to balance the subscales with fewer

items (Mohr & Fassinger, 2000). However, since many participants in this study did not have friends from religious groups or shared interacting with religious leaders, a total sum score was used based on participants' responses. While the original study focused on the experiences of LGB individuals, the OI has also been adapted to measure the level of outness among transgender individuals (Brewster et al., 2012; Kauth et al., 2019). Tan et al. (2021) explored the mediating role of outness, assessed using the OI, between experiencing homophobia and suicide among GBQ men in Singapore. It is important to note that this scale had not been previously used with LGBTQ+ individuals in Taiwan prior to this study. The internal consistency of the OI scale with 11 items in this study was .90.

Internalized Homophobia Scale. The internalized Homophobia Scale (IHS; Wright et al., 1999) was used to measure the level of internalized homonegativity. The IHS consists of nine items and has good internal consistency with reported Cronbach alpha coefficients ranging from .87 to .81 with LGB samples (Wright, 1999; Rostosky & Riggle, 2002; Dudley, et al., 2004). Items are scored on 5-point Likert scales from 1 (strongly agree) to 5 (strongly disagree). Higher scores indicate greater negative feelings and attitudes toward homosexuality, with the exception of five items reverse coded reversely (items 2, 3, 5, 7, 8). Although the original study only focused on the experience of LGB people, the scale in this study was adapted to measure the level of internalized negative beliefs of transgender/gender nonbinary people as well. All the question items but item No. 8 included “transgender (T)” in the description to reflect a greater inclusivity. For item 8 (I wish that I weren’t attracted to the same sex), it added “/(or) I wish that I weren’t transgender”. It should be noted that this scale had not been previously used with LGBTQ+ individuals in Taiwan prior to this study. However, the concept of internalized homophobia has been examined under Chinese and

Taiwanese context with two other scales presenting with acceptable to excellent internal consistency of .71 to .88 (Xu et al., 2017; Ren & Hood, 2018; Liang & Huang, 2022) with acceptable psychometric properties and with acceptable to excellent internal consistency of .71 to .88. The internal consistency of the IHS scale in this study was .80.

Mental Health

Brief Symptom Rating Scale. The Brief Symptom Rating Scale (BSRS-5; Lee et al., 2003; Lung & Lee, 2008) was used to measure participants' overall mental health, as it is one of the most commonly used scales in Taiwan to screen mental health concerns. The BSRS-5 scale consists of 5 items that assess anxiety, depression, hostility, interpersonal sensitivity, and insomnia, along with an additional question exploring participants' suicidal ideation. The BSRS-5 was first developed in 2003 by Dr. Lee Ming-Been, the chief leader of the Taiwan Suicide Prevention Center, and his team as a way to efficiently screen for psychiatric morbidity for anxiety (feeling tense or high-strung), depression (feeling depressed or in low mood), hostility (feeling easily annoyed or irritated), interpersonal sensitivity (feeling inferior to others), and insomnia (having trouble falling asleep). They used data from the Brief Symptom Rating Scale-50 (BSRS-50), which was also developed by Lee's team back in 1990 (Lee et al., 1990) based on the Symptom Check List-90R (SCL-90-R; Derogatis, 1977, 1992). The BSRS-5 was derived from the responses of 721 medical inpatient participants who completed the BSRS-50. The internal consistency Cronbach's alpha coefficients of the BSRS-5 were reported between .77 to .90, and the test-retested reliability coefficient was .82. In 2008, Lung and Lee (2008) examined the utility of the BSRS-5 in screening mental health concerns using logistic regression analysis. Their findings indicated that the BSRS-5 was a significant predictor of mental health concerns as well as suicidal ideation. Moreover, Chen

et al. (2020) verified the applicability of the BSRS-5 with a large sample of 10,108 cases over a 5-year period. The results showed that the BSRS-5 was effective in predicting both initial and repeated suicidal behaviors. The items of the BSRS-5 are scored on a 5-point Likert scale, ranging from 0 (not bothered at all) to 4 (extremely bothered). The BSRS-5 score in this study was the sum score of the first 5 times and did not include the score for suicidality. The internal consistency of the BSRS-5 scale in this study was .88.

The Centre for Epidemiologic Studies Depression Scale. The 10-item Centre for Epidemiologic Studies Depression Scale (CES-D-10; Andresen et al., 1994) was used to measure participants' depressive symptomatology and is typically used in non-clinical samples. The original CES-D (Radloff, 1977) consisted of 20 items measuring participants' depressive experiences in the past week. The CES-D is commonly used in both clinical and academic settings in Taiwan. The CES-D has high internal consistency (Cronbach's alphas ranging from .85 to .90) and has solid construct validity (Radloff, 1977). In addition, the CES-D has good criterion-related validity with the Taiwan Depression Scale (TDS; Yu et al., 2008; Yu et al., 2011), another commonly used and localized scale in Taiwan for assessing depressive experiences. Previous research has reported a correlation of .92 between the CES-D and the TDS (Yu et al., 2008). For the design of this study, the CES-D-10 (Short Form) was used, which reports acceptable internal consistency (Cronbach's alpha of .70; Mohebbi et al., 2018) and good factorial validity using Chinese samples (Cheng et al., 2006; Chen, 2014). The items of the CES-D-10 are scored on a 4-point Likert scale, ranging from 0 (never with or less than 1 day) to 3 (always with over 5 days). The internal consistency of the CES-D-10 scale in this study was .89.

Generalized Anxiety Disorder-7 & Marriage Equality-Related Anxiety. The Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006) was used to measure participants' anxious experiences. The GAD-7 consists of 7 items and has been used in clinical settings in Taiwan to identify the presence of anxiety symptoms. The GAD-7 has excellent internal consistency (Cronbach's alphas of .92) and good (intraclass correlation of .83) test-retest reliability (Spitzer et al., 2006). Items are scored on a 4-point Likert scale, ranging from 0 (not at all) to 3 (nearly every day), allowing participants to indicate the frequency of their experiences. This study used the existing Chinese translated version of the GAD-7. The internal consistency of the GAD-7 scale in this study was .94.

In addition to the original GAD-7, this study employed an adapted version of the GAD-7 to assess specific anxieties related to the marriage equality bill in Taiwan. Participants were asked to indicate the frequency with which they had experienced each symptom in the past week "when thinking specifically about the current legal implication of The Enforcement Act for Implementation of J. Y. Interpretation No. 748." This adaptation of the GAD-7 was inspired by the work of Horne et al. (2021), who utilized a similar approach to measure the impact of the Massachusetts Ballot Question 3. Their study demonstrated excellent internal consistency, with Cronbach's alpha coefficients of .93, indicating the reliability of the adapted scale in capturing policy-related anxieties. The internal consistency of the Policy-related GAD-7 scale in this study was .96.

Relationship Satisfaction

Relationship Assessment Scale. The Relationship Assessment Scale (RAS; Hendrick, 1988) was used to measure relationship satisfaction in this study. Given that some participants were not married, the focus was on assessing overall relationship satisfaction

rather than solely marital satisfaction. To effectively capture relationship satisfaction among participants in Taiwan, an adapted and translated version of the RAS developed by Yu-Yueh Chang (2007) was employed. The adapted RAS consists of 7 items and incorporates a Chinese translation of the original RAS, with modifications to the Likert scale. In this adapted version, the original 7-point Likert scale was changed to a 6-point Likert scale. Data for the adaptation were collected from a sample of 275 college students in Taiwan, and the adapted scale demonstrated good internal consistency of Cronbach alpha = .86. Participants responded to statements such as, "In general, I am satisfied with my relationship," "In comparison to most, I have a good relationship," and "I wish I hadn't gotten into this relationship." The items were scored on a 6-point Likert scale, ranging from 1 (extremely disagree) to 6 (extremely agree). The internal consistency of the RAS scale in this study was .89.

Statistical Analytic Strategies

The present study was a cross-sectional survey design. All analyses were conducted using R Statistical Software (v4.1.2; R Core Team 2021) with the lavaan package (Rosseel, 2012). In this method, missing data is handled within the analysis model and not replaced, which can maximize the likelihood estimation. Data were examined for outliers and normality and the study measures were tested for reliability.

For RQ1, regression analyses were conducted for hypotheses with continuous variables including age (H1), education level (H4), income level (H5), and religiosity (H7) for their predictability of marriage importance. Multivariate analysis of variance (ANOVA) was conducted for hypotheses with categorical variables in relationship to marriage importance including gender identity (H2), sexual orientation (H3), and place of residence

(H6) to determine if there was any difference among different sociocultural factors. When any results of the ANOVA were significant, post-hoc Tukey HSDs were run to explore significant difference among the groups.

For RQ2, the study examined the correlation among all variable of interests including minority stress factors (i.e., HHRDS, IHS, OI), relationship satisfaction, and menta health outcomes (i.e., BSRS-5, CES-D-10, GAD-7). For the path analysis, individuals who were unmarried served as the reference group (coded as 0) and married individual were the comparison group (coded as 1). The study conducted a serial mediation model as H8 predicted that marital status (being married) would be negatively associated with minority stress factors, which in turn would be negatively associated with relationship satisfaction, and this relationship satisfaction would be associated with better mental health outcomes (Tate, 2015). Mediation analysis was conducted using PROCESS macro for R (Hayes, 2022), with bootstrapping procedures using 10,000 samples, and 95% confidence intervals.

For RQ3, Individuals with different access to marital rights were coded for path analysis with individuals with no or restricted rights servings the reference group (coded as 0) and individuals with full rights were the comparison group (coded as 1). Similar to the previous research question, the correlations among all variables were examined and a serial mediation model was conducted. For H9, it was predicted that access to marital rights (having access to full marital rights) would be negatively related to minority stress, minority stress would negatively relate to relationship satisfaction, and relationship satisfaction would positively relate to better mental health outcomes. Mediation analysis was conducted using PROCESS macro for R (Hayes, 2022), with bootstrapping procedures using 10,000 samples, and 95% confidence intervals.

CHAPTER 3

RESULTS

The purpose of this study was to examine what demographic information related to the value of the importance of marriage for LGBTQ+ individuals in relationships. In addition, the study investigated whether marital status and access to marital rights were related to mental health outcomes among Taiwanese LGBTQ+ individuals in relationships. Lastly, this study explored the mediating role of minority stress and relationship satisfaction. This chapter will present data analyses as well as the results of the various analyses including regression analyses, ANOVA, and serial mediation analyses.

Analyses

Research Questions One: Do Sociocultural Factors Relate to Marriage Importance among Taiwanese LGBTQ+ Individuals in Relationships?

Hypothesis 1 (Age). H1: Age would positively predict marriage importance. A linear regression was conducted to examine the relationship between age and marriage importance among Taiwanese LGBTQ+ people in relationships. The results showed a significant positive relationship between age and marriage importance, $R^2 = 0.025$, $SE = 0.015$, $F(1, 311) = 9.118$, $p = 0.003$. That is, the older the participants were, the more likely they endorsed that marriage was important ($\beta = 0.047$). H1 was supported.

Hypothesis 2 (Gender Identity). H2: There would be a significant difference between different gender identities [cisgenderwomen, cisgendermen, and transgender/gender diverse people] on the endorsement of marriage importance. A one-way ANOVA was

conducted to examine the effect of gender identity on marriage importance among Taiwanese LGBT+ people in relationships. Prior to testing this hypothesis, the present study found no differences on marriage importance among participants who identified as transgender male, transgender female, nonbinary, genderqueer/genderfluid, and others. Hence, those participants were grouped as “transgender/gender diverse” for this analysis for comparison with cisgender participants. Although participants identified as cisgender female reported slightly higher scores on marriage importance ($M = 6.84, SD = 2.08$) than participants identified as transgender ($M = 6.52, SD = 2.20$) and cisgender male ($M = 6.30, SD = 1.94$), the result showed no significant effect of gender identity on marriage importance, $F(2, 324) = 2.64, p = 0.07$. H2 was not supported.

Hypothesis 3 (Sexual Orientation). H3: There would be significant difference among different sexual orientations [e.g., lesbian, gay, bisexual, and others] on marriage importance. A one-way ANOVA was conducted to examine effects of sexual orientation on marriage importance among Taiwanese LGBT+ people in relationships. Prior to testing this hypothesis, the present study found no differences on marriage importance among participants with different identities including queer, pansexual, asexual, and others. Hence, those participants were grouped as “other sexual identities” for this analysis. The results showed a significant main effect of sexual orientation group on marriage importance, $F(3, 323) = 8.92, p < .001$. Tukey's post-hoc analysis indicated that participants identified as lesbian reported significantly higher marriage importance ($M = 7.39, SD = 1.84$) than participants identified as gay ($M = 6.32, SD = 1.97$) and as bisexual ($M = 5.94, SD = 2.11$) at $p < .05$, but did not differ from those of other sexual identities ($M = 6.26, SD = 2.05$). H3 was supported.

Hypothesis 4 (Education Level). H4: Education level will positively predict marriage importance. Prior to testing this hypothesis, participants were grouped into three groups based on their responses on education: less than or equal to high school education, college degree or equivalent, and graduate degree or higher. The high school group was given a value of 0, college group was given a value of 1, and graduate group was given a value of 2. A linear regression was conducted to examine the relationship among education level (with new assigned values) and marriage importance among Taiwanese LGBT+ people in relationships. The results showed no significant difference among education level and marriage importance, $F(1, 323) = 0.489, p = 0.485$. A one-way ANOVA was also conducted to examine group difference based on education level related to marriage importance. The results showed no significant effect of education level on marriage importance, $F(2, 322) = 2.01, p = 0.14$ across the groups of participants with graduate degrees ($M = 6.65, SD = 1.85$), participants with college degrees ($M = 6.40, SD = 2.14$), and participants with less than or equivalent to a high school education ($M = 7.02, SD = 1.81$). That is, H4 was not supported and there was no difference among groups based on education levels.

Hypothesis 5 (Income Level). H5: Income level would positively predict marriage importance. Prior to testing this hypothesis, each income level was given a statistic value (participants who made \$19,999 NTD monthly or less were given the value of 0, participants who made \$20,000 to \$39,999 NTD monthly were given the value of 1, participants who made \$40,000 to \$59,999 NTD monthly were given the value of 2, participants who made \$60,000 to \$79,999 NTD monthly were given the value of 3, participants who made \$80,000 to \$99,999 NTD monthly were given the value of 5, and participants who made \$100,000 NTD monthly were given the value of 5). A linear regression was conducted to examine the

relationship between income level and marriage importance among Taiwanese LGBT+ people in relationships. The results showed a significant positive relationship between income level and marriage importance, $R^2 = 0.031$, $SE = 0.082$, $F(1, 324) = 11.45$, $p < .001$. That is, the more income the participants reported, the more likely they reported that marriage was important ($\beta = 0.277$). H5 was supported.

Hypothesis 6 (Place of Residence). H6: There would be significant differences among different place of residences [capital, special municipalities (other than capital), and cities/counties] on marriage importance. A one-way ANOVA was conducted to examine the effect of place of residence on marriage importance among Taiwanese LGBT+ people in relationships. The results showed no significant effect of place of residence on marriage importance, $F(2, 324) = 2.232$, $p = 0.109$). The reported marriage importance by place of residence included participants living in the capital ($M = 6.36$, $SD = 2.15$), participants living in a municipality ($M = 6.52$, $SD = 2.01$), and participants living in county/small city level ($M = 7.14$, $SD = 1.83$). H6 was not supported.

Hypothesis 7 (Religiosity). H7: Religiosity will positively predict marriage importance. Prior to testing this hypothesis, each level of religiosity was given a statistic value. Participants answered their religious beliefs and involvement on a range from 0 to 5 with 0 being no religiosity and 5 reporting very strong religious beliefs and involvement. A linear regression was conducted to examine the relationship between religiosity and marriage importance among Taiwanese LGBT+ people in relationships. The results showed a significant positive relationship between religiosity and marriage importance, $R^2 = 0.012$, $SE = 0.087$, $F(1, 325) = 4.796$, $p = 0.03$. That is, the more religious the participants were, the more likely they endorsed that marriage was important ($\beta = 0.191$). H7 was supported.

Research Questions Two: Would Minority Stress [i.e., HHRDS, IHS, OI] and Relationship Satisfaction Mediate the Relationship between Marital Status [married vs. not married] and Mental Health Outcomes [overall mental health concerns, depression, anxiety] among Taiwanese LGBTQ+ Individuals in Relationships?

Hypothesis 8. H8: Marital status would negatively relate to minority stress, minority stress would negatively relate to relationship satisfaction, and relationship satisfaction would positively relate to better mental health outcomes. With H8, the relationships between marital status (married participants coded as 1, and unmarried participants coded as 0), minority stress, relationship satisfaction, and mental health outcomes were explored with a sequential mediation model.

There were four variables accessing mental health outcomes: the Brief Symptom Rating Scale (BSRS-5; measuring overall mental health concerns), the Centre for Epidemiological Studies Depression Scale (CESD-10; measuring depression), the Generalized Anxiety Disorder-7 (GAD-7; measuring anxiety), and a policy adaptation of the GAD-7 (measuring anxiety related to marriage equality). Minority stress and relationship satisfaction were explored as mediators of these relationships. For this analysis, minority stress was assessed through the Heterosexist Harassment, Rejection, and Discrimination Scales (HHRDS; measuring heterosexist experience), the Internalized Homophobia Scale (IHS; measuring internalized homophobia), and the Outness Inventory (OI; measuring outness). Relationship satisfaction was measured with the Relationship Assessment Scale (RAS). All sequential mediation analyses in research question 2 used the PROCESS macro addition to R with bootstrapping procedures, using 10,000 samples, and 95% confidence

intervals. In addition, bivariate correlations among all variable of interests for RQ2 are provided (Table 3).

Outcome Variable: Overall Mental Health Concerns (with 4 Models). Model 1 (Status-OI-RAS-BSRS): Mediation by Outness and Relationship Satisfaction. In this sequential mediation model (Figure 3), the overall indirect effect was significant ($\beta = -0.012$, $SE = 0.006$, $CI [-0.024, -0.001]$) and the main effect was also significant ($\beta = -0.108$, $SE = 0.050$, $CI [-0.199, -0.016]$) suggesting a partial mediation effect. That is, outness and relationship satisfaction were mediators of the relationship between marital status and overall

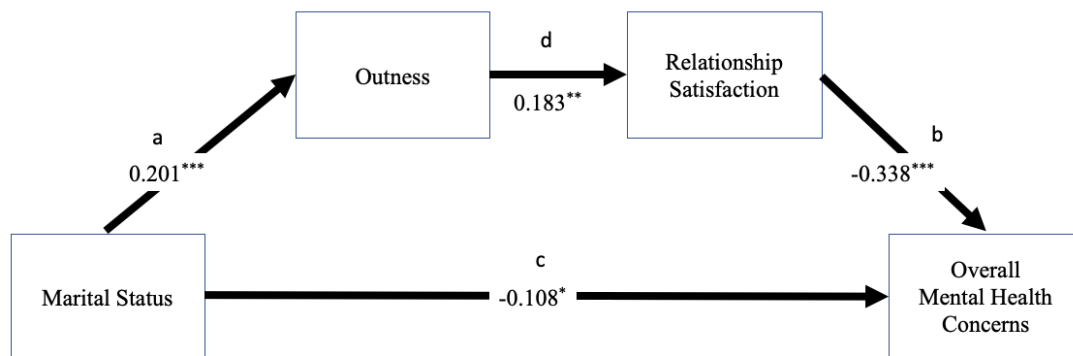


Figure 3. RQ2 Research Model (Status-OI-RAS-BSRS)

mental health concerns. More specifically, marital status was positively associated with outness ($\beta = 0.201$, $SE = 0.050$, $CI [0.103, 0.299]$), indicating that married individuals (coded as 1) were more likely to be out about their sexual orientation compared to unmarried individuals (coded as 0). Outness was positively associated with relationship satisfaction ($\beta = 0.183$, $SE = 0.060$, $CI [0.066, 0.300]$), indicating that individuals who were more out about their sexual orientation tended to report higher levels of relationship satisfaction. In turn, relationship satisfaction was negatively associated with overall mental health concerns ($\beta = -$

0.338, $SE = 0.064$, $CI [-0.465, -0.212]$), suggesting that as relationship satisfaction increases, overall mental health concerns decrease.

Model 2 (Status-IHS-RAS-BSRS): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 4), the overall indirect effect was not found to be significant ($\beta = -0.011$, $SE = 0.007$, $CI [-0.024, 0.002]$) despite the main effect found to be significant ($\beta = -0.111$, $SE = 0.055$, $CI [-0.197, -0.016]$). However, the analysis revealed important associations among marital status, internalized homophobia, relationship satisfaction, and overall mental health concerns .

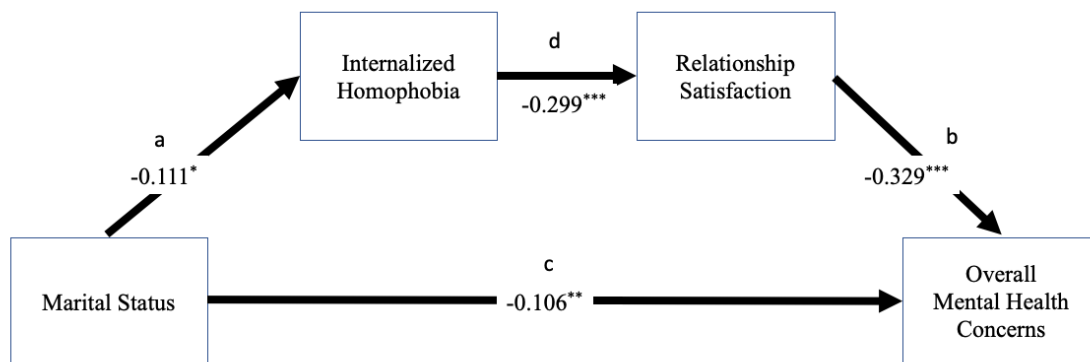


Figure 4. RQ2 Research Model (Status-IHS-RAS-BSRS)

Marital status was found to have a positive association with internalized homophobia ($\beta = -0.106$, $SE = 0.046$, $CI [-0.220, -0.002]$), suggesting that individuals who were married (coded as 1) tended to experience lower levels of internalized homophobia compared to unmarried individuals. Internalized homophobia, in turn, was negatively associated with relationship satisfaction ($\beta = -0.299$, $SE = 0.060$, $CI [-0.416, -0.183]$), indicating that lower levels of internalized homophobia were related to higher relationship satisfaction. Furthermore, relationship satisfaction was negatively associated with overall mental health concerns ($\beta = -$

0.33, $SE = 0.07$, $CI [-0.458, -0.199]$), indicating that as relationship satisfaction increases, overall mental health concerns decrease.

Model 3 (Status-HHRDS-RAS-BSRS): Mediation by Heterosexual Experience and Relationship Satisfaction. In this sequential mediation model (Figure 5), the overall indirect effect was not significant ($\beta = -0.001$, $SE = 0.004$, $CI [-0.009, 0.008]$) despite finding that the main effect was significant ($\beta = -0.107$, $SE = 0.047$, $CI [-0.198, -0.015]$), indicating that there was no mediation effect between marital status and overall mental health concerns through heterosexual experience and relationship satisfaction.

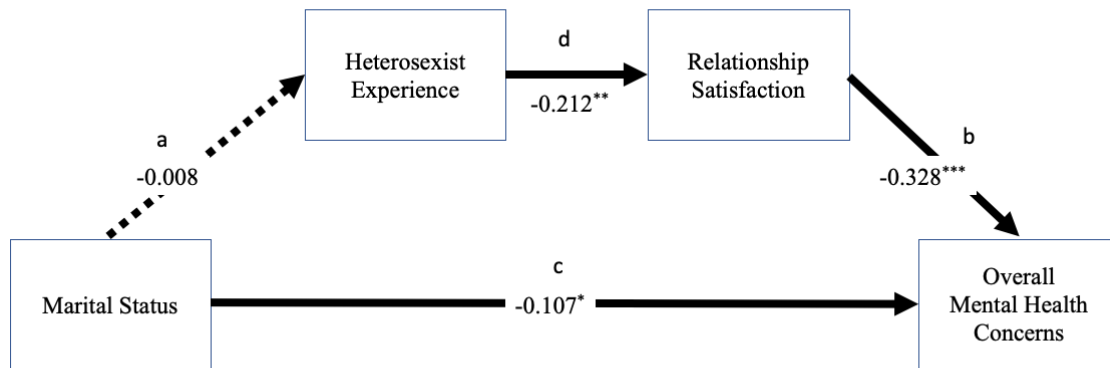


Figure 5. RQ2 Research Model (Status-HHRDS-RAS-BSRS)

Due to this result, the study further explored whether heterosexual experience and relationship satisfaction mediated the relationship between marital status and overall mental health concern separately as Model 4 (Status-RAS-BSRS; Figure 6). The results showed that relationship satisfaction partially mediated the relationship between marital status and overall mental health concerns with a significant indirect effect ($\beta = -0.045$, $SE = 0.019$, $CI [-0.082, -0.008]$), suggesting that greater relationship satisfaction is associated with lower overall mental health concerns. However, heterosexual experiences were not a mediator and there was not a significant indirect effect ($\beta = 0.025$, $SE = 0.024$, $CI [-0.023, 0.073]$).

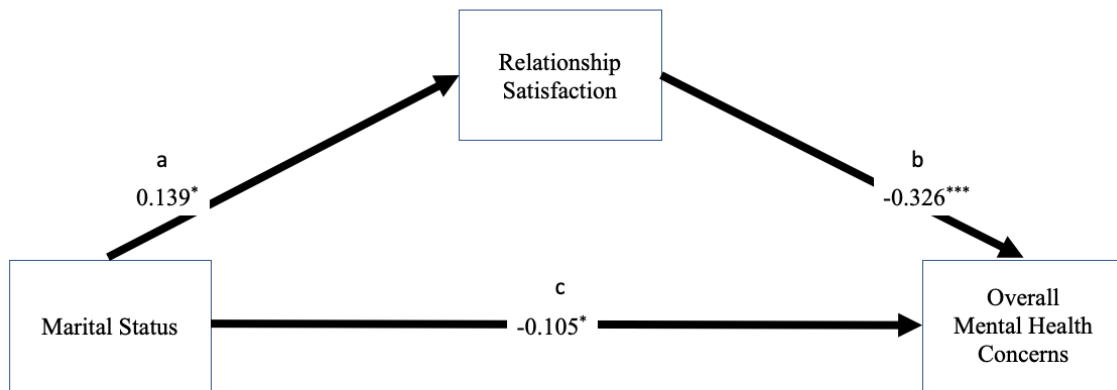


Figure 6. RQ2 Research Model – Extended (Status-RAS-BSRS)

Outcome Variable: Depression (with 4 Models). Model 1 (Status-OI-RAS-CESD): Mediation by Outness and Relationship Satisfaction. In this sequential mediation model (Figure 7), the overall indirect effect was significant ($\beta = -0.015$, $SE = 0.007$, $CI [-0.029, -0.001]$) and the main effect was also significant ($\beta = -0.122$, $SE = 0.044$, $CI [-0.208, -0.036]$), suggesting a partial mediation effect. That is, outness and relationship satisfaction were mediators of the relationship between marital status and depression. More specifically, marital status was positively associated with outness ($\beta = 0.201$, $SE = 0.052$, $CI [0.100, 0.302]$), indicating that individuals who were married (coded as 1) were more likely to be open about their sexual orientation.

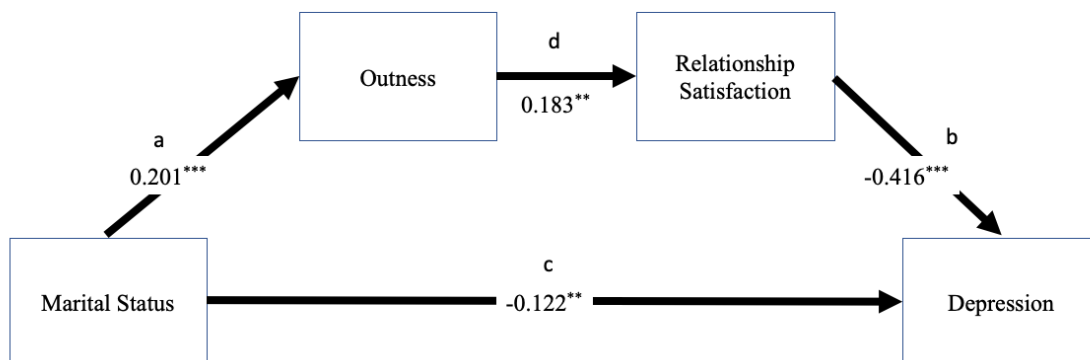


Figure 7. RQ2 Research Model (Status-OI-RAS-CESD)

Moreover, higher levels of outness were related to increased relationship satisfaction ($\beta = 0.183, SE = 0.059, CI [0.067, 0.300]$), suggesting that individuals who were more open about their sexual orientation tended to experience higher levels of satisfaction in their relationships. Furthermore, relationship satisfaction was negatively associated with depression ($\beta = -0.416, SE = 0.064, CI [-0.541, -0.290]$), indicating that individuals reporting higher levels of relationship satisfaction were less likely to experience depressive symptoms.

Model 2 (Status-IHS-RAS-CESD): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 8), the overall indirect effect was not found to be significant ($\beta = -0.014, SE = 0.008, CI [-0.030, 0.003]$) despite the main effect was significant ($\beta = -0.121, SE = 0.044, CI [-0.207, -0.035]$). However, the analysis revealed important associations among marital status, internalized homophobia, relationship satisfaction, and depression.

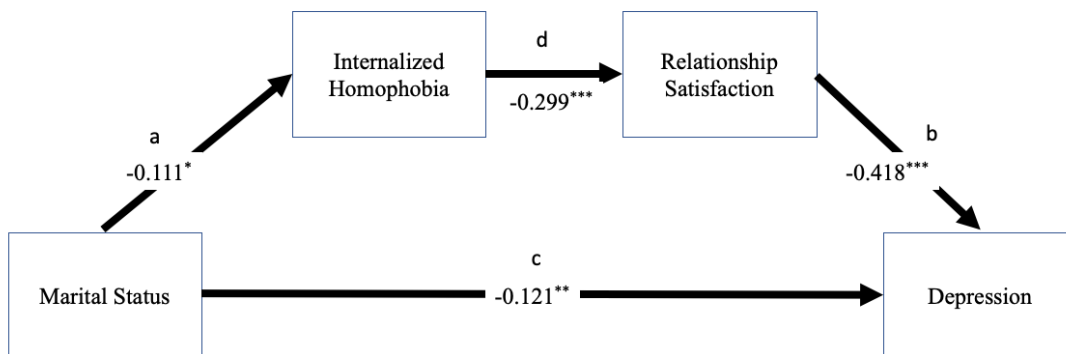


Figure 8. RQ2 Research Model (Status-IHS-RAS-CESD)

Marital status was found to have a positive association with internalized homophobia ($\beta = -0.111, SE = 0.056, CI [0.002, 0.220]$), suggesting that individuals who were married (coded as 1) tended to experience higher levels of internalized homophobia compared to unmarried individuals. Internalized homophobia, in turn, was positively associated with

relationship satisfaction ($\beta = -0.299$, $SE = 0.060$, $CI [-0.418, -0.181]$), indicating that higher levels of internalized homophobia were related to lower relationship satisfaction.

Furthermore, relationship satisfaction was negatively associated with depression ($\beta = -0.418$, $SE = 0.064$, $CI [-0.543, -0.292]$), indicating that individuals reporting higher levels of relationship satisfaction were less likely to experience depression.

Model 3 (Status-HHRDS-RAS-CESD): Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 9), the overall indirect effect was not significant ($\beta = -0.001$, $SE = 0.005$, $CI [-0.011, 0.010]$) although the main effect was found to be significant ($\beta = -0.121$, $SE = 0.044$, $CI [-0.208, -0.034]$), indicating that there was no mediation effect between marital status and depression through heterosexist experience and relationship satisfaction.

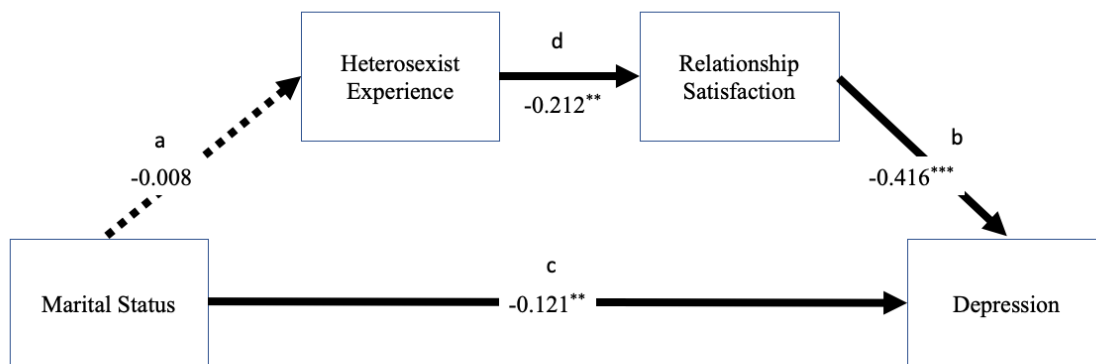


Figure 9. RQ2 Research Model (Status-HHRDS-RAS-CESD)

Due to this result, heterosexist experiences and relationship satisfaction were explored as mediators of the relationship between marital status and depression separately (Model 4: Status-RAS-CESD). However, similar to the previous results for overall mental health concerns, relationship satisfaction partially mediated the relationship between marital status and depression with a significant indirect effect ($\beta = -0.057$, $SE = 0.023$, $CI [-0.102, -$

0.013]) (Figure 10). However, heterosexual experience was not a mediator and there was an insignificant indirect effect ($\beta = -0.004, SE = 0.022, CI [-0.047, 0.039]$).

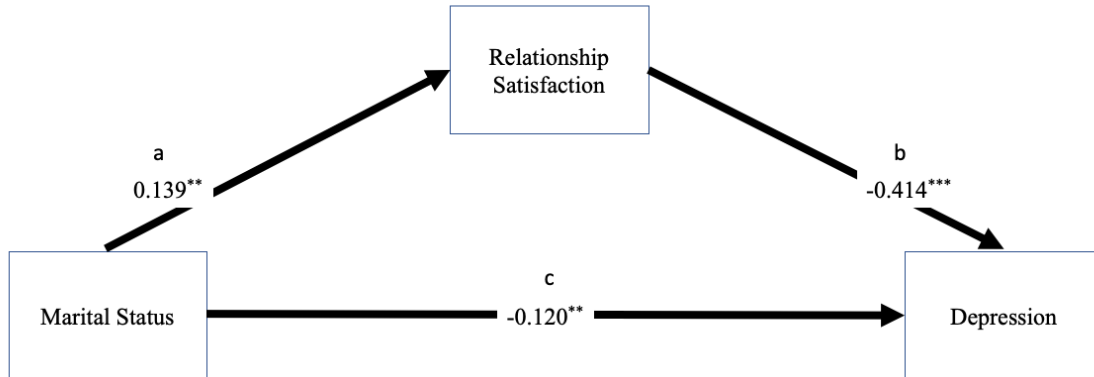


Figure 10. RQ2 Research Model – Extended (Status-RAS-CESD)

Outcome variable: Anxiety (with 4 models). Model 1 (Status-OI-RAS-GAD):

Mediation by Outness and Relationship Satisfaction. In this sequential mediation model (Figure 11), the overall indirect effect was significant ($\beta = -0.013, SE = 0.006, CI [-0.025, -0.001]$) and the main effect was also significant ($\beta = -0.094, SE = 0.047, CI [-0.185, -0.002]$), suggesting a partial mediation effect. That is, outness and relationship satisfaction were mediators of the relationship between marital status and anxiety.

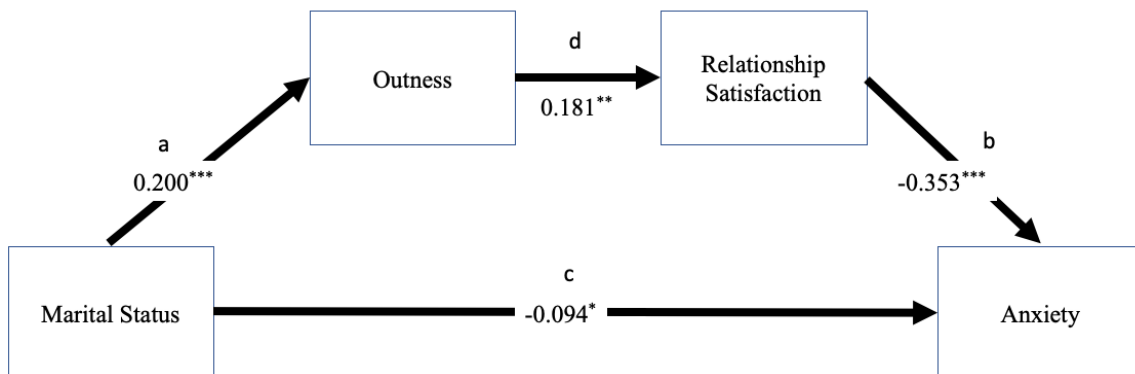


Figure 11. RQ2 Research Model (Status-OI-RAS-GAD)

More specifically, marital status was positively associated with outness ($\beta = 0.20$, $SE = 0.051$, $CI [0.101, 0.300]$), indicating that individuals who were married (coded as 1) were more likely to be open about their sexual orientation. Moreover, higher levels of outness were related to increased relationship satisfaction ($\beta = 0.181$, $SE = 0.060$, $CI [0.063, 0.299]$), suggesting that individuals who were more open about their sexual orientation tended to experience higher levels of relationship satisfaction. Furthermore, relationship satisfaction was negatively associated with anxiety ($\beta = -0.353$, $SE = 0.065$, $CI [-0.481, -0.225]$), indicating that individuals reporting higher levels of relationship satisfaction were less likely to experience anxiety.

Model 2 (Status-IHS-RAS-GAD): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 12), the overall indirect effect was not found to be significant ($\beta = -0.011$, $SE = 0.007$, $CI [-0.025, 0.002]$) despite the main effect found to be significant ($\beta = -0.093$, $SE = 0.047$, $CI [-0.184, -0.001]$). However, the analysis revealed important associations among marital status, internalized homophobia, relationship satisfaction, and anxiety.

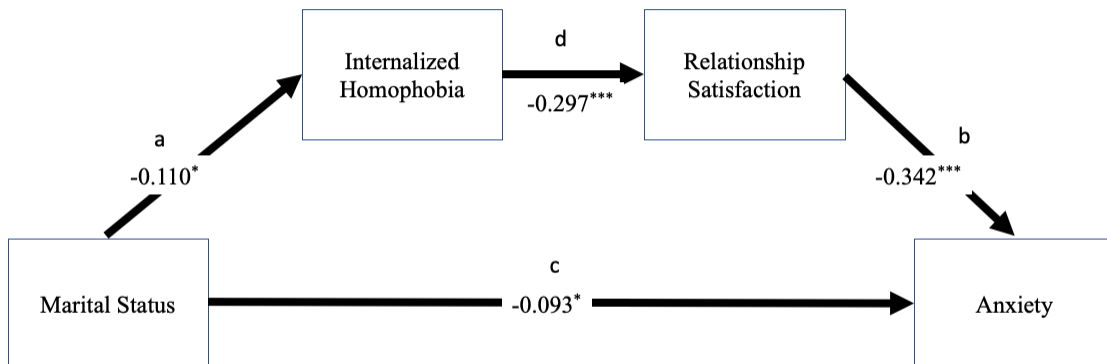


Figure 12. RQ2 Research Model (Status-IHS-RAS-GAD)

Marital status was found to have a negative association with internalized homophobia ($\beta = -0.110, SE = 0.056, CI [-0.219, -0.001]$), suggesting that individuals who were married (coded as 1) tended to experience lower levels of internalized homophobia. Internalized homophobia, in turn, was negatively associated with relationship satisfaction ($\beta = -0.297, SE = 0.060, CI [-0.415, -0.178]$), indicating that higher levels of internalized homophobia were related to lower relationship satisfaction. Furthermore, relationship satisfaction was negatively associated with anxiety ($\beta = -0.34, SE = 0.07, CI [-0.470, -0.214]$), indicating that individuals reporting higher levels of relationship satisfaction were less likely to experience anxiety.

Model 3 (Status-HHRDS-RAS-GAD): Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 13), the overall indirect effect was not significant ($\beta = -0.001, SE = 0.004, CI [-0.009, 0.008]$) despite finding the main effect was significant ($\beta = -0.093, SE = 0.047, CI [-0.186, -0.001]$). This finding indicated that there was no mediation effect between marital status and anxiety through heterosexist experience and relationship satisfaction.

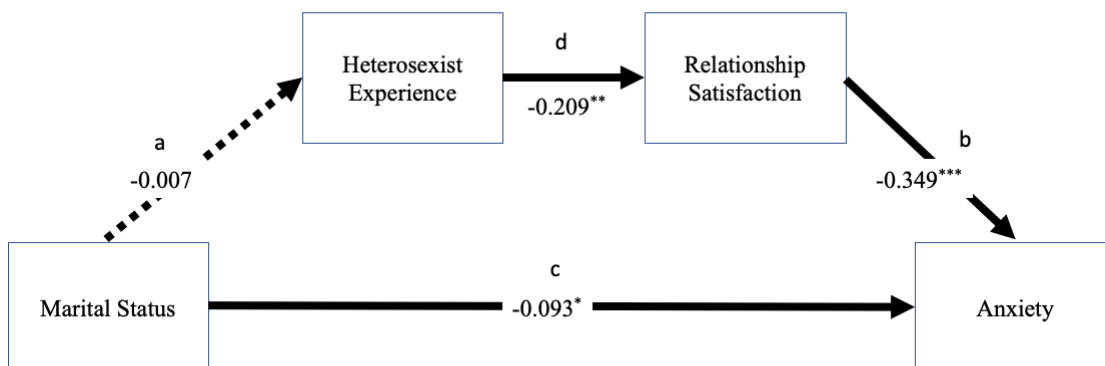


Figure 13. RQ2 Research Model (Status-HHRDS-RAS-GAD)

Due to this result, the study further explored whether heterosexual experience and relationship satisfaction mediated the relationship between marital status and depression separately as Model 4 (Status-RAS-GAD). The results showed heterosexual experiences was not a mediator and there was an insignificant indirect effect ($\beta = -0.003$, $SE = 0.022$, $CI [-0.045, 0.040]$), but relationship satisfaction partially mediated the relationship between marital status and anxiety with a significant indirect effect ($\beta = -0.048$, $SE = 0.019$, $CI [-0.086, -0.010]$) (Figure 14). That is, relationship satisfaction by itself was a mediator for the relationship between marital status and anxiety.

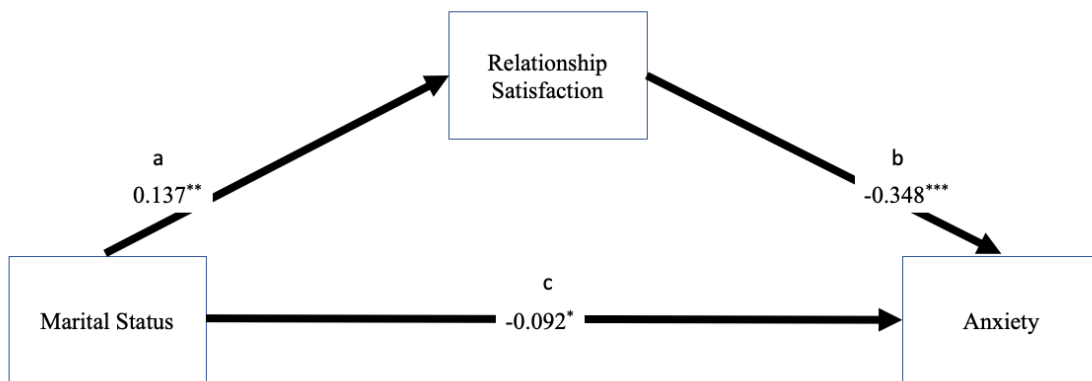


Figure 14. RQ2 Research Model – Extended (Status-RAS-GAD)

Outcome Variable: Marriage Equality Related Anxiety (with 7 Models). Model 1 (Status-OI-RAS-PolicyGAD): Mediation by Outness and Relationship Satisfaction. In this sequential mediation model (Figure 15), the overall indirect effect was not significant ($\beta = -0.004$, $SE = 0.003$, $CI [-0.010, 0.001]$) despite the main effect finding as significant ($\beta = -0.123$, $SE = 0.039$, $CI [-0.192, -0.038]$), indicating that there was no mediation effect between marital status and policy-related anxiety through outness and relationship

satisfaction.

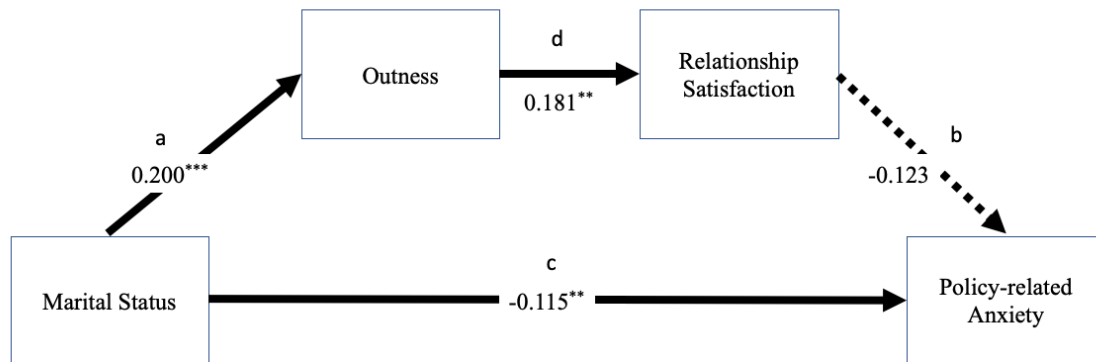


Figure 15. RQ2 Research Model (Status-OI-RAS-PolicyGAD)

Due to this result, the study further explored whether outness and relationship satisfaction mediated the relationship between marital status and policy-related anxiety separately as Model 2 (Status-OI-PolicyGAD) and Model 3 (Status-RAS-PolicyGAD). However, neither mediation analyses were found to be significant based on their indirect effects for outness ($\beta = 0.023$, $SE = 0.015$, $CI [-0.007, 0.053]$; and relationship satisfaction ($\beta = -0.016$, $SE = 0.010$, $CI [-0.036, 0.004]$) (Figure 16, 17). In order to ensure all the explorations of relationships among marital status and policy-related anxiety would be meaningful, a regression was conducted and the result showed a significant negative relationship between marital status and policy-related anxiety ($\beta = -1.44$, $SE = 0.66$, $R^2 = 0.014$, $SE = 3.95$, $F(1, 274) = 4.80$, $p = 0.03$). That is, being married (coded as 1) was associated with decreased endorsement of policy-related anxiety.

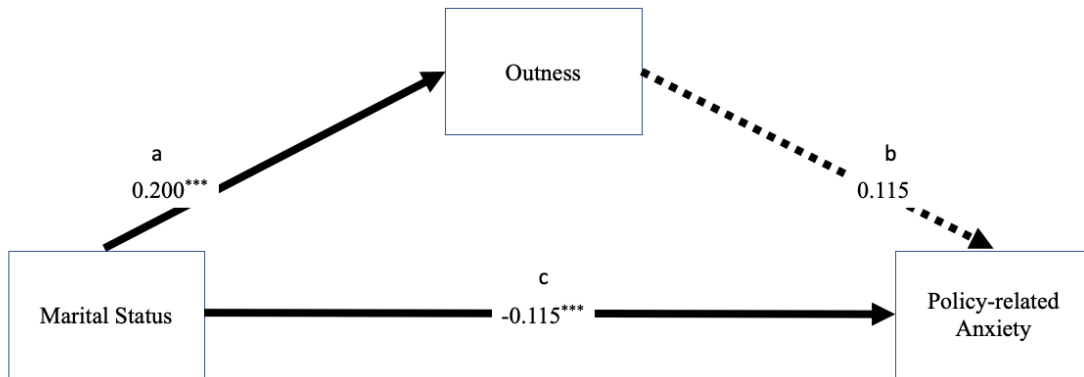


Figure 16. RQ2 Research Model – Extended (Status-OI-PolicyGAD)

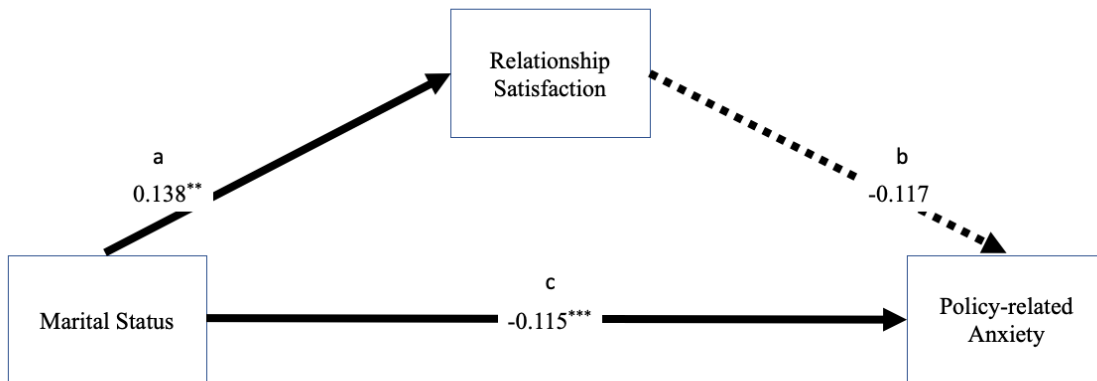


Figure 17. RQ2 Research Model – Extended (Status-RAS-PolicyGAD)

Model 4 (Status-IHS-PolicyGAD): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 18), the overall indirect effect was also not significant ($\beta = -0.003$, $SE = 0.003$, $CI [-0.009, 0.002]$) despite the main effect finding as significant ($\beta = -0.114$, $SE = 0.040$, $CI [-0.192, -0.036]$), indicating that there was no mediation effect between marital status and policy-related anxiety through internalized homophobia and relationship satisfaction. The study further explored whether internalized homophobia mediated the relationship between marital status and policy-related anxiety as Model 5 (Status-IHS-PolicyGAD; Figure 19). However, the mediation analysis

was not found to be significant, with its indirect effect ($\beta = -0.008, SE = 0.008, CI [-0.024, 0.008]$).

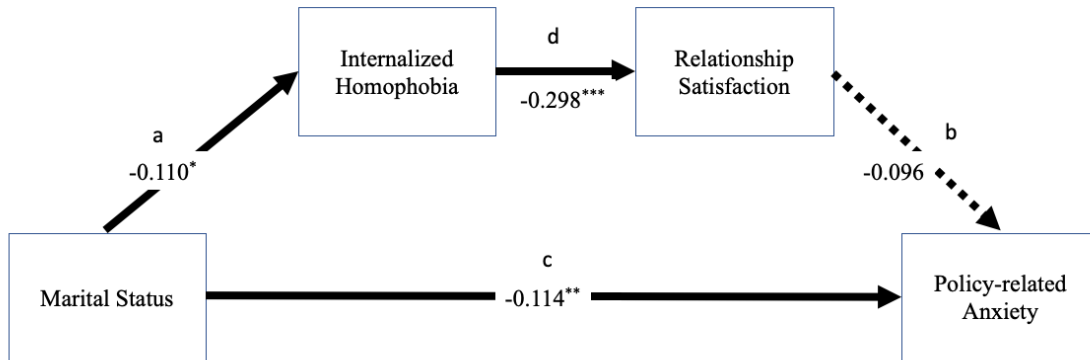


Figure 18. RQ2 Research Model (Status-IHS-RAS-PolicyGAD)

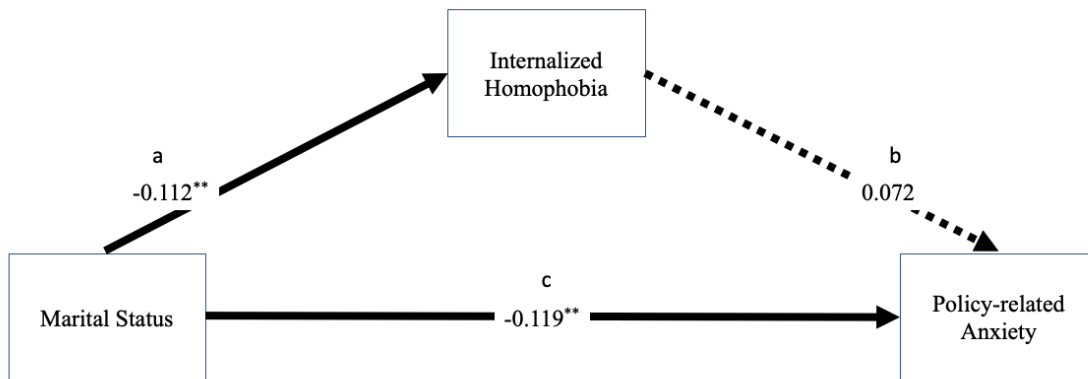


Figure 19. RQ2 Research Model – Extended (Status-IHS-PolicyGAD)

Model 6 (Status-HHRDS-RAS-PolicyGAD): Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 20), the overall indirect effect was also not significant ($\beta = 0.000, SE = 0.001, CI [-0.003, 0.003]$) despite the main effect finding as significant ($\beta = -0.115, SE = 0.039, CI [-0.192, -0.039]$), indicating that there was no mediation effect between marital status and policy-related anxiety through heterosexist experience and relationship satisfaction. In addition, the study found no

mediation effect of heterosexist experiences for the relationship of marital status and policy-related anxiety due to its insignificant indirect effect ($\beta = -0.001$, $SE = 0.014$, $CI [-0.028, 0.026]$) (Model 7: Status-HHRDS-PolicyGAD; Figure 21).

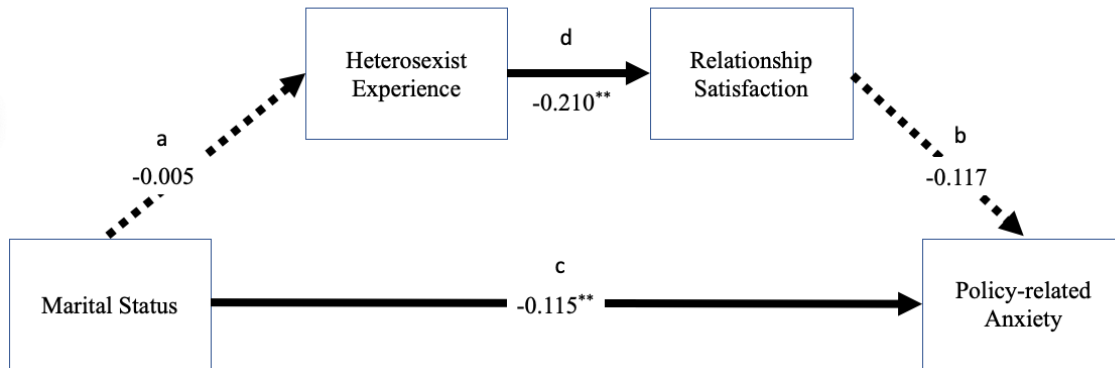


Figure 20. RQ2 Research Model (Status-HHRDS-RAS-PolicyGAD)

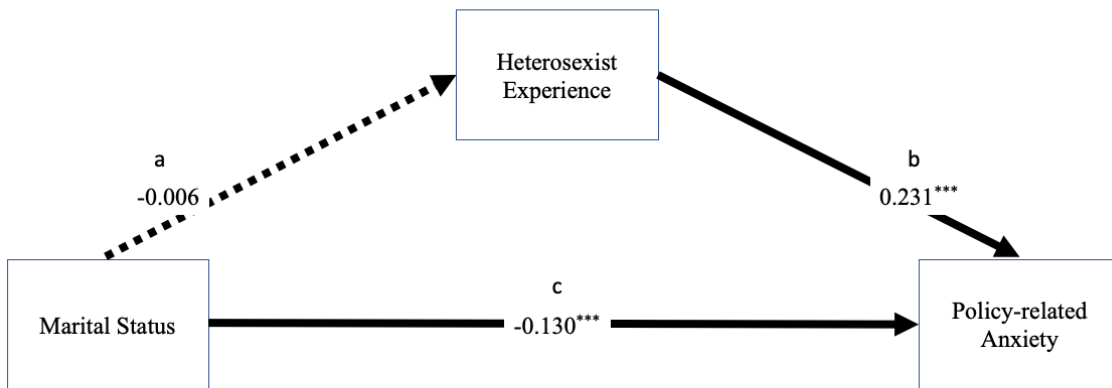


Figure 21. RQ2 Research Model – Extended (Status-HHRDS-PolicyGAD)

Research Question Three: Would Minority Stress [i.e., HHRDS, IHS, OI] and Relationship Satisfaction Mediate the Relationship between Marital Rights [with full rights vs. with no/restricted rights] and Mental Health Outcomes [overall mental health concerns, depression, anxiety] among Taiwanese LGBTQ+ Individuals in Binational Relationships?

Hypotheses 9. H9: Marital rights would negatively relate to minority stress, minority stress would negatively relate to relationship satisfaction, and relationship satisfaction would positively relate to better mental health outcomes. With H9, the relationships among access to marital rights, minority stress, relationship satisfaction, and mental health outcomes were explored. The access to marital rights was the independent variable with binational couples without marital rights or restricted rights as reference group (coded as 0) and binational couples with full marital rights as comparison group (coded as 1). The mental health variables and mediating variables were the same as the previous hypothesis.

There was a total of 367 participants included in RQ3 analyses and 49 of them were in binational relationships with 11 responses from individuals in binational relationships with full rights and 38 responses from individuals with no or restricted rights. Among LGBTQ+ individuals in binational relationships, there were 12 responses collected after the revision of the marriage equality bill. A post-hoc exploration of mean differences, comparing people in binational relationships who completed the survey before the passage and after, indicated that those responses were showing statistically significant and lower scores on all major mental health indices (i.e., overall mental health concerns, depression, anxiety, and policy-related anxiety). That is, those participants seemed to report better mental health after the law revision. As a result, those participants were removed for the RQ3 analyses and left a total of

38 responses for individuals with no rights or restricted rights. Partial bivariate correlations among all variable of interests for RQ3 are provided (see Table 4)

Outcome Variable: Overall Mental Health Concerns (with 5 Models). Model 1 (Rights-HHRDS-RAS-BSRS): Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 22), the overall indirect effect was not found to be significant ($\beta = 0.033$, $SE = 0.031$, $CI [-0.027, 0.093]$) and the main effect between access to marital rights and overall mental health concerns was also not significant ($\beta = -0.125$, $SE = 0.144$, $CI [-0.407, 0.157]$). However, the analysis revealed important associations among access to same-sex marriage right for binational couples, heterosexist experiences, and relationship satisfaction. Marital rights were found to have a positive association with heterosexist experience ($\beta = 0.464$, $SE = 0.159$, $CI [0.153, 0.776]$), indicating that binational couples with rights tended to experience higher levels of heterosexist discrimination. Heterosexist experience, in turn, was negatively associated with relationship satisfaction ($\beta = -0.320$, $SE = 0.151$, $CI [-0.615, -0.025]$), suggesting that higher levels of heterosexist experiences were related to lower levels of relationship satisfaction.

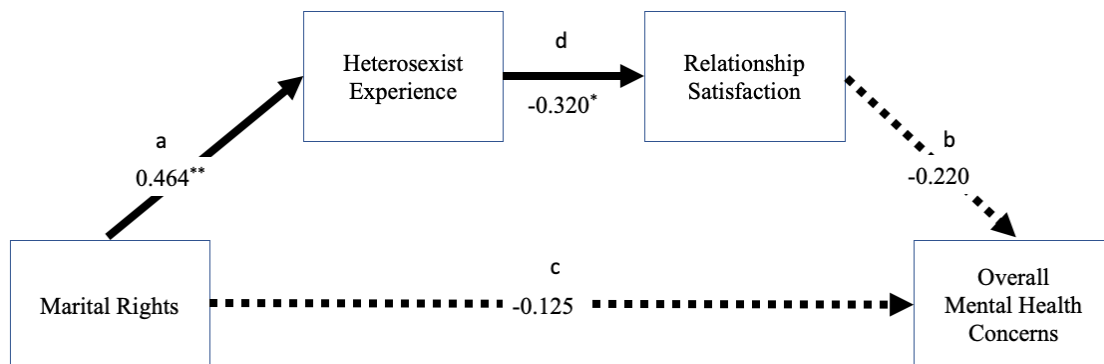


Figure 22. RQ3 Research Model (Rights-HHRDS-RAS-BSRS)

Model 2 (Rights-IHS-RAS-BSRS): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 23), the overall indirect effect was not found to be significant ($\beta = 0.005$, $SE = 0.013$, $CI [-0.021, 0.030]$) and the main effect between access to marital rights and overall mental health concerns was also not significant ($\beta = -0.082$, $SE = 0.129$, $CI [-0.334, 0.171]$). However, there is a statistically significant negative relationship between internalized homophobia and relationship satisfaction ($\beta = -0.344$, $SE = 0.159$, $CI [-0.654, -0.033]$), indicating that higher levels of internalized homophobia are associated with lower levels of relationship satisfaction.

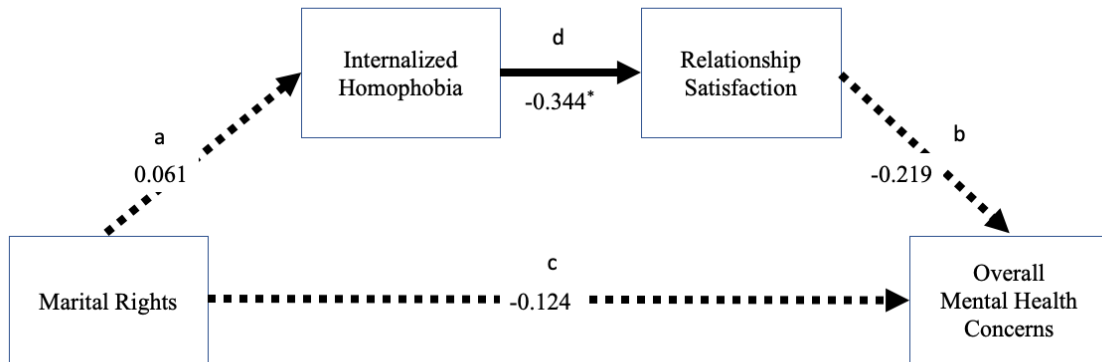


Figure 23. RQ3 Research Model (Rights-IHS-RAS-BSRS)

Moreover, the relationship between relationship satisfaction and overall mental health concerns is statistically significant and negative ($b = -0.277$, $SE = 0.116$, $CI [-0.504, -0.050]$). This suggests that higher levels of relationship satisfaction were associated with lower mental health concerns. Following this result, the study further explored if relationship satisfaction itself mediates the relationship between access to marital rights and overall mental health concerns as Model 3 (Rights-RAS-BSRS). The indirect effect was not found to be significant ($\beta = -0.018$, $SE = 0.039$, $CI [-0.095, 0.060]$) (Figure 24).

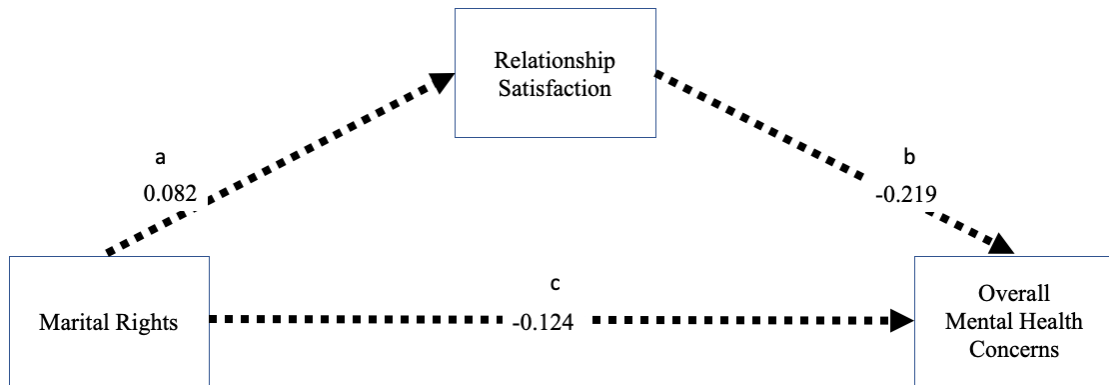


Figure 24. RQ3 Research Model – Extended (Rights-RAS-BSRS)

Model 4: (Rights-OI-RAS-BSRS): Mediation by Outness and Relationship

Satisfaction. In this sequential mediation model (Figure 25), the overall indirect effect was not found to be significant ($\beta = 0.001, SE = 0.003, CI [-0.006, 0.007]$) nor was the main effect between access to marital rights and overall mental health concerns ($\beta = -0.124, SE = 0.143, CI [-0.404, 0.156]$). In addition, outness itself was not a mediator for the relationship between access to marital rights and overall mental health concerns due to its insignificant indirect effect ($\beta = -0.017, SE = 0.028, CI [-0.073, 0.038]$) (Model 5: Rights-OI-BSRS; Figure 26).

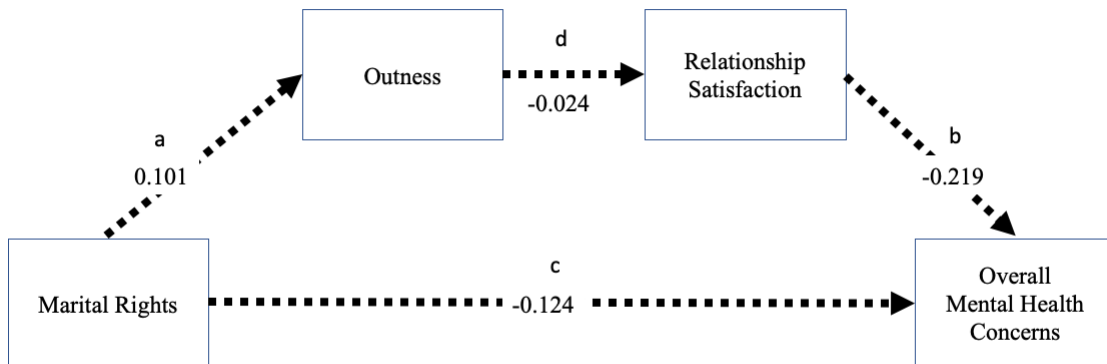


Figure 25. RQ3 Research Model (Rights-OI-RAS-BSRS)

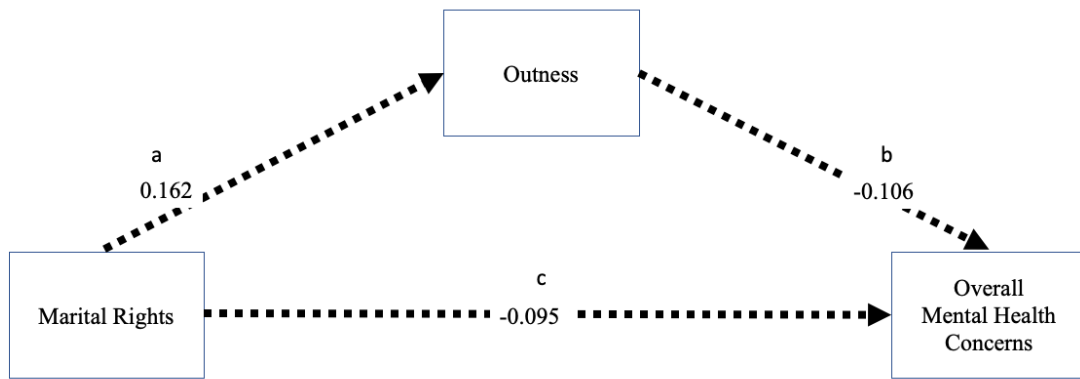


Figure 26. RQ3 Research Model – Extended (Rights-OI-BSRS)

Outcome Variable: Depression (with 5 Models). Model 1 (Rights-HHRDS-RAS-CESD): Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 27), the overall indirect effect was not found to be significant ($\beta = 0.063$, $SE = 0.047$, $CI [-0.028, 0.155]$) nor was the main effect between access to marital rights and depression ($\beta = -0.115$, $SE = 0.143$, $CI [-0.323, 0.190]$). Yet, marital rights had a positive association with heterosexist experiences ($\beta = 0.464$, $SE = 0.172$, $CI [0.024, 0.697]$), indicating that individuals in binational relationships with rights (coded as 1) tended to experience higher levels of heterosexist experience. Heterosexist experiences, in

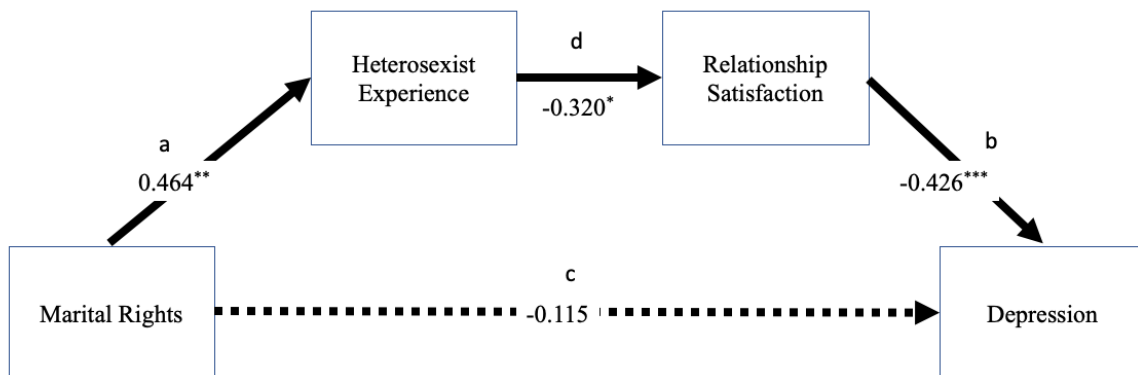


Figure 27. RQ3 Research Model (Rights-HHRDS-RAS-CESD)

turn, were negatively associated with relationship satisfaction ($\beta = -0.437, SE = 0.122, CI [-0.677, -0.197]$), suggesting that greater reports of heterosexist experiences were related to lower relationship satisfaction. Furthermore, relationship satisfaction was negatively associated with depression ($b = -0.426, SE = 0.132, CI [-0.685, -0.168]$), indicating that individuals reporting higher levels of relationship satisfaction were less likely to report depression.

Model 2 (Rights-IHS-RAS-CESD): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 28), the overall indirect effect was not found to be significant ($\beta = 0.009, SE = 0.025, CI [-0.041, 0.059]$) nor was the main effect between access to marital rights and depression ($\beta = -0.115, SE = 0.129, CI [-0.388, 0.159]$). However, there was a statistically significant negative relationship between internalized homophobia and relationship satisfaction ($\beta = -0.344, SE = 0.129, CI [-0.676, -0.172]$), indicating that higher levels of internalized homophobia are associated with lower levels of relationship satisfaction.

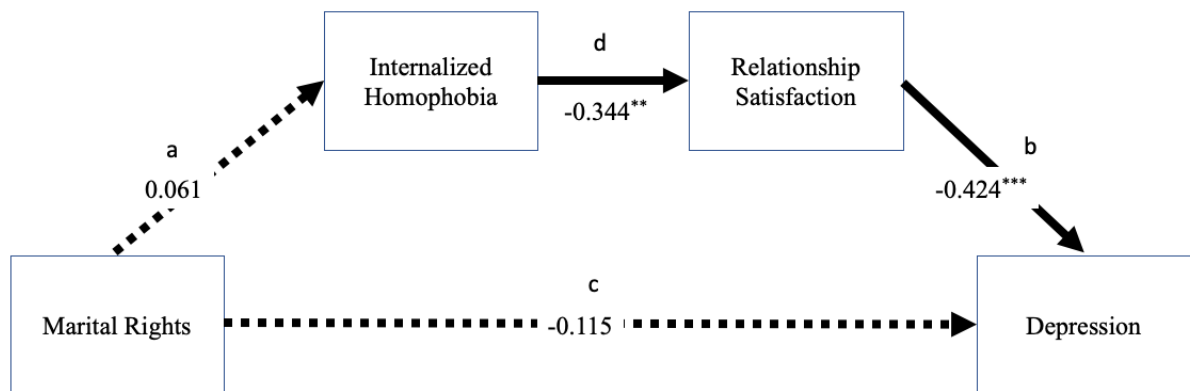


Figure 28. RQ3 Research Model (Rights-IHS-RAS-CESD)

Moreover, the relationship between relationship satisfaction and depression was statistically significant and negative ($\beta = -0.424, SE = 0.129, CI [-0.676, -0.172]$). This

suggests that higher levels of relationship satisfaction are associated with lower levels of depression. Following this result, the study further explored if relationship satisfaction itself mediates the relationship between those participants in binational relationships' access to marital rights and depression as Model 3 (Rights-RAS-CESD). The indirect effect was not found to be significant ($\beta = -0.040$, $SE = 0.066$, $CI [-0.170, 0.090]$) (Figure 29).

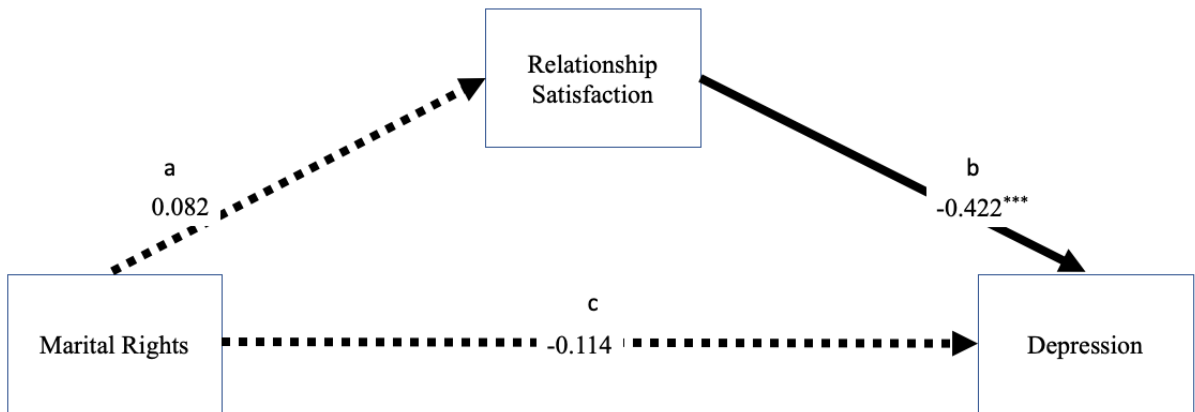


Figure 29. RQ3 Research Model – Extended (Rights-RAS-CESD)

Model 4 (Rights-OI-RAS-CESD): Mediation by Outness and Relationship

Satisfaction. In this sequential mediation model (Figure 30), the overall indirect effect was not found to be significant ($\beta = 0.001$, $SE = 0.006$, $CI [-0.012, 0.014]$) nor was the main effect between access to marital rights and depression ($\beta = -0.115$, $SE = 0.142$, $CI [-0.804, 0.421]$). In addition, outness by itself was not a mediator for the relationship between access to marital rights and depression ($\beta = -0.015$, $SE = 0.028$, $CI [-0.070, 0.041]$) (Model 5: Rights-OI-CESD; Figure 31).

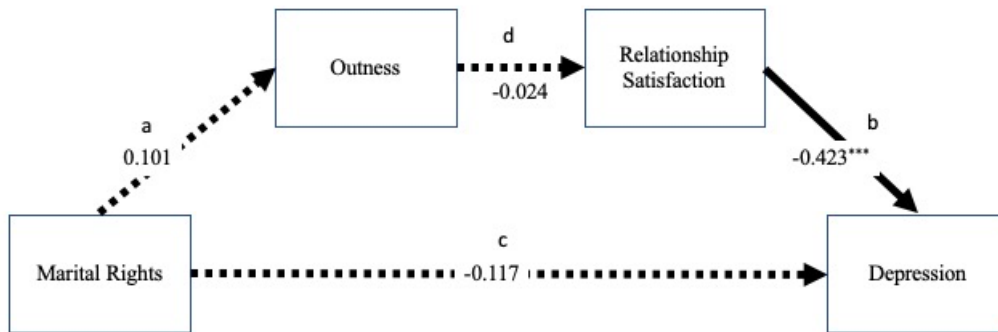


Figure 30. RQ3 Research Model (Rights-OI-RAS-CESD)

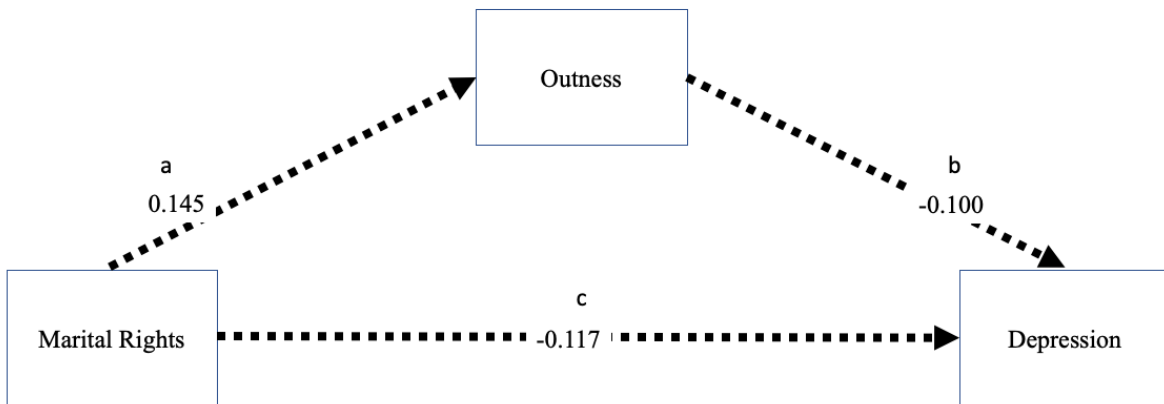


Figure 31. RQ3 Research Model – Extended (Rights-OI-CESD)

Outcome Variable: Anxiety (with 5 Models). Model 1 (Rights-HHRDS-RAS-GAD):

Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 32), the overall indirect effect was not significant ($\beta = 0.039$, $SE = 0.035$, $CI [-0.029, 0.107]$) nor was the main effect between access to marital rights and anxiety ($\beta = -0.104$, $SE = 0.142$, $CI [-0.382, 0.174]$), indicating that that there was no mediation effect between marital rights and anxiety through heterosexist experiences and

relationship satisfaction. Yet, access to marital rights had a positive association with heterosexual experience ($\beta = 0.464$, $SE = 0.158$, $CI [0.154, 0.774]$), indicating that individuals in binational relationships with rights (coded as 1) tended to experience higher levels of heterosexual experience. Heterosexual experience, in turn, was negatively associated with relationship satisfaction ($\beta = -0.320$, $SE = 0.150$, $CI [-0.614, -0.026]$), suggesting that higher levels of heterosexual experiences were related to lower relationship satisfaction. Furthermore, relationship satisfaction was negatively associated with anxiety ($\beta = -0.265$, $SE = 0.131$, $CI [-0.521, -0.008]$), indicating that individuals reporting higher levels of relationship satisfaction were less likely to experience anxiety.

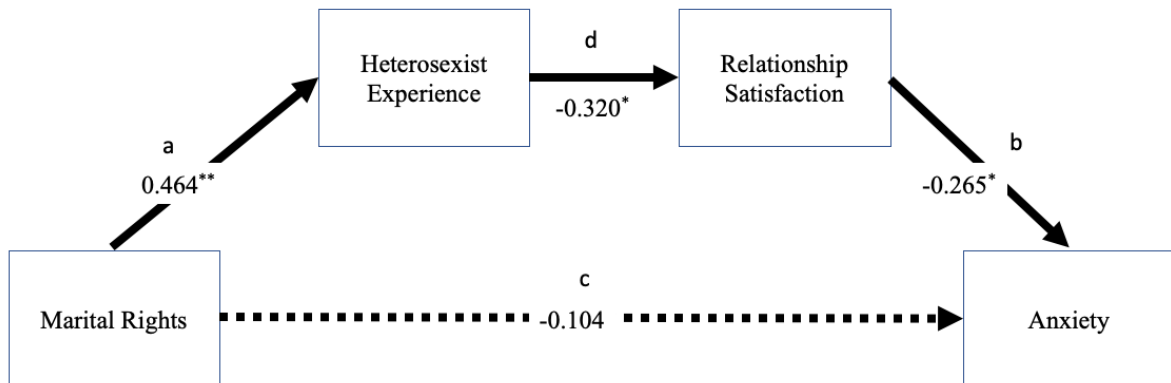


Figure 32. RQ3 Research Model (Rights-HHRDS-RAS-GAD)

Model 2 (Rights-IHS-RAS-GAD): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 33), the overall indirect effect was not found to be significant ($\beta = 0.006$, $SE = 0.016$, $CI [-0.025, 0.036]$) nor was the main effect between access to marital rights and anxiety ($\beta = -0.104$, $SE = 0.144$, $CI [-0.387, 0.179]$). However, there was a statistically significant negative relationship between internalized homophobia and relationship satisfaction ($\beta = -0.344$, $SE = 0.158$, $CI [-0.654, -0.034]$), indicating that higher levels of internalized homophobia are associated with lower reports of relationship satisfaction.

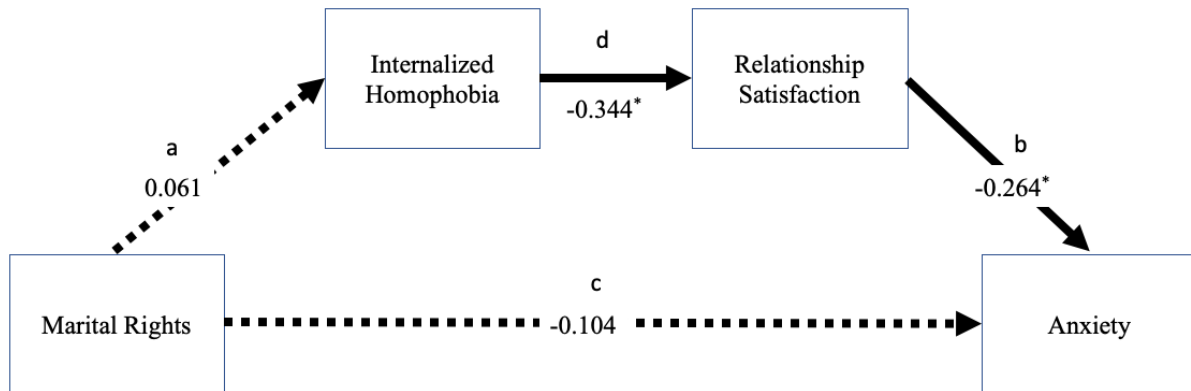
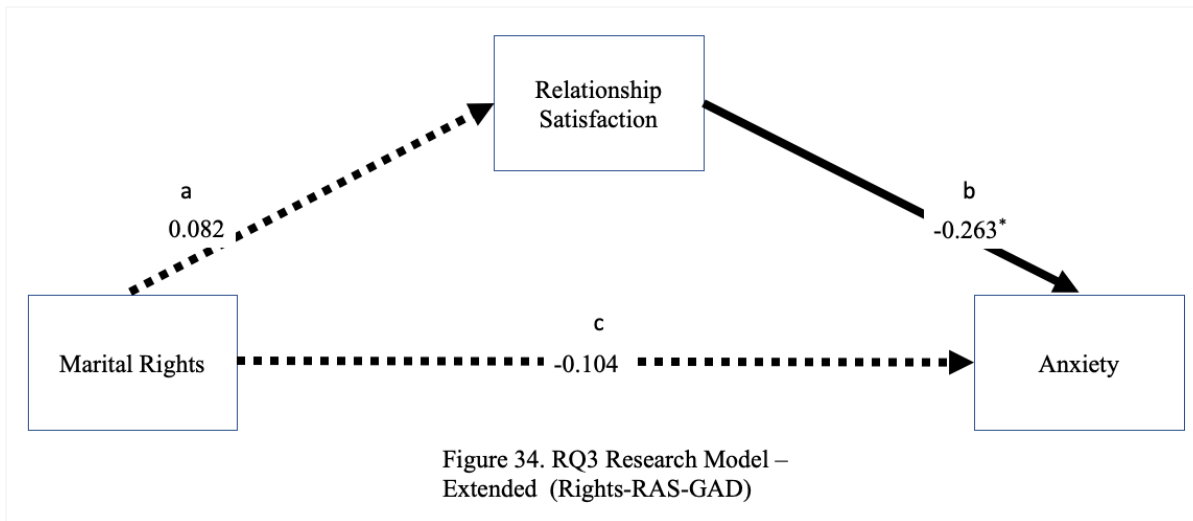


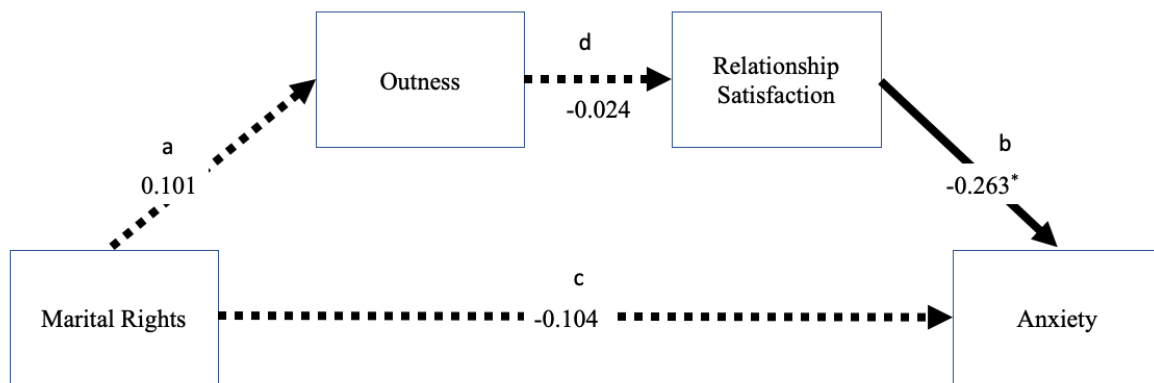
Figure 33. RQ3 Research Model (Rights-IHS-RAS-GAD)

Moreover, the relationship between relationship satisfaction and anxiety was statistically significant and negative ($\beta = -0.264$, $SE = 0.129$, $CI [-0.516, -0.011]$). This suggests that higher levels of relationship satisfaction were associated with lower levels of anxiety. Following this result, the study further explored if relationship satisfaction itself mediated the relationship between access to marital rights and anxiety as Model 3 (Rights-RAS-GAD). The indirect effect was not found to be significant $\beta = -0.021$, $SE = 0.046$, $CI [-0.112, 0.069]$ (Figure 34).



Model 4 (Rights-OI-RAS-GAD): Mediation by Outness and Relationship Satisfaction

Satisfaction. In this sequential mediation model (Figure 35), the overall indirect effect was not found to be significant ($\beta = 0.001$, $SE = 0.004$, $CI [-0.007, 0.008]$) nor was the main effect between access to marital rights and anxiety ($\beta = -0.104$, $SE = 0.142$, $CI [-0.382, 0.174]$). In addition, outness by itself was not a mediator for the relationship between access to marital rights and anxiety based on its insignificant indirect effects ($\beta = -0.021$, $SE = 0.036$, $CI [-0.092, 0.050]$) (Model 5: Rights-OI-GAD; Figure 36).



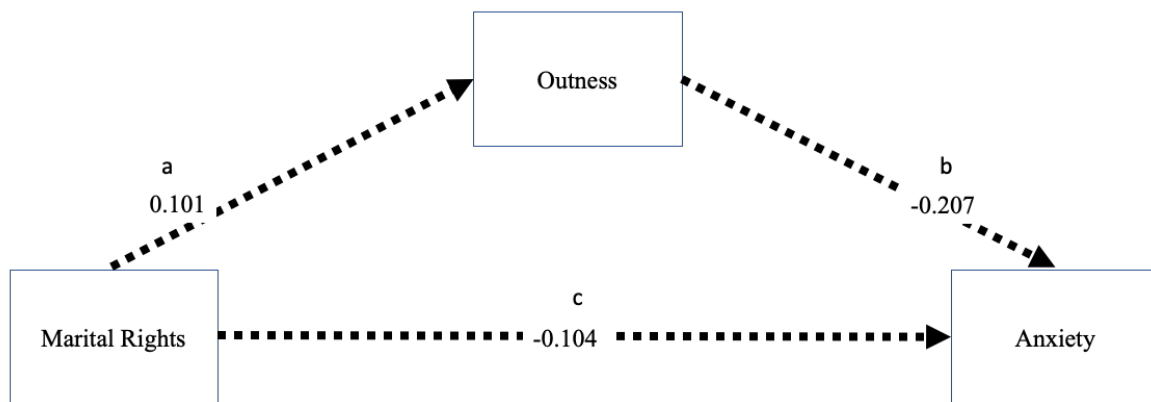


Figure 36. RQ3 Research Model – Extended (Rights-OI-GAD)

Outcome Variable: Marriage Equality Related Anxiety (with 6 Models). Model 1 (Rights-HHRDS-RAS-PolicyGAD): Mediation by Heterosexist Experience and Relationship Satisfaction. In this sequential mediation model (Figure 37), the overall indirect effect was not found to be significant ($\beta = -0.012$, $SE = 0.018$, $CI [-0.047, 0.023]$) despite the main effect between access to marital rights and policy-related anxiety being significant ($\beta = -0.330$, $SE = 0.114$, $CI [-0.544, -0.105]$). Yet, heterosexist experiences were found to be negatively associated with relationship satisfaction ($\beta = -0.436$, $SE = 0.129$, $CI [-0.688, -0.185]$). With this result, the study explored if heterosexist experiences itself mediated the relationships between access to marital rights and policy-related anxiety as Model 2 (Rights-HHRDS-PolicyGAD). There were no significant indirect effects (Figure 38), suggesting that heterosexist experiences was not a mediator for this relationship ($\beta = 0.136$, $SE = 0.092$, $CI [-0.044, 0.317]$). In addition, the analysis showed positive association between access to marital rights and heterosexist experiences ($\beta = 0.411$, $SE = 0.181$, $CI [0.057, 0.766]$) as well as heterosexist experiences and policy-related anxiety ($\beta = 0.332$, $SE = 0.144$, $CI [0.049, 0.614]$).

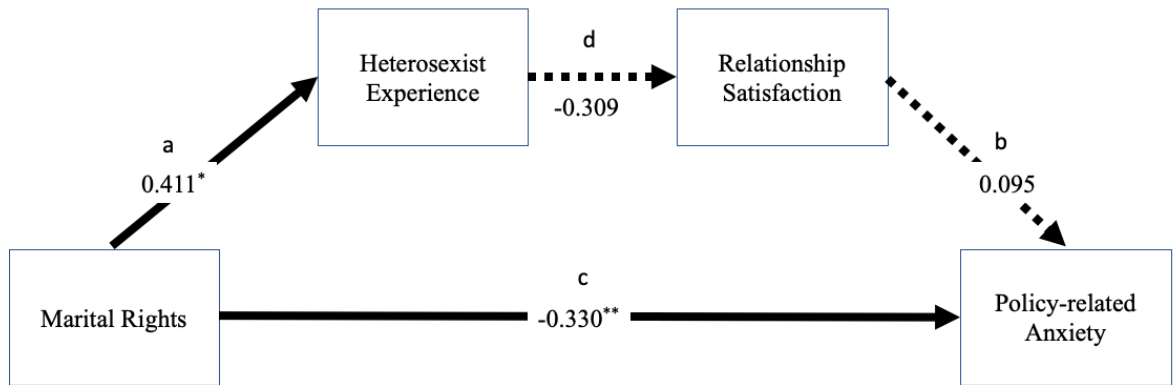


Figure 37. RQ3 Research Model (Rights-HHRDS-RAS-PolicyGAD)

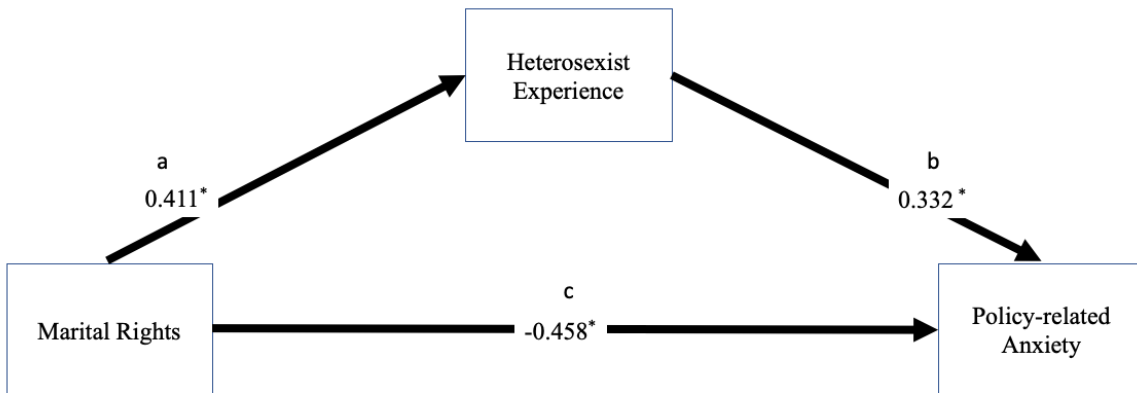


Figure 38. RQ3 Research Model – Extended (Rights-HHRDS-PolicyGAD)

Model 3 (Rights-IHS-RAS-PolicyGAD): Mediation by Internalized Homophobia and Relationship Satisfaction. In this sequential mediation model (Figure 39), the overall indirect effect was not found to be significant ($\beta = -0.001$, $SE = 0.006$, $CI [-0.012, 0.010]$) despite the main effect between access to marital rights and policy-related anxiety being significant and negative ($\beta = -0.331$, $SE = 0.116$, $CI [-0.558, -0.104]$), suggesting that there was not a mediation effect but individuals in binational relationship with access to marital rights (coded as 1) were more likely to report low policy-related anxiety.

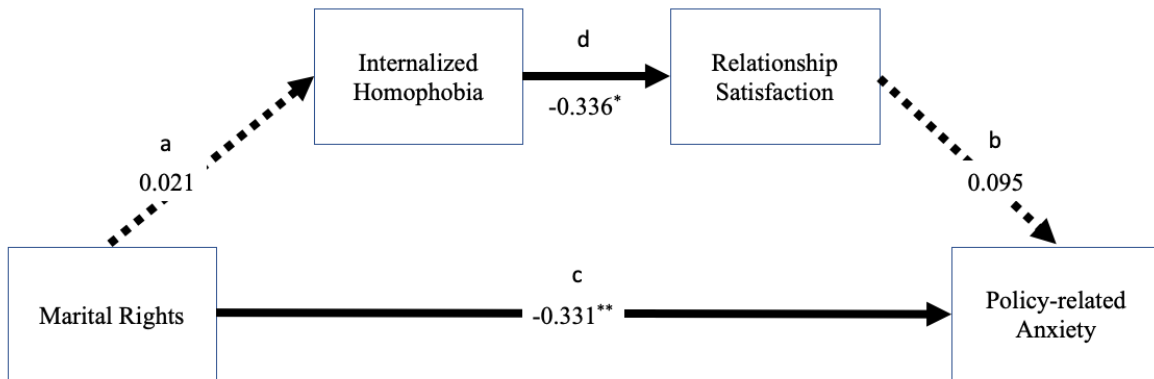


Figure 39. RQ3 Research Model (Rights-IHS-RAS-PolicyGAD)

In addition, internalized homophobia was negatively associated with relationship satisfaction ($\beta = -0.336$, $SE = 0.161$, $CI [-0.650, -0.021]$), indicating that higher levels of internalized homophobia were related to lower relationship satisfaction, however, relationship satisfaction, in turn, was not significantly associated with policy-related anxiety in this model ($\beta = 0.022$, $SE = 0.127$, $CI [-0.227, 0.270]$). The study further explored if relationship satisfaction mediated the relationship between access to marital rights and policy-related anxiety by itself and no significant indirect effect was found ($\beta = 0.011$, $SE = 0.027$, $CI [-0.042, 0.063]$) (Model 4: Rights-RAS-PolicyGAD; Figure 40).

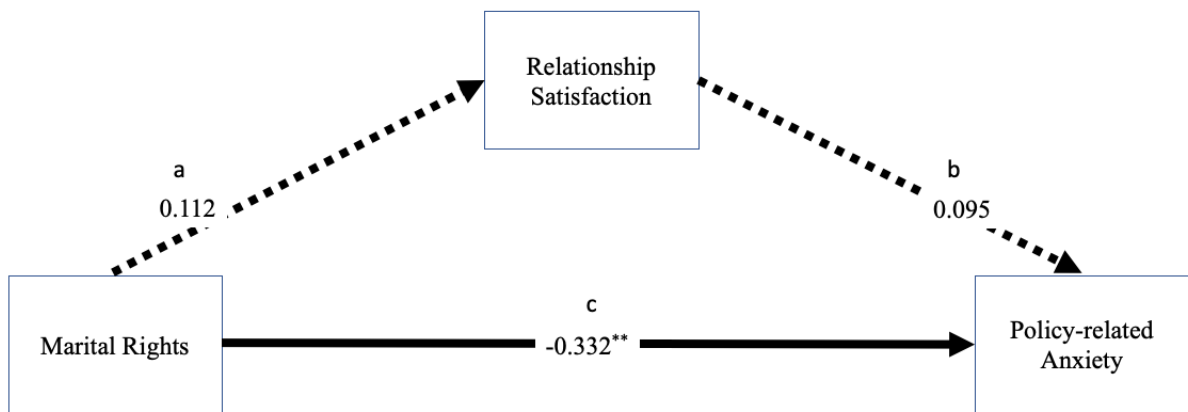


Figure 40. RQ3 Research Model – Extended (Rights-RAS-PolicyGAD)

Model 5 (Rights-OI-RAS-PolicyGAD): Mediation by Outness and Relationship Satisfaction. In this sequential mediation model (Figure 41), the overall indirect effect was not found to be significant ($\beta = -0.001$, $SE = 0.003$, $CI [-0.008, 0.006]$). In addition, access to marital rights was positively associated with outness ($\beta = 0.205$, $SE = 0.104$, $CI [0.002, 0.408]$), as well as negatively associated with policy-related anxiety ($\beta = -0.311$, $SE = 0.115$, $CI [-0.556, -0.105]$). That is, individuals in binational relationships with rights (coded as 1) tended to be more open about their sexual orientation and tended to experience lower levels of policy-related anxiety. Lastly, the indirect effect was not found to be significant, and outness itself was not a mediator for the relationship between access to marital rights and policy-related anxiety. ($\beta = -0.006$, $SE = 0.041$, $CI [-0.087, 0.075]$) (Model 6: Rights-OI-PolicyGAD; Figure 42).

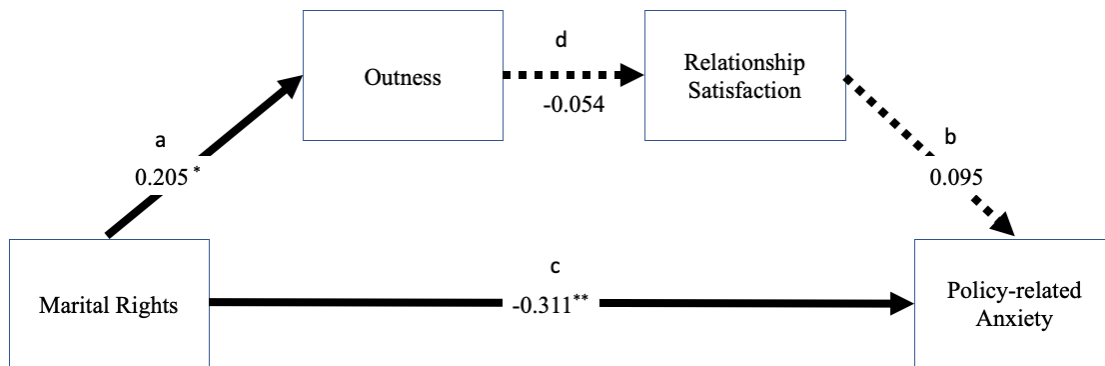


Figure 41. RQ3 Research Model (Rights-OI-RAS-PolicuGAD)

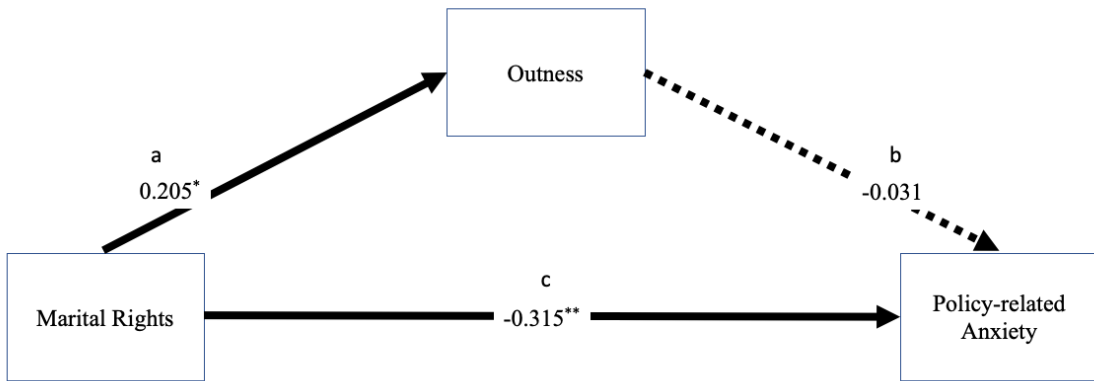


Figure 42. RQ3 Research Model – Extended (Rights-OI-PolicyGAD)

CHAPTER 4

DISCUSSION

In this chapter, the significance of the findings will be discussed in relationship to marriage equality and its association to mental health as well as the demographic information related to marriage importance among Taiwanese LGBTQ+ individuals in relationships. This cross-sectional research conducted multiple serial mediation analyses to explore the mediating roles of minority stress factor and relationship satisfaction with a specified direction flow (Tate, 2015). Themes emerging from the study will be explored and compared to existing literature. In addition, clinical implications, limitations, and suggestions for future research will be provided.

Relevant Demographic Background Related to Marriage Importance

The mean score of marriage importance in this study was 6.6 out of a total score 9, which indicated a high level of perceived importance on the subject of marriage for LGBTQ+ individuals in relationships. Based on the analyses, demographic background factors do relate to marriage importance among Taiwanese LGBTQ+ individuals in relationship. More specifically, age, income level, and religiosity were found to be significant predictors for Taiwanese LGBTQ+ individuals in relationships valuing of marriage equality. Educational level was not. There was also a significant difference among participant sexual identity, with lesbian women ranking marriage as more important than gay men and bisexual people but not people of other diverse sexual identities (e.g., pansexual). However, neither gender identity nor place of residence revealed differences in marriage importance.

In addition, participants were asked to answer contextual demographic items related to the importance of purpose of same-sex marriage (Appendix 2). From a family/relationship perspective, 47% of the participants agreed that marriage was an important step for them to start a family and 64% of the participants agreed that marriage would allow them to be seen as adults in Taiwan; however, only 22% of the participants agreed that marriage was a necessity for having a child. From a financial and social resources perspective, 75% of the participants agreed that marriage could provide financial benefits and 89% agreed that marriage could provide security on legal and medical rights. From a psychological wellbeing perspective, 86% of the participants agreed that marriage equality had a positive impact on their mental health. Lastly, 84% of the participants agreed that marriage equality increased their desire for marriage, and 97% of the participants agreed that marriage equality is a sign of human rights that improve the view of one's country.

The study analyses showed that LGBTQ+ individuals who were older were more likely to view same-sex marriage as important. The mean of the age from this study was 32.3 and most people reported that marriage was important for them. Western literature has found that younger people are more likely to support marriage equality across general population (Kaufman & Compton, 2020; Armenia & Troia, 2017; Baunach, 2012; Becker & Scheufele, 2011). However, it should be noted that the support for marriage equality is not the same as endorsement for marriage importance. In this study, people were asked to rate how important same-sex marriage meant to them and to their life, so the endorsement was related to their personal perspective on marriage for themselves and not necessarily an endorsement of marriage as an institution.

The finding does suggest that older LGBTQ+ individuals in relationships were valuing marriage more than younger individuals. There are a few possible considerations for this finding. First, according to the data from the Ministry of Interior, ROC., in 2019, the average age of first marriage has increased among Taiwanese people, with men at 32.6 and women at 30.7 (Ministry of Health and Welfare, ROC., 2020). That is, the age for Taiwanese people in general to get marry and to consider getting married has been delayed. Hence, it is reasonable to assume LGBTQ+ individuals have a similar trend and older individuals are more likely to start to consider marriage. Second, people may have more social resources and financial security as they grow older which could make the consideration of marriage more feasible. In addition, as this study showed, between 75% to 89% of the participants considered marriage a means to provide financial benefits and medical rights, thus, older LGBTQ+ individuals may be valuing marriage more in hope to increase their resources. Lastly, people may also feel more pressure to get married as they are age either due to desire to be seen as adults, society expectations, or pressure to start their own family which could increase the likelihood to deem marriage as more important.

There was no difference in reporting marriage importance among people with different gender identities, but a difference was found among people with different sexual orientations. The analyses showed that lesbians were more likely to think marriage as important than gay, bisexual, however, there were no differences for Taiwanese LGBTQ+ individuals across gender identities. This is an interesting finding because Yen's (2020) study suggested that gay men were more likely to support marriage equality and the inclusion of same-sex marriage through the civil code than lesbian and bisexual individuals. This could imply that gay men were more involved with the movement for pushing same-sex marriage

at the time; however, lesbian individuals were more likely to consider marriage as important and pursue marriage. A closer look into the data among those who got married in the study showed that there were 17 individuals identified as lesbian, 15 as gay, 10 as bisexual, and 3 as others. Moreover, 8 out of those 10 bisexual individuals were in a same-sex marriage with lesbian partners. These results were congruent with the data from the Department of Household Registration in Taiwan that showed that more lesbian couples were getting married than gay couples. Furthermore, as showed in the data, bisexual individuals were often categorized under either lesbian or gay relationships under the context of same-sex marriage. Thus, this finding may also highlight the risk of conceptualizing same-sex marriage as an issue for only lesbian or gay people. As a nation that is embracing diverse gender identities and sexual orientations, the impact of Taiwan's same-sex marriage bill on LGBT communities in Taiwan may be greater than previous data captured.

Education level is a demographic factor often observed as a predictor for the support of marriage equality and homosexuality (Kaufman & Compton, 2020; Baunach, 2012, Becker & Scheufele, 2011; Haider-Markel and Joslyn, 2008), but this was not the case for this study. One possible explanation is that people in Taiwan in general are educated about SOGI issues from a young age due to the cultural value placed on education on gender. In fact, the Gender Equity Education Act, enacted in 2004 in Taiwan, requires all relevant authorities under the Ministry of Education and schools have gender equality education committees and incorporate gender equality education into their curricula. As previous study suggested that overall acceptance for homosexuality has increased in Taiwan possibly due to the increase in education level (Cheng et al., 2016). That is, it is important to continue to promote gender equality education that is inclusive of LGBT concerns in grade 1-9

curriculum. Another possible explanation is that our sample did not capture the full landscape of LGBTQ+ individuals' experience in Taiwan. In our sample, over 80% of the individuals reported having a college education or above. In addition, it could also mean that education level was not a significant predictor for same-sex marriage among LGBTQ+ individuals despite it may be an important factor among the general population for the support of marriage equality.

Income level was found to be a positive predictor for marriage importance suggesting LGBTQ+ individuals with higher incomes more likely to view marriage as important in their lives. This could also mean that people with better financial resources will be more likely to consider marriage. Marriage, within the Taiwanese context, is often thought to be a feasible step only after one has established some financial stability. As shown in the previous table, over 30% of the participants were living with their parents which may be related their economic condition and have some impact on their endorsement of marriage. People with fewer financial resources may delay marriage as the process of getting marriage can often be perceived as costly and burdensome due to the amount of time and money required. Moreover, LGBTQ+ people may experience greater financial scarcity due to having fewer social resources (i.e., family rejection, family estrangement) or greater barriers to start a family. More supports should be put in place to create a society that LGBTQ+ people in different financial stages could feel secure to start their family is needed.

Place of residence was not found to be a predictor for marriage importance. A common misconception in Taiwan was that queer people and LGBTQ+ rights are the product of a "trendy city" like in the capital or in other major municipalities. The results showed that LGBTQ+ individuals reported marriage important across region and there was no difference

across the three different types of residence in Taiwan. Although there may be more LGBTQ+ individuals living in the major municipalities, the need for marriage equality is consistently endorsed across the nation. This finding could also provide useful insight into the distribution of Taiwanese government resources on LGBTQ-related issues.

Religiosity was found to be a positive predictor for marriage importance, suggesting LGBTQ+ individuals with stronger religious beliefs/practices were more likely to view marriage as important. It should be noted that the assessed religiosity in this study might be alluding to a more traditional attitude toward institutional practices rather than a specific religion. Marriage itself has been one of the longest institutional practices in human society, and a higher level of religiosity may suggest participants' desire to follow traditional social norms. In addition, one of the common Confucianism sayings is that there are three kinds of unfilial piety and having no offspring is the worst of all. This Confucianism concept places great social burden on Taiwanese LGBTQ+ individuals, especially those who are the only child in their family. It is the researcher's belief that those people are more likely to report higher religiosity regardless of their religious affiliation and to consider marriage as important in order to fulfill their duty to have offspring after marriage. Yet, some attention should be drawn to the consideration of intersectionality for those LGBTQ+ individuals who are religious. During the debate of same-sex marriage, there were many anti-LGBT movements and agendas promoted by Christ-based religions in Taiwan. As LGBTQ+ individuals who are religious, particularly those with Christ-based religions, may think marriage important, they may also be more vulnerable to anti-LGBT and anti-marriage equality messages.

Marital Status Impact on Mental Health

Since the passage of marriage equality in 2019, this study was the first in Taiwan to examine and to establish the evidence that marriage equality has a relationship to mental health of Taiwanese LGBTQ+ individuals in relationship. A previous study found that exposure to anti-LGBT referendums was associated with a higher suicidal ideation rate reported by LGBTQ+ individuals (Lin, et al., 2019) and this finding paved the way for greater awareness of the impact of social policy on mental health. The current study provided further evidence that marital status (being married) for same-sex couples is associated with better mental health outcomes including lower overall mental health concerns, lower depressive symptoms, and less general and policy-related anxiety symptoms. These findings were consistent with the Western literature on the positive psychological impact on LGBTQ+ individuals from legalization of same-sex relationships (Wight et al., 2013; Riggle, et al., 2010; Boertien & Vignoli, 2019; Ogolsky et al., 2019). That is, marital status matters for Taiwanese LGBTQ+ individuals, and it suggests that these policies are directly related to their mental health.

This study shed light on the underlying mechanisms linking marital status and mental health. More specifically, the results indicated partial mediation effects of outness and relationship satisfaction for overall mental health concerns, depression, and anxiety, suggesting these factors may play significant roles in mediating the impact of marital status on mental health outcomes. The study also found potential mediation effects of internalized homophobia and relationship satisfaction on overall mental health concerns, depression, and anxiety despite not finding significant indirect effects, perhaps due to the limited sample size. While no significant mediation effect was found for heterosexist experiences on the

relationship between marital status and mental health outcomes, relationship satisfaction by itself was found to be a mediator and it partially mediated the relationship between marital status and mental health outcomes including overall mental health concerns, depression, and anxiety. Married people reported greater relationship satisfaction and this relational happiness was associated with lower overall mental health concerns, as well as depression and anxiety.

Outness and Relationship Satisfaction as Mediators

The first four mediation models examining overall mental health concerns through minority stress factors and relationship satisfaction found a partial mediation effect. Outness and relationship satisfaction were identified as mediators sequentially in the relationship between marital status and overall mental health concerns. The analysis showed that being married was positively associated with higher levels of outness, indicating that married people were more likely to be open about their sexual orientation and gender identity (SOGI), which in turn, was positively associated with relationship satisfaction. Moreover, relationship satisfaction was negatively associated with overall mental health concerns. Similar mediation effects and pathways were observed in the mediation models examining depression and anxiety. Hence, these findings supported the hypothesis (H8) that marital status predicts minority stress, minority stressors relate to relationship satisfaction, and this sequential mediating pathway may influence mental health outcomes in a positive direction. Another important finding was that relationship satisfaction by itself partially mediated the relationships between marital status and mental health outcomes including overall mental health concerns, depression, and anxiety.

These findings align with and build upon existing literature regarding the relationships among outness, relationship satisfaction, and mental health of LGBTQ+ individuals. Research has found outness to be a significant positive predictor to relationship satisfaction (Ballester, et al., 2021; Sommantico, et al., 2018) and to be associated with better mental health for LGB individuals (Coffelt & Hess, 2014; Knoble & Linville, 2012). Two other studies found that lower outness is associated to increased psychological distress (Zhou & Wang, 2022; Quinn, et al, 2014). In addition, outness has been found to be a significant negative predictor for depressive symptoms (Riggle, et al., 2017). This study provided evidence that the level of outness is a critical element for better mental health outcomes among LGBTQ+ individuals in relationships in the Taiwanese context, and marital status (being married) is positively related to people's level of outness.

As for relationship satisfaction, previous studies also showed that marriage and/or civil union were associated with higher level of relationship satisfaction (Aker, et al, 2021; Sommantico, et al., 2019). Extensive literature has also documented that better relationship satisfaction was associated with better mental health among LGBTQ+ individuals (Horne, et al., 2021; Lavner, 2017; Guschlbauer, et al., 2019; Gilmour, et al., 2022; Terrell & Dugger, 2018). The relationships found in this study were consistent with those results, and indicated that the mental health of Taiwanese LGBTQ+ individuals in relationships is impacted by their relationship satisfaction.

Married people were more likely to experience lower mental health concerns through outness and relationship satisfaction. A previous study found that lack of support of families of origin and social support for same-sex couples were significant couple-level minority stressors (Neilands et al., 2020). In Taiwan, LGB people may try to distance themselves from

their family members or heterosexual friends and colleagues in order to hide their same-sex relationships (Shieh, 2006; Bih, 2003). While LGBTQ+ people with higher levels of outness may feel more comfortable to consider same-sex marriage than those who are not, marriage itself may also provide a greater sense of security for them to be out with their sexual orientation and/or gender identity. This study provides possible insight that same-sex marriage could serve as a protective factor for LGBTQ+ people in relationships to feel compelled or encouraged to disclose SOGI to more people in their social lives, which could reduce their minority stress as same-sex couples and improve mental health outcomes.

Moreover, higher levels of outness from both individuals in a relationship may be linked to greater relationship satisfaction as it has been documented that same-sex partners in a relationship who are both out are reported to have greater relationship satisfaction (Nnoble & Linville, 2012; Pepping, et al., 2019). Local Taiwanese studies found that gay couples in secretive relationships reported more arguments in their relationships (Shieh, et al., 2017). Fear of devaluation because of one's same-sex relationship and concealment of same-sex relationships were found to have impact on same-sex couple's relationships (Frost et al., 2017). This mediation pathway displayed the importance of consideration for outness as well as relationship satisfaction as those factors may play a crucial role in buffering the negative impact of minority stress on mental health outcomes among Taiwanese LGBTQ+ individuals in relationships. It also highlighted the potentially powerful role of marriage in LGBTQ+ individuals' relationships and mental health.

Internalized Homophobia Matters

Although there was no significant indirect effect in the mediation models examining relationships between marital status and mental health outcomes through internalized

homophobia and relationship satisfaction, the results showed interesting relationships between these variables and provided useful insight into those relationships. Researchers found that LGB individuals reported decreased internalized homonegativity in a longitudinal study after the U.S. Supreme Court *Obergefell v. Hodges* ruling in favor of same-sex marriage and other research has found LGB individuals in committed or legally recognized relationships have reported lower scores on internalized homophobia and depressive symptoms (Ogolsky et al., 2019). Based on the results of this study, marital status (being married) was negatively associated with internalized homophobia as expected from the literature. This finding also highlights the importance of marriage quality as it may reduce the experience of internalized homophobia for Taiwanese LGBTQ+ individuals in relationships.

Moreover, the study showed similar findings to a recent Taiwanese study examining minority stress, internalized homophobia, relationship satisfaction, and depressive symptoms among gay men (Liang & Huang, 2021); internalized homophobia and heterosexual experiences were associated with depressive symptoms, and internalized homophobia mediated the relationship between distal minority stress and depressive symptoms. Furthermore, results also aligned with existing literature demonstrating that higher reports of internalized homophobia were associated with poorer relationship satisfaction (Li, et al., 2021; Li & Samp, 2019; Totenhagen, et al., 2018), and the relationship between internalized homophobia and depressive symptoms was reported to be stronger than the relationship between internalized homophobia and anxiety based on meta-analytic reviews (Newcomb & Mustanski, 2010; Cao, et al., 2017). All this evidence suggests that an understanding of how

internalized homophobia plays a role in affecting the mental health of Taiwanese LGBTQ+ individuals' in relationships under the context of same-sex marriage is important.

Non-Mediating Minority Stressors

Heterosexist experiences as a minority stress factor was not a significant mediator for the relationships between marital status and mental health outcomes and it was also not associated with marital status despite being a significant predictor for poorer mental health outcomes. This result may suggest that married LGBTQ+ individuals did not experience greater levels of rejection and harassment compared to those who were unmarried. Notably, the overall score on heterosexist experiences was low for both married and unmarried LGBTQ+ individuals. Another possible explanation is that the full HHRDS scale may not capture the heterosexist experiences of LGBTQ+ individuals who are in the process of marriage and their challenges in navigating the institution of marriage as some questions aimed to assess family and workplace-related heterosexist experiences. This study used the total score of the HHRDS, however, it may be important to examine this question with the two separate subscales (harassment/discrimination and family rejection) in future research as these two different dimensions of heterosexist experiences may be varied in how they relate to marital status. Nevertheless, greater heterosexist experiences were associated with poorer relationship satisfaction for LGBTQ+ individuals in relationships and it is consistent with the hypothesized relationship in the proposed model.

No significant mediation effect was found for policy-related anxiety across all different examined pathways. Since marital status was found to be significant independent predictor for policy-related anxiety based on the result of regression analysis, it is suggested that participants who were married were less anxious about marriage equality policy. As

participants were asked to answer the adaptation of GAD based on their experience and thoughts around marriage equality, the relationship between marital status and policy-related anxiety might have a more direct effect without any mediation.

Binational Couples Without Rights and Mental Health

The results of analyses showed no sequential mediation relationship between access to marital rights and mental health outcomes through minority stress factors and relationship satisfaction for Taiwanese LGBTQ+ individuals in binational relationships. Although there were some predictive relationships between different factors, the most consistent and salient finding was that the access to marital rights was a significant predictor for policy-related anxiety among LGBTQ+ individuals in binational relationships prior to the actual marriage equality law revision on January 19, 2023, during the final stage of the data collection. Nevertheless, the hypothesis (H9) that access to marital rights would impact minority stress, which then would relate to relationship satisfaction, and this sequential mediating pathway would influence mental health outcomes was not supported ultimately.

Impact from Heterosexist Experiences and Relationship Satisfaction

Despite there being no sequential mediation relationships, access to marital rights was found to be positively associated with heterosexist experiences, suggesting that binational couples with rights seemed to face higher levels of heterosexist discrimination. This discrimination, in turn, was negatively associated with relationship satisfaction, indicating that higher levels of heterosexist experience were related to lower relationship satisfaction. Furthermore, relationship satisfaction was negatively associated with depressive symptoms and anxiety, indicating that individuals reporting higher levels of relationship satisfaction were less likely to experience depression and anxiety.

Relationships among heterosexist experiences, relationship satisfaction, and mental health outcomes from this study also provided new support to existing literature. While there is limited study to support the relationship between heterosexist experience and relationship satisfaction, one recent study found that perceived discrimination had no direct effect on relationship satisfaction (Song, et al., 2022), although many studies have found a negative relationship between relationship satisfaction and mental health concerns (Velkoff, et al., 2016; Till et al., 2016; Terrell & Dugger, 2018). Guzmán-González et al (2023) found that lower relationship satisfaction was associated with higher depressive symptoms for LGBTQ+ individuals during the global pandemic.

Counter to the researcher's hypothesis, people with full marital rights reported higher levels of heterosexist experiences. It was hypothesized that the denial of marital rights could be considered a heterosexist event, in which people with none or restricted marital rights would report a higher score on the experience of heterosexism. However, one possible explanation for this result could be that people with full marital rights may experience more heterosexist events while they are actively pursuing marriage and engaging in what is often a public event that may expose them to more heterosexist attitudes and family rejection. LGBTQ+ individuals in binational relationships may be more visible and encounter more scrutiny from their friends and family members as they are planning for the marriage, which may make them more susceptible to heterosexist experiences whereas those individuals without marital rights may experience discrimination at a systemic and institutional level, which was not captured in the heterosexist experience scale. However, it should be noted that the sample size for RQ3 analyses was small so the results should be interpreted with caution. Trends in the findings did suggest that there may have been mediation effects for overall

mental health, depression, and anxiety via heterosexist experience and relationship satisfaction if there had been a larger sample to conduct these analyses.

Non-Mediating Minority Stressors

Two of the minority stress factors, internalized homophobia and outness, were not found to have mediation effects in any models, suggesting that both internalized homophobia and outness were not affecting the relationships between access to marital rights and mental health outcomes among LGBTQ+ individuals in binational relationships. One possible explanation is that both these minority stress factors are considered as proximal minority stressors whereas the denial of marriage is closer to heterosexist experiences like state-sponsor discrimination and anticipation of opportunity rejection, distal minority stressors. Nevertheless, between these two minority stress factors, internalized homophobia was found to be a stronger association for mental health concerns than outness among LGBTQ+ individuals in binational relationships which was congruent with existing literature.

Lastly, access to marital rights, while associated with higher levels of heterosexist experience, was not directly predictive of overall mental health concerns, depression, or anxiety, but only to policy-related anxiety. This finding may further support the hypothesis mentioned in the marital status section that the discussion or pursuit of marital rights may be directly related to policy-related anxiety as LGBTQ+ individuals in binational relationships were the targeted focus for the discrepant access to marriage equality in addition to the significant barriers in their relationship due to the discriminatory policy (e.g., not extending marital benefits to not-recognized partners).

Implications

The findings regarding the positive effect of marriage equality on mental health and the demographic background related to marriage importance among Taiwanese LGBTQ+ individuals in relationships have significant clinical implications. First, mental health professionals should be attuned to the within-group and between-group differences among LGBTQ+ individuals' experiences of marriage equality or other LGBTQ-related policies. Mental health professionals should consider how different demographic background may related to Taiwanese LGBTQ+ individuals' attitudes toward same-sex marriage/LGBT rights and how those differences may contribute to LGBTQ+ individuals' experiences in pursuing same-sex marriage/LGBT rights. For example, Taiwanese LGBTQ+ individuals in relationships with higher income levels may consider marriage as more important than individuals with less financial stability.

Mental health professionals should acknowledge and be familiar with any discrepant rights that may emerge within LGBTQ+ communities due to the limitation of legislation. For example, LGBTQ+ individuals' relationship satisfaction was found to be a mediator for the relationship between marriage equality and mental health, but it was not the case for those individuals in binational relationships; binational couples may be more directly affected by discriminatory policy but find ways to remain content in their relationships despite the barriers.

Since the revision of same-sex policy occurred toward the data collection phrase of the study, the study was in the unique position to collect a few responses ($n = 11$) from LGBTQ+ individuals in binational relationships whose marital rights were recognized after January 19th, 2023. When using t-tests to compare those individuals' responses on policy-related anxiety with those who completed the survey prior to the law revision that removed

this discrepancy ($n = 38$), there was a significant difference with those responding after the law change reporting lower anxiety. This result further supported the impact of policy on mental health as well as how LGBTQ+ individuals with unequal rights could be affected. This consideration may also be applied to other LGBTQ-related policies that could create unequal rights among same-sex couples such as adoption and have relevance for other Asian countries where they may be in the process of considering the marriage equality.

Second, mental health professionals should be aware of the potential impact of same-sex marriage policy on LGBTQ+ individuals and incorporate the idea into their case conceptualization and intervention. As the denial of or the lack of legal recognition of same-sex relationships could be seen as discrimination from both societal and institutional levels, it could lead to greater mental health concerns among LGBTQ+ individuals. Mental health professionals could consider providing psychoeducation on the impact of anti-LGBTQ policy and its effects as government-sponsored discrimination. By recognizing the psychological impact of such systemic oppression, LGBTQ+ individuals may be in a better position to externalize any negative messages against their sexual and gender identity, thus reducing internalized homonegativity. It is also mental health professionals' responsibility to be change agents by actively fighting for social justice and engaging in activism work in the effort to reduce health disparities among LGBTQ+ people (Rostosky & Riggle, 2011; Shullman et al., 2005; Lee et al., 2013).

While being married and having the rights for marriage equality could have psychological benefits, it could also bring a new set of challenges for LGBTQ+ individuals (Hull, 2019; Philpot, et al., 2016; Drabble, et al., 2021; Bosley-Smith & Reczek, 2018). Marriage itself could make LGBTQ+ individuals feel more pressured to comply with

heteronormative standards. Based on the results of the study, it indicated that people who were older and reported more higher religiosity were more likely to think the marriage is important, in which it may reflect those people's need to comply with such heteronormative standards. In addition, there have been more public debates regarding LGBTQ+ rights and LGBTQ-related legislation since the passage of marriage equality in Taiwan. Hence, LGBTQ+ individuals may be exposed to greater heterosexism experiences due to anti-LGBT backlash (Flores & Barclay, 2016; Horne et al., 2022; Rostosky, et al, 2009). Moreover, the fighting for marital rights has been found to be a driver for LGBT community change (Ocobock, 2018), and the passage of full marriage equality may then lead to a decrease in LGBTQ+ individuals' LGBTQ+-related community engagement. Mental health professionals will need to be aware of these potential risks for both proximal and distal minority stressors when working with LGBTQ+ clients, and to assess clients' access and connection to community support.

Third, mental health professionals should consider the impact of minority stress factors, such as outness and internalized homophobia, on the well-being of LGBTQ+ individuals in relationships. In addition, enhancing relationship satisfaction and providing support for individuals navigating the complexities of marriage equality can potentially alleviate mental health challenges. Therapeutic interventions aimed at reducing minority stress, promoting self-acceptance, and fostering positive relationship dynamics can be valuable in improving the mental health outcomes of LGBTQ+ individuals.

Lastly, these finding regarding the interplay between marriage equality, minority stress (particularly with outness), relationship satisfaction, and mental health also have public health and policy implications. Studies have found that LGBTQ-inclusive and friendly

environments have positive impact on LGBTQ+ health and it may help reduce the health disparity LGBTQ+ individuals face. For example, being more out has been found to be associated with less substance use in a longitudinal study (Feinstein et al., 2019) and with increased LGBTQ+ individuals' social support (Tabaac, et al., 2015; Ceatha, et al., 2019). Other studies also found that people living in a place with legal recognition of same-sex relationships were more likely to be out with their SOGI (Charlton, et al., 2016). Not only did LGBTQ+ couples who were both out with their SOGI report greater relationship satisfaction (Rostosky & Riggle, 2017), the increase in outness may also lead to greater visibility for LGBTQ+ couples and community. Visibility of LGBTQ+ community has been found to be important for LGBTQ+ individuals and have positive psychological benefit (Abreu, et al., 2021; Wadler 2021). States and countries with legal recognition of same-sex marriage also reported increased acceptance and more positive attitudes toward LGBTQ+ individuals, which have been found to both be protective factors for LGBTQ+ individuals' health. This is evidence that marriage equality may be able to offset some of the structural stigma for LGBTQ+ individuals at individual as well as both societal and institutional levels.

Taiwan, the first country to legalize same-sex marriage, has become not just the inspiration for LGBTQ+ rights but also a new home for LGBTQ+ people in Asia. The legalization of same-sex marriage could have positive impact on LGBTQ+ individuals' quality of life and even its country's economy (Goldsen, et al, 2017). As LGBTQ-inclusive legislation and policy could increase the migration of queer people, we are seeing more LGBTQ+ couples consider Taiwan as their new permanent residence and many Taiwanese LGBTQ individuals also feel safer to stay in Taiwan instead of leaving the country for recognition of their same-sex relationships. This type of migration was also found to be

associated with increased government revenue through taxes (Delhommer & Hamermesh, 2021) as those legal protections incentivize LGBTQ+ couples, particularly people in binational relationships, to invest in their relationships in Taiwan.

This study lends support for the promotion of same-sex marriage in other Asian countries. As mentioned above, the pursuit of legal recognition of same-sex marriage could have both benefits and potential risks. This study is the first in Asia to establish the relationship of marriage equality on mental health and to understand how minority stress may mediate that relationship in the first and only country in Asia with national legalization of same-sex marriage. This study aimed to promote greater awareness of how LGBTQ-related policy and legislation could impact people's mental health in an Asia context. However, it is also important to consider the local cultural context, especially for those countries that carry more stigma around sex-sex behaviors either due to the British colonial law (i.e., India, Indonesia) or have criminalization and punishment for same-sex activities (i.e., Malaysia and Maldives). While Taiwan has rather homogenous ethnic groups like other East Asia countries (i.e., China, Japan, Korean), some Southeast Asia countries have diverse populations like Singapore and Malaysia. Countries with more religious influence from Christianity (i.e., The Philippines) and Islam (i.e., Malaysia, Indonesia) should also explore the specific intersectionality of their LGBTQ+ individuals' experience with religious influences. Nevertheless, this study still provided new evidence and insight into the impact of marriage equality on LGBTQ+ individuals beyond the current Western literature.

Finally, there is a need to be mindful about the global discourse on legalization of same-sex marriage and to ensure these conversations do not turn into a new form of colonialism under the neoliberal human rights discourse (Horne, 2020). Neoliberal human

rights discourse focuses on formal legal protections while overlooking underlying structural inequities such as the relationship of marriage to income. It tends to neglect social and economic inequalities and downplays the importance of collective rights and social justice. Moreover, it may be co-opted by powerful economic and political interests, allowing them to frame human rights in a way that serves their own agenda. Nevertheless, a recent population survey conducted by the Gender Equality Committee of the Executive Yuan of Taiwan found that there was an increased acceptance toward homosexuality and same-sex marriage among the general population from 2020 to 2022 after the passage of marriage equality (Executive Yuan, Gender Equality Committee, 2022). With this evidence and the results from this study, it is the hope that there is greater support to move beyond the “wait and see” stance of those Asian countries, and that LGBTQ+ people in Asia will forge their own constructions of marriage equality that will reflect their cultural context and maintain the promotion and protection of LGBTQ+ rights.

Limitations & Future Research

There were several limitations to the present study. First, this study applied convenience sampling procedures and the results from the participants in the sample can't be generalized to the larger population of LGBTQ+ individuals in Taiwan. Due to the nature of the survey, participants who answered the survey may have been more likely to consider the importance of marriage thus they may find marriage equality more relevant. Some participants also provided feedback that the survey was too long so there were many responses with missing values. The time and location of data collection should also be noted. About 255 participants were collected through the survey with online dissemination between August 2022 to December 2022, and the rest of participants were mostly collected through

in-person invitations between February 2023 to March 2023. In addition, on January 19th, 2023, the Taiwan government passed the revision of the same-sex marriage bill, in which all binational same-sex couples were granted full marital rights regardless of their nationality (except same-sex couples with partners from China). The new law revision could also have affected the responses from later participants as there was increased public discourse regarding LGBTQ+ rights especially for those people who answered after the passage.

In terms of the methodology, the cross-sectional design of this study limits how much of those causal relationships could be inferred from the findings. The self-report nature of the study is another potential limitation, particularly with the self-reported measure of marriage importance, which was also researcher-developed. Some of the selected measures were also in need of more psychometric evidence from Taiwanese samples as many of them were not used in Taiwan before. For example, the scores on heterosexist experiences were low across participants, which could imply the construct of heterosexism was not captured through this scale. The measure of outness may also need to be examined further under the context of Taiwanese LGBTQ+ experiences as many participants reported not applicable to two of the items (friends from religious group and religious leaders). These issues also further highlighted the potential threat to the study that the concept of minority stress is not as common in Taiwan, even among mental health providers. While many scales used back-and-forth translation (Brislin, 1968), the final translation of measures may not have captured the same meaning for Taiwanese LGBTQ+ individuals as the original assessments since there were not always direct translations of some of the terms.

Lastly, some of the associations in the results were weak indicating the need for an increased sample size to test the questions with more power. The sample size for married

people and people in binational relationships was significantly smaller than those who were not married and not in binational relationships. Previous studies on mediation effects suggested 350 to 400 participants to reach statistic power. With only 64 participants in binational relationships and with 11 of them married, the analyses for the hypothesis 9 should be interpreted with caution. Fortunately, when both hypotheses (H8 & H9) were tested in simulation, mediation effects were observed.

Suggestions for future research include investigating additional factors that may influence the relationship between marital status and mental health outcomes and examining the longitudinal effects of societal changes on the mental health of LGBTQ+ individuals after the passage of same-sex marriage under different sociocultural contexts (i.e., nationality, SOGI, religious affiliation). Exploring the experiences of other marginalized populations within the LGBTQ+ community and investigating the effectiveness of interventions aimed at reducing minority stress and improving relationship satisfaction would also be valuable. Certain Chinese cultural values (i.e., filial piety, traditional gender role, group harmony) should also be considered in understanding LGBTQ+ individuals' experience on minority stress and mental health. More specifically, researchers should attempt to uncover the complex role heteronormativity plays in the context of same-sex marriages among LGBTQ+ individuals living in a homogenous society. For example, it may be useful to explore the long-term impact of marriage equality on how LGBTQ+ individuals are re-shaped and reconstructed by their new structural inclusion into traditionally heteronormative reward systems. Additionally, comparative research across different cultural contexts would allow for a more comprehensive understanding of the impact of marriage equality on diverse

LGBTQ+ populations. Research on same-sex parenting and adoption should also be considered.

Conclusion

This study shed light on the complex relationships among marital status/rights, minority stress, relationship satisfaction, and mental health outcomes among Taiwanese LGBTQ+ individuals in relationships. The results suggested that marital status was directly related to mental health outcomes which could have potential benefits currently available in Asian only to Taiwanese LGBTQ+ couples. The findings contribute to the existing literature by emphasizing the role of outness and relationship satisfaction in mediating the relationship between marital rights and mental health. Individuals who were married were both more out and more relationally satisfied. In addition, the study provided new evidence on the valuing of marriage importance among LGBTQ+ individuals in relationships in terms of sexual orientation, age, and income. These findings have important clinical implications and call for further research to inform interventions and support LGBTQ+ individuals in relationships in the pursuit of marriage equality.

APPENDIX 1: TABLES

Table 1: Participant Demographic Characteristics			
Characteristic	Response	N*	Frequency
Age (Mean, SD)			32.32 (7.45)
Gender Identity	Cisgender Male	191	48%
	Cisgender Female	166	42%
	Transgender Male	17	4%
	Non-binary	10	3%
	Genderqueer/Genderfluid	6	2%
	Transgender Female	6	2%
	Others	1	0%
Sexual Orientation	Gay	170	43%
	Lesbian	116	29%
	Bisexual	84	21%
	Pansexual	12	3%
	Queer	6	2%
	Asexual	5	1%
	Others	4	1%
Education Level	Graduate	103	26%
	College	225	57%
	High School	67	17%
Income Level	\$100,000 NTD or above	31	8%
	\$80,000 to \$99,999 NTD	23	6%
	\$60,000 to &79,999 NTD	51	13%
	\$40,000 to \$59,999 NTD	132	33%
	\$20,000 to \$39,999 NTD	117	30%
	\$19,999 NTD or below	42	11%
Place of Residence	Capital (Taipei)	109	27%
	Municipality (w/o Taipei)	243	59%
	County/City	54	14%
Religion	None	201	51%
	Buddhism	64	16%
	Taoism	51	13%
	Yiguandao	3	1%
	Folklore Religion	18	5%
	Christian	25	6%
	Catholic	5	1%
	Islam	1	0%
	Atheist	11	3%
	Spiritual	10	3%
	Others	7	2%
Religiosity	Very Strong	8	2%
	Strong	30	8%
	Standard/Average	152	38%
	Weak	84	21%
	Very Weak	53	13%
	Not At All/Not Applicable	70	18%
*Note: 397 participants were included in the study, missing data for those items ranged from 1 to 20.			

Table 2: Relationship and Family Information			
Variable	Response	n	Frequency
Duration of relationship (Mean, SD)		58.98 (60.26)	
Relationship Status	Dating (at least 6 months)	218	66%
	Engaged (together at least 6 months)	54	16%
	Married (together at least 6 months)	50	15%
	Others	4	1%
	Separated (together at least 6 months and not divorced)	2	1%
Marital Status	Never married	277	86%
	Married, and the marriage is recognized in Taiwan	45	14%
Only Child	No	276	85%
	Yes	50	15%
Have Children	No	315	97%
	Yes	11	3%
Living Arrangement	Living with partner (no children)	136	41%
	Living with parents/family	103	31%
	Living by yourself	57	17%
	Living with others (not partner)	20	6%
	Living with partner (with children)	9	3%
	No residence at this time	3	1%
Binational Relationship	No	262	80%
	Yes	66	20%
Binational Rights	Binational without or restricted marital rights	53	83%
	Binational with full marital rights (marriage recognized in Taiwan)	11	17%
Note: 397 participants were included in the study, missing data for those items ranged from 69 to 70.			

Table 3: Bivariate correlations between RQ2 variables

Variable	M^b	SD	min	max	se	1	2	3	4	5	6	7	8	9
1. Marital Status ^a	0.14	0.35	0	1	0.02	-								
2. HHRDS	1.62	0.65	1	6	0.04	0.00	-							
3. IHS	3.44	0.63	1	5	0.04	-0.11	0.17**	-						
4. OI	4.15	1.51	1	7	0.09	0.20***	0.04	-0.40***	-					
5. BSR5-5	3.57	3.32	0	20	0.19	-0.15**	0.38***	0.18**	-0.05	-				
6. CES-D-10	7.47	5.89	0	30	0.34	-0.17**	0.36***	0.25***	-0.12*	0.76***	-			
7. GAD-7	4.54	4.68	0	21	0.28	-0.14*	0.35***	0.15**	-0.10	0.79***	0.85***	-		
8. Policy-related GAD-7	2.08	4.17	0	21	0.25	-0.13*	0.22**	0.10	0.05	0.35***	0.32***	0.41***	-	
9. RAS	3.71	0.71	1	6	0.04	0.14*	-0.22***	-0.29***	0.18**	-0.34***	-0.43***	-0.36***	-0.13	-

*Note^a: Unmarried individuals coded as 0; married individual coded as 1

*Note^b: M for BSR5-5, CESD-10, GAD-7. Policy-related GAD are the mean of the sum

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 4: Bivariate correlations between RQ3 variables

Variable	M^b	SD	min	max	SE	1	2	3	4	5	6	7	8	9
1. Marital Rights ^a	0.22	0.42	0	1	0.06	-								
2. HHRDS	1.59	0.62	1	6	0.04	0.47***	-							
3. IHS	1.54	0.63	1	5	0.04	0.02	0.17**	-						
4. OI	4.14	1.53	1	7	0.09	0.16	0.04	-0.42***	-					
5. BSR5-5	3.59	3.32	0	20	0.20	-0.11	0.34***	0.20***	-0.05	-				
6. CES-D-10	7.51	5.86	0	30	0.36	-0.13	0.32***	0.26***	-0.10	0.76***	-			
7. GAD-7	4.51	4.62	0	21	0.29	-0.12	0.31***	0.16**	-0.09	0.79***	0.84***	-		
8. Policy-related GAD	1.95	4.05	0	21	0.25	-0.32*	0.16**	0.07	0.08	0.32***	0.30***	0.38***	-	
9. RAS	3.73	0.70	1	6	0.04	0.08	-0.20**	-0.28***	0.18**	-0.34***	-0.42***	-0.36***	-0.10	-

*Note^a: People in binational relationships with full rights coded as 1; with restricted or no rights coded as 0

*Note^b: M for BSR5-5, CES-D-10, GAD-7. Policy-related GAD are the mean of the sum

* $p < .05$, ** $p < .01$, *** $p < .001$

APPENDIX 2: SURVEY

[English Version]

I. Demographics

1. What is your age (in years)? _____

2. What is your nationality (type out)? _____

3. What is your gender identity?

1	Cisgender man
2	Cisgender woman
3	Transgender man
4	Transgender woman
5	Non-binary
6	Genderqueer/Genderfluid
7	Others:

4. What is your sexual orientation

1	Lesbian
2	Gay
3	Bisexual
4	Queer
5	Pansexual
6	Asexual
7	Heterosexual
8	Others:

5. What is your highest education level completed

1	Some elementary school, elementary school diploma
2	Middle school diploma (12th grades)
3	High school diploma (15th grades)
4	Technological and vocational school
5	College diploma including Medical degree
6	Technological and vocational education (advanced)
7	Master's degree
8	Doctor's degree

6. What is your level of income? (monthly)

1	Below \$20,000 NTD
2	\$20,000~\$39,999 NTD
3	\$40,000~\$59,999 NTD
4	\$60,000~\$79,999 NTD
5	\$80,000~\$99,999 NTD
6	Above \$100,000 NTD

7. What is your place of residence?

1	Taipei City
2	New Taipei City
3	Taoyuan City
4	Taichung City
5	Tainan City
6	Kaohsiung City
7	Keelung City
8	Hsinchu City
9	Hsinchu County
10	Miaoli County
11	Changhua County
12	Nantou County
13	Yunlin County
14	Chiayi City
15	Chiayi County
16	Pingtung County
17	Yilan County
18	Hualien County
19	Taitung County
20	Penghu County
21	Kinmen County
22	Lienchiang County
23	Outside Taiwan: _____

8. What is your religious affiliation?

1	Buddhism
2	Taoism
3	Yiguandao
4	Folklore religion
5	Christian
6	Catholic
7	Hinduism
8	Judaism
9	Islam
10	Atheist
11	Spiritual
12	No specific religious belief
13	Others:

9. How strongly do you hold/practice your religious beliefs?

1	Very strongly
2	Strongly
3	Normal

4	Casually
5	Very casually
6	Not applicable

10. What is your partner's age (in years)? _____

11. What is your partner's nationality (type out)? _____

12. What is your partner's gender identity?

1	Cisgender man
2	Cisgender woman
3	Transgender man
4	Transgender woman
5	Non-binary
6	Genderqueer/Genderfluid
7	Others:

13. What is your partner's sexual orientation

1	Lesbian
2	Gay
3	Bisexual
4	Queer
5	Pansexual
6	Asexual
7	Heterosexual
8	Others:

14. What is your partner's highest education level completed

1	Some elementary school, elementary school diploma
2	Middle school diploma (12th grades)
3	High school diploma (15th grades)
4	Technological and vocational school
5	College diploma including Medical degree
6	Technological and vocational education (advanced)
7	Master's degree
8	Doctor's degree

15. What is your partner's level of income? (monthly)

1	Below \$20,000 NTD
2	\$20,000~\$39,999 NTD
3	\$40,000~\$59,999 NTD
4	\$60,000~\$79,999 NTD
5	\$80,000~\$99,999 NTD
6	Above \$100,000 NTD

16. What is your partner's place of residence?

1	Taipei City
2	New Taipei City
3	Taoyuan City
4	Taichung City
5	Tainan City
6	Kaohsiung City
7	Keelung City
8	Hsinchu City
9	Hsinchu County
10	Miaoli County
11	Changhua County
12	Nantou County
13	Yunlin County
14	Chiayi City
15	Chiayi County
16	Pingtung County
17	Yilan County
18	Hualien County
19	Taitung County
20	Penghu County
21	Kinmen County
22	Lienchiang County
23	Outside Taiwan: _____

17. What is your partner's religious affiliation?

1	Buddhism
2	Taoism
3	Yiguandao
4	Folklore religion
5	Christian
6	Catholic
7	Hinduism
8	Judaism
9	Islam
10	Atheist
11	Spiritual
12	Others:

18. How strongly does your partner hold/practice their religious beliefs?

1	Very strongly
2	Strongly
3	Normal

4	Casually
5	Very casually
6	Not applicable

II. Relationship & Family Information

1. What is your current relationship status?

1	Dating (at least 6 months)
2	Engaged (together at least 6 months)
3	Married after 2019 passage of same-sex marriage bill (together at least 6 months)
4	Separated
5	Divorced
6	Single

2. What is your current marital status in Taiwan?

1	Not married
2	Legally married in Taiwan since the passage of same-sex marriage bill in May 2019
3	Legally married in another country prior to 2019 bill & the marriage is recognized by Taiwanese government now

3. How long you have been with your partner? (in months) _____

4. Estimated start date of dating: ___/___ (MM/YYYY)

5. Estimated start date of marriage: ___/___ (MM/YYYY)

*If you are not married, please put 00/0000

6. Are you in a binational relationship?

*A binational relationship means that one partner in the relationship is from a foreign nation from the other.

1	Yes
2	No

7. If you are in a binational relationship, which situation best describe your marital rights in Taiwan?

1	My partner and I can get married immediately and our marriage will be recognized in Taiwan without complication because he/she/they is/are from one of the 31 countries with legalized same-sex marriage
---	--

	e.g., Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, Colombia, Costa Rica, Denmark, Ecuador, Finland, France, Germany, Iceland, Ireland, Luxembourg, Malta, Mexico, Netherlands, New Zealand, Norway, Portugal, South Africa, Spain, Sweden, Switzerland, United Kingdom, United States, Uruguay
2	My partner and I have to attend an overseas VISA interview to have our marriage be recognized in Taiwan. However, we need to present a marriage certificate obtained in my partner's country in order to apply for the VISA interview. e.g., Indonesia, Philippines, Vietnam, Thailand, Cambodia, Sri Lanka, India, Myanmar, Nigeria, Mongolia, Kazakhstan, Belarus, Ukraine, Uzbekistan, Pakistan, Nepal, Bhutan, Bangladesh, Senegal, Ghana, Cameroon (21 Countries that required marriage visa interview)
3	My partner and I have to obtain a marriage certificate in China so we can attend for a VISA interview at the airport in Taiwan
4	I cannot get married in Taiwan nor in my own country
5	Not applicable
6	Others: (Please explain: _____)

8. Are you the only child in your family?

1	Yes
2	No

9. Are you the only son in your family?

1	Yes
2	No
3	Not applicable

10. Do you have children? If so, how many?

1	Yes:
2	No

11. What is your current living arrangement?

1	Living with parents/family
2	Living by yourself
3	Living with others (not partner)
4	Living with partner (no children)
5	Living with partner (with children)
6	Living with residential programs
7	No residence at this time

11. Attitudes toward marriage

	0	1	2	3
	Strongly Disagree	Somewhat Disagree	Somewhat Agree	Strongly Agree

1. Being married means a lot to me				
2. Being married means a lot to my relationship with my partner				
3. Being married means a lot to my family				
I will not choose to be married even if same-sex marriage is legal				

III: Minority Stress

1. The Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS)

	1 This event has never happened	2	3	4	5	6 This event occurred almost all the time
1. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are an LGBTQ individual?						
2. How many times have you been treated unfairly by people in service jobs (by store clerks, waiters, bartenders, waitresses, bank tellers, mechanics, and others) because you are an LGBTQ individual?						
3. How many times have you been verbally insulted because you are an LGBTQ individual?						

4. How many times have you been treated unfairly by strangers because you are an LGBTQ individual?						
5. How many times were you denied a raise, a promotion, tenure, a good assignment, a job, or other such thing at work that you deserved because you are an LGBTQ individual?						
6. How many times have you been treated unfairly by your employer, boss, or supervisors because you are an LGBTQ individual?						
7. How many times have you been treated unfairly by teachers or professors because you are an LGBTQ individual?						
8. How many times have you been called heterosexist or transphobic names like dyke, lezzie, faggot, queer, tranny, or other names?						
9. How many times have you been rejected by friends because you are an LGBTQ individual?						
10. How many times have you heard						

ANTI-LGBTQ remarks from family members?						
11. How many times have you been treated unfairly by your family because you are an LGBTQ individual?						
12. How many times have you been rejected by family members because you are an LGBTQ individual?						

2. The Internalized Homophobia Scale (IHS)

	1 Strongly Agree	2 Agree	3	4 Disagree	5 Strongly Disagree
1. I have a positive attitude about being LGBTQ	X				
2. I feel uneasy around people who are very open in public about being LGBTQ					X
3. I often feel ashamed that I am LGBTQ					X
4. For the most part, I enjoy being LGBTQ	X				
5. I worry a lot about what others think about my being LGBTQ					X
6. I feel proud that I am LGBTQ	X				
7. I feel that being LGBTQ is a sin					X
8. I wish that I weren't attracted to the same sex /same gender					X
9. I feel that being LGBTQ is a gift	X				

3. The Outness Inventory (OI)

Please indicate how open you are about your sexual orientation and/or gender identity to people listed below.

- 0 = not applicable to your situation; there is no such person or group of people in your life
- 1 = definitely does NOT know about your sexual orientation and/or gender identity status
- 2 = might know about your sexual orientation status and/or gender identity, but it is NEVER talked about
- 3 = probably knows about your sexual orientation status and/or gender identity, but it is NEVER talked about
- 4 = probably knows about your sexual orientation status and/or gender identity, but it is RARELY talked about
- 5 = definitely knows about your sexual orientation status and/or gender identity, but it is RARELY talked about
- 6 = definitely knows about your sexual orientation status and/or gender identity, and it is SOMETIMES talked about
- 7 = definitely knows about your sexual orientation status and/or gender identity, and it is OPENLY talked about

	1	2	3	4	5	6	7	0
1. Mother								
2. Father								
3. Siblings (sisters, brother)								
4. Extended family/relatives								
5. My new straight friends								
6. My new work peers								
7. My new work supervisor(s)								
8. Members of my religious community (e.g., church, temple)								
9. Leaders of my religious community (e.g., church, temple)								

10. Strangers, new acquaintances								
11. My old heterosexual friends								

IV: Mental Health

1. The Brief Symptom Rating Scale (BSRS-5)

The following statements refer to experiences which many people have in their everyday lives. Please select the number that best describes how much that experience has Distressed or Bothered you during the past week including the current day.

	0 Not at all	1 A little bit	2 Moderately	3 Quite a bit	4 Extremely
1. Trouble falling asleep					
2. Feeling tense or high-strung					
3. Feeling irritable or angry					
4. Feeling down, depressed					
5. Feeling inferior to others					
6. Suicidal thinking					

2. The Centre for Epidemiologic Studies Depression Scale (CES-D-10)

Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by selecting the number that best fit your experiences.

	0 Rarely or none of the time (less than 1 day)	1 Some or a little of the time (1-2 days)	2 Occasionally or a moderate amount of time (3-4 days)	3 All of the time (5-7 days)
1. I was bothered by things				

that usually don't bother me				
2. I had trouble keeping my mind on what I was doing				
3. I felt depressed				
4. I felt that everything I did was an effort				
5. I felt hopeful about the future				
6. I felt fearful				
7. My sleep was restless				
8. I was happy				
9. I felt lonely				
10. I could not "get going."				

3.1 The Generalized Anxiety Disorder-7

Over the last 2 weeks, how often have you been bothered by the following problems?

	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it is hard to sit still				

6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

3.2 Marriage Equality-Related Anxiety

Over the last 2 weeks, when thinking specifically about the current legal implication of The Enforcement Act for Implementation of J. Y. Interpretation No. 748, how often have you been bothered by the following problems?

	0 Not at all	1 Several days	2 More than half the days	3 Nearly every day
1. Feeling nervous, anxious or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it is hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				

V: Relationship Satisfaction

1. The Relationship Assessment Scale (RAS) [adapted]

Please indicate how satisfied you are with your current relationship by selecting the number that best fit your experiences. Answer each question according to your initial reaction and then move on to the next.

	1	2	3	4	5	6
--	---	---	---	---	---	---

	Disagree Strongly	Disagree	Disagree Somewhat	Agree Somewhat	Agree	Agree Strongly
1. Most of the time, my partner meets my needs						
2. In general, I am satisfied with my relationship						
3. In comparison to most, I have a good relationship						
4. I wish I hadn't gotten in this relationship						
5. My relationship met my original expectations						
6. I love my partner						
7. There are many problems in my relationships						

VI. Additional question

The questions in this section will not be used for the analysis, so it is optional to fill out. However, your participation in this section could provide us useful information to better understand your experience.

1. Please review the following statements and select the number that best fit your experiences

	0 Strongly Disagree	1 Somewhat Disagree	2 Somewhat Agree	3 Strongly Agree
1. Being married is for financial benefits				

2. Being married is for legal protection and rights				
3. Being married is a necessary step to be viewed as an adult in Taiwan				
4. The passage of same-sex marriage improves my mental health				
5. Being married is a necessary step to have a family				
6. Being married is a necessary step to have children				
7. Marriage equality increases my desire for marriage				
8. Marriage equality is the evidence that my country cares about human rights				

2. If you are married after the passage of same-sex marriage bill in 2019, would you be willing to share your perspective and/or reasons for your decision to get married?
3. If you are not married, would you be willing to share your perspective and/or reasons for your decision to not be married at this time?
4. If any, how has your family (either nuclear family or extended family) affect your decision to either get married or not get married?
5. If any, what are some of challenges you face to get married in Taiwan?
6. If any, what are some of challenges you face in your marriage that you think is unique to same-sex couples?

[Chinese Version]

I. 背景資料

1. 你目前的年齡 (以年計算) ____ ?

2. 你的國籍 (輸入國家全名) ____ ?

*若持有台灣國籍，請輸入台灣

3. 你的性別認同?

1	順性別男性 (生理性別為男：性別認同為男)
2	順性別女性 (生理性別為女：性別認同為女)
3	跨性別男性 (生理性別為女：性別認同為男)
4	跨性別女性 (生理性別為男：性別認同為女)
5	非二元性別 (Non-binary)
6	性別酷兒(Genderqueer)/性別流動者(Genderfluid)
7	其他：(請輸入)

4. 你的性取向認同？

1	女同性戀
2	男同性戀
3	雙性戀
4	酷兒(Queer)
5	泛性戀(Pansexual)
6	無性戀(Asexual)

7	異性戀(Heterosexual)
8	其他：(請輸入)

5. 你完成的最高教育程度？

1	部分小學; 小學畢業
2	國中畢業
3	高中畢業
4	高職畢業
5	大學畢業包含醫學院
6	科技大學畢業包含五專和四技二專
7	碩士畢業
8	博士畢業

6. 你的月收入平均？

1	低於兩萬台幣
2	兩萬到四萬台幣(不含四萬)
3	四萬到六萬台幣(不含六萬)
4	六萬到八萬台幣(不含八萬)
5	八萬到十萬台幣
6	十萬台幣以上

7. 你目前居住的城市？

1	台北市
2	新北市
3	桃園市
4	台中市
5	台南市
6	高雄市
7	基隆市

8	新竹市
9	新竹縣
10	苗栗縣
11	彰化縣
12	南投縣
13	雲林縣
14	嘉義市
15	嘉義縣
16	屏東縣
17	宜蘭縣
18	花蓮縣
19	台東縣
20	澎湖縣
21	金門縣
22	連江縣
23	其他：(請輸入)

8. 你的宗教信仰？

1	佛教
2	道教
3	一貫道
4	民俗信仰
5	基督教
6	天主教
7	印度教
8	猶太教
9	伊斯蘭教
10	無神論
11	靈修(Spiritual)

12	無特定信仰
13	其他：(請輸入)

9. 你信奉宗教的程度？

1	非常積極信奉（熟悉了解教義和教條，遵守教條，積極參與宗教相關活動一週至少三次，積極推廣教義）
2	積極信奉（熟悉了解教義和教條，遵守教條，積極參與宗教相關活動一週至少三次）
3	一般（了解教義和教條，遵守教條，正常參與宗教相關活動至少一週一次）
4	隨意（稍微了解教義和教條，偶而遵守教條，偶而參與宗教相關活動至少一個月一次）
5	非常隨意（稍微或沒有了解教義和教條，偶而或沒有遵守教條，偶而或沒有參與宗教相關活動）
6	無; 不適用

10. 你伴侶目前的年齡 (以年計算) ____

11. 你伴侶的國籍 (輸入國家全名) ____ ?

*若持有台灣國籍，請輸入台灣

12. 你伴侶的性別認同?

1	順性別男性 (生理性別為男：性別認同為男)
2	順性別女性 (生理性別為女：性別認同為女)

3	跨性別男性 (生理性別為女：性別認同為男)
4	跨性別女性 (生理性別為男：性別認同為女)
5	非二元性別 (Non-binary)
6	性別酷兒(Genderqueer)/性別流動者(Genderfluid)
7	其他：(請輸入)

13. 你伴侶的性取向認同？

1	女同性戀
2	男同性戀
3	雙性戀
4	酷兒(Queer)
5	泛性戀(Pansexual)
6	無性戀(Asexual)
7	異性戀(Heterosexual)
8	其他：(請輸入)

14. 你伴侶完成的最高教育程度？

1	部分小學; 小學畢業
2	國中畢業
3	高中畢業
4	高職畢業
5	大學畢業包含醫學院
6	科技大學畢業包含五專和四技二專
7	碩士畢業
8	博士畢業

15. 你伴侶的月收入平均?

1	低於兩萬台幣
2	兩萬到四萬台幣(不含四萬)
3	四萬到六萬台幣(不含六萬)
4	六萬到八萬台幣(不含八萬)
5	八萬到十萬台幣
6	十萬台幣以上

16. 你伴侶目前居住的城市?

1	台北市
2	新北市
3	桃園市
4	台中市
5	台南市
6	高雄市
7	基隆市
8	新竹市
9	新竹縣
10	苗栗縣
11	彰化縣
12	南投縣
13	雲林縣
14	嘉義市
15	嘉義縣
16	屏東縣
17	宜蘭縣
18	花蓮縣
19	台東縣
20	澎湖縣

21	金門縣
22	連江縣
23	其他：(請輸入)

17. 你伴侶的宗教信仰？

1	佛教
2	道教
3	一貫道
4	民俗信仰
5	基督教
6	天主教
7	印度教
8	猶太教
9	伊斯蘭教
10	無神論
11	靈修(Spiritual)
12	無特定信仰
13	其他：(請輸入)

18. 你伴侶信奉宗教的程度？

1	非常積極信奉（熟悉了解教義和教條，遵守教條，積極參與宗教相關活動一週至少三次，積極推廣教義）
2	積極信奉（熟悉了解教義和教條，遵守教條，積極參與宗教相關活動一週至少三次）
3	一般（了解教義和教條，遵守教條，正常參與宗教相關活動至少一週一次）

4	隨意（稍微了解教義和教條，偶而遵守教條，偶而參與宗教相關活動至少一個月一次）
5	非常隨意（稍微或沒有了解教義和教條，偶而或沒有遵守教條，偶而或沒有參與宗教相關活動）
6	無; 不適用

II. 伴侶關係與家庭相關資料

1. 下列何者最符合你目前的伴侶關係？

1	穩定交往(至少六個月)
2	許諾訂婚(至少交往六個月)
3	已婚(在 2019 同志婚姻法案通過後合法登記結婚且交往至少六個月)
4	協議分居
5	離婚
6	單身(不曾結婚)

2. 下列何者最符合你目前在台灣的婚姻關係？

1	未婚
2	已婚(在 2019 同志婚姻法案通過後合法登記結婚)
3	已婚(在 2019 同志婚姻法案通過前已在海外登記結婚且此婚姻在台灣現行法規下有被認可)

3. 你跟你目前伴侶在一起多久了(以月計算)? _____

4. 你跟你目前伴侶什麼時候在一起的?(MM/YYYY) ____/____

5. 如果已婚，你跟你目前伴侶什麼時候結婚的?(MM/YYYY) ____/____

*如果未婚，請填入 00/0000

6. 你跟你目前的伴侶是否屬於跨國伴侶關係？

*跨國伴侶代表兩個人的國籍不同

1	是
2	不是

7. 如果你屬於跨國伴侶，下列何者最符合你目前在台灣的婚姻權現況？

1	我和我的跨國伴侶可以在台灣直接登記結婚，伴侶來自同婚合法國家。
2	我和我的跨國伴侶無法在台灣登記結婚，伴侶必須取得母國結婚證明才可申請境外面談。(21 過需要境外面談)
3	我的我的中國籍伴侶若在台灣結婚，婚姻可以成立，但若我的中國籍伴侶要以配偶身份入境就必須在在中國先取得結婚證明才能接受機場面談。
4	我和我的跨國伴侶無法在台灣登記結婚。
5	不適用; 不屬於跨國伴侶
6	其他：（請說明）

7. 你是家中唯一的小孩嗎？

1	是
2	不是

8. 你是家中唯一的獨生男嗎？

1	是
2	不是
3	不適用

9. 你自己有小孩嗎？如果有，幾位？

1	有：（輸入數目） ____
2	沒有

10. 下列何者最符合你的居住狀況？

1	跟父母/長輩同住
2	自己住
3	跟朋友合住（不包含伴侶）
4	跟伴侶同住（不包含小孩）
5	跟伴侶同住（包含小孩）
6	透過社福機構
7	沒有特定居所

11. 對婚姻的態度

	0 非常 不同意	1 些許 不同意	2 些許 同意	3 非常 同意
1. 婚姻對我來說很重要				
2. 婚姻對我的伴侶和我們的關係很重要				
3. 婚姻對我的父母來說很重要				

III: 少數族群壓力

1. The Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS)

請依照下表回答因為你的性別認同或是性取向之緣故，相關事件發生的頻率

	1	2	3	4	5	6
	此事件從來沒有發生過	此事件偶爾發生（低於10%）	此事件有時候發生(10–25%)	此事件常常發生(26	此事件經常發生(50–70%)	此事件幾乎每天都發生(超過70%)

				-49 %)		
1.你被嘲笑、捉弄、推打、攻擊、或威脅。						
2.你在接受服務時被不公平的對待（例如店員、服務生、酒保、銀行專員）。						
3.你被語言攻擊。						
4.你被陌生人不公平的對待。						
5.你在工作上應有的機會被剝奪（例如被拒絕加薪、被拒絕升職、被拒絕特定工作）。						
6.你被你的雇主或上司不公平的對待。						
7.你被老師或是教授不公平的對待。						
8.你被恐同或是跨用語戲弄（例娘娘腔、死Gay、男人婆、陰陽人）						
9.你被朋友拒絕。						

10. 你聽到來自家人恐同或是恐跨的言論。						
11. 你接受到家人不公平的對待。						
12. 你被家人拒絕。						

2. The Internalized Homophobia Scale (IHS)

請依照下表回答你對於性別或性少數身份的態度

	1 非常 同意	2 同意	3 沒意見	4 不同意	5 非常 不同意
1. 我對於自己的性別或性少數身份有正面的態度。					
2. 我對於公開表達個人性別或性少數身份的人感到不自在。					
3. 我常常對自己的性別或性少數身份感到丟臉。					
4. 多半的時候，我喜歡自己的性別或性少數身份。					

5. 我常常擔心別人對我性別或性少數身份的看法。					
6. 我對於自己性別或性少數的身份感到驕傲。					
7. 我覺得自己性別或性少數的身份是一種罪。					
8. 我希望我不是被同性別所吸引。					
9. 我覺得自己性別或性少數的身份是一份禮物。					

3. The Outness Inventory (OI)

請依照下表回答你對於不同對象之性別或性少數身份的出櫃程度：

* 如果你同時具備性別與性少數身份（例如跨性男男同志），請用對你來說比較難以公開的身份來作答。

0 = 不適用; 生活中並沒有這個對象

1 = 完全不知道你的性別或性少數身份

2 = 有可能知道你的性別或性少數身份，但從來沒有談論過

3 = 也許知道你的性別或性少數身份，但從來沒有談論過

4 = 也許知道你的性別或性少數身份，但幾乎沒有談論過

5 = 知道你的性別或性少數身份，但幾乎沒有談論過

6 = 知道你的性別或性少數身份，有時候會談論

7 = 知道你的性別或性少數身份，且公開談論此身份

	1	2	3	4	5	6	7	0
1. 母親								
2. 父親								
3. 兄弟姊妹								

4. 親戚								
5. 新認識的異性戀友人								
6. 新認識的工作同儕								
7. 新認識的工作上司								
8. 教友								
9. 宗教領袖								
10. 陌生人或剛認識的人								
11. 我舊有的異性戀友人								

IV: Mental Health

1. 簡式健康量表 The Brief Symptom Rating Scale (BSRS-5)

請回想最近一週(包含評估當天)，依照你感到困擾或苦惱的程度對以下問題回答

	0 完全沒有	1 輕微	2 中等程度	3 厲害	4 非常厲害
1. 瞬眠困難					
2. 感覺緊張不安					
3. 覺得容易苦惱或動怒					
4. 感覺憂鬱，情緒低落					

5. 覺得比不上別人					
6. 有過自殺的念頭					

2. 流行病學研究中心抑鬱量表

The Centre for Epidemiologic Studies Depression Scale (CES-D-10)

以下句子描述一些自我感覺或行為，請圈出最接近你過去一週的狀況。

	0 很少或完全沒有 (少過1日)	1 有幾天 (持續1-2日)	2 間中或一半時間 (持續3-4日)	3 經常或幾乎每天 (持續5-7日)
1. 我被一些平時不會困擾我的事情困擾				
2. 我很難集中精神工作				
3. 我覺得情緒低落				
4. 我覺得我做每件事情都很吃力				
5. 我對將來抱有希望				
6. 我覺得恐懼				

7. 我睡眠不安寧				
8. 我很開心				
9. 我覺得孤獨				
10. 我提不起勁				

3.1 焦慮程度評估-7

The Generalized Anxiety Disorder-7

根據過去兩個星期，你有多經常受以下問題困擾？

	0 完全沒有	1 幾天	2 超過一半或以上的天數	3 幾乎每天
1. 感到緊張、不安或煩躁。				
2. 無法停止或控制憂慮。				
3. 過份憂慮不同的事情。				
4. 難以放鬆。				

5. 心緒不寧以至坐立不安。				
6. 容易心煩或易怒。				
7. 感到害怕，就像要發生可怕的事情。				

3.2 婚姻平權法案相關焦慮 Marriage Equality-Related Anxiety

根據過去兩個星期，當你想到台灣目前婚姻平權法案的法律保障，你有多經常受以下問題困擾？

	0 完全沒有	1 幾天	2 超過一半或以上的天數	3 幾乎每天
1. 感到緊張、不安或煩躁。				
2. 無法停止或控制憂慮。				
3. 過份憂慮不同的事情。				
4. 難以放鬆。				

5. 心緒不寧以至坐立不安。				
6. 容易心煩或易怒。				
7. 感到害怕，就像要發生可怕的事情。				

V: Relationship Satisfaction

1. 關係滿意度量表 The Relationship Assessment Scale (RAS) [adapted]

以下題目是了解你對於這段關係的滿意程度，請直覺回答以下題目，請圈選符合你實際情況數字

	1 非常不符合	2 不符合	3 些許不符合	4 些許符合	5 符合	6 非常符合
1. 他大部分都能夠迎合我的需要						
2. 整體而言，我對我們之間的關係感到滿意						
3. 與大部分的情侶相比，我覺得						

我們的關係 很好						
4. 我後悔 進入這段關 係						
5. 目前我 倆的關係符 合我當初的 期望						
6. 我很愛 對方						
7. 我們的 關係其實存 有很多問題						

VI. 額外問題

此部分的問題並不會用來作為數據分析，但你的回答可以為婚姻平權的研究帶來諾大的幫助

1. 請依照下列敘述選擇最符合你實際狀況

	0 非常不認 同	1 些許不認同	2 些許認同	3 非常認同
1. 結婚是為了財務上的福利				
2. 結婚是為了法律和醫療上的 權益				
3. 在台灣，結婚是被當作大人 看重要的一步				
4. 結婚是組成家庭必須的一步				

5. 結婚是生小孩必須的一步				
6. 婚姻平權讓我願意結婚的意念提高				
7. 婚姻平權展現的是一個國家在人權上的進步				

2. 如果你於2019同婚通過後與你的伴侶結婚，你是否願分享你決定結婚的原因？
3. 如果你目前尚未結婚，你是否願意分享你現有不結婚的考量或遭遇的困難？
4. 如果可以，請分享你的家人（包含核心家庭和親戚）是否影響你結不結婚的決定？如何影響？
5. 如果可以，請分享你在台灣嘗試結婚所遭遇過的困難。
6. 如果可以，請分享你認為同性伴侶在台灣結婚後所遭遇的困難。

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