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Positive LGBT+ Identity, Interpersonal Discrimination, and Satisfaction with Life: A Cross-National Comparison between LGBT+ People in the UK, Italy, and Turkey

Abstract

The present study explored how identity authenticity and LGBT+ community connectedness may mediate the effects of interpersonal discrimination on life satisfaction in a sample of LGBT+ participants across three counties. We used a cross-sectional online survey to collect data and paper questionnaires. Participants were 723 LGBT+ people (56.6% females): 308 (42%) of participants were from the UK, 245 (34%) from Italy, and 170 (24%) from Turkey. Participants' age ranged from 18–60 years (M=33.83, SD=11.55). Analysis of variance and multigroup mediation models implemented through path analysis were performed. The associations of interpersonal discrimination with identity authenticity and connectedness to the LGBT+ community showed cross-country variations. The association between interpersonal discrimination and identity authenticity was stronger in Italy than in the UK but non-significant in Turkey. Interpersonal discrimination showed a negative association with connectedness to the LGBT+ community in Italy and the UK, with Italy exhibiting the strongest effect. Conversely, this association was positive in Turkey. Irrespective of the country, life satisfaction showed a negative association with interpersonal discrimination and positive associations with identity authenticity and connectedness to the LGBT+ community. This study provides valuable insights into the differences and similarities between the experiences of LGBT+ people in the UK, Italy, and Turkey. The social and policy implications that emerge from the study highlight the relevance of addressing structural stigma in different cultures and emphasise the need for targeted interventions and supportive policies at the supranational level to improve the quality of life of LGBT+ individuals.

Keywords: discrimination; identity authenticity; community connectedness; life satisfaction; LGBT+

Introduction

In recent years, a great deal of data has been collected on the health disparities of lesbian, gay, bisexual, transgender, and other sexual and gender minority (LGBT+) people. This population is at significantly higher risk of developing mental health issues and have lower life satisfaction than their heterosexual peers (Gonzales et al., 2016; Lattanner et al., 2022; Strutz et al., 2015). The predominant theoretical frameworks used to explain these health disparities are Minority Stress Theory (MST; Meyer, 2003) and its clinical extension, i.e., the Psychological Mediation Framework (PMF; Hatzenbuehler, 2009). Both frameworks assume that the societal stigma and systemic oppression experienced by sexual minority people manifested in both interpersonal (e.g., violence or victimization) and structural (e.g., lack of equal rights) forms are the primary reasons for these health disparities.

Regarding structural forms of stigma, previous studies have shown that country-level structural stigma (e.g., discriminatory laws, anti-egalitarian policies, and oppressive cultural norms) negatively impacts the health of LGBT+ people by increasing levels of minority stress (e.g., hypervigilance, feelings of rejection, and fear of being discriminated against and victimized) which in turn increases the likelihood of developing adverse mental health outcomes (Bränström & Pachankis, 2021; Hatzenbuehler, 2014; Pistella et al., 2019; Prescott et al., 2021). Therefore, not all social contexts are the same for sexual minority people, and research on the health of LGBT+ people should be conducted in a culturally sensitive manner, taking into account the cultural and legal diversity of cultures (Baiocco et al., 2021, 2023b).

However, the MST has recently been criticized as a framework that risks portraying a vulnerable and powerless population (Levitt et al., 2023; Tuck, 2009). Scholars working in the field of LGBT+ health are pushing to incorporate the positive psychology framework into MST, emphasizing the positive aspects of LGBT+ identities, such as authenticity and

connectedness to community, and analysing psychological well-being or life satisfaction rather than the negative mental health consequences (Horne et al., 2014; Meyer, 2014; Pistella et al., 2023; Vaughan & Rodriguez, 2014).

Therefore, by integrating MST and PMF within the framework of positive psychology (Baiocco et al., 2020; Horne et al., 2014; Meyer, 2014; Vaughan & Rodriguez, 2014) and considering research on structural stigma (Bränström & Pachankis, 2021; Hatzenbuehler, 2014; Prescott et al., 2021), the current study aimed to examine the associations between interpersonal discrimination, two positive dimensions of LGBT+ identity (i.e., identity authenticity and connectedness to community), and life satisfaction among LGBT+ people living in three different European countries (i.e., UK, Italy, and Turkey). In the following sections, we present the study's theoretical background, highlighting the mechanisms of health inequalities and recent data on the positive aspects of LGBT+ identity that emerge in the face of stigma. Furthermore, we then provide an overview of the social contexts for LGBT+ people in the UK, Italy, and Turkey.

Minority Stress, Stigma, and Positive Psychology in LGBT+ Health Research

MST postulates that social stigma produces chronic and unique stress in LGBT+ people and that this type of stress, through a combination of distal (i.e., objective stressors such as interpersonal discrimination) and proximal (i.e., subjective stressors such as identity concealment or internalized stigma) processes, ultimately increases the risk of developing adverse mental and physical health outcomes (Baiocco et al., 2023a; Meyer, 2003; Douglass & Conlin, 2022; Toomey et al., 2018; Walch et al., 2016). MST assigns a critical role to individual-level (e.g., personal agency) and group-level (e.g., family acceptance) resilience factors as dimensions that can mitigate the negative effects of stigma on LGBT+ health (Meyer, 2015). Instead, PMF, a relatively new clinical extension of MST, focuses on potential mediators linking social stigma and minority stress to health outcomes because it is

interested in understanding the mechanisms by which stigma-related stressors may contribute to adverse mental health outcomes (Hatzenbuehler, 2009; Kiekens et al., 2020; Wilchek-Aviad & Oren, 2022). Among these mediators, PMF postulates that stigma-related stressors affect general psychological processes – i.e., cognitive (e.g., rumination), affective (e.g., lack of emotional clarity), and social (e.g., lack of social support) processes – which in turn influence mental health (Lattanner et al., 2022).

As mentioned above, although MST and PMF have made enormous contributions to understanding the psychosocial determinants and dynamics of LGBT+ health disparities and to de-pathologising LGBT+ identities, they have recently been criticised as frameworks that risk generating negative narratives about LGBT+ people by highlighting risks and negative outcomes of social stigma (Levitt et al., 2023; Tuck, 2009). Indeed, recent research on LGBT+ health is beginning to incorporate other frameworks into MST and PMF that can help emphasise the positive dimensions of LGBT+ identity by focusing on the agency and resources of this population. These considerations encourage the possibility to include the framework of positive psychology, which focuses on human flourishing and strengths to promote the well-being of sexual minority people (Duckworth et al., 2015).

Specifically, positive psychology is the scientific investigation of positive experiences, personal positive traits, and the institutions that may facilitate their improvement. Positive psychology represents a field concerned not just the study of pathology and weakness but also the study of strength and virtue for building positive subjective qualities. The field of positive psychology at the subjective level is about valued subjective experiences, such as well-being, contentment, and satisfaction. At the individual level, it is about positive traits such as the capacity for love, courage, interpersonal skills, forgiveness, or wisdom. The group level is about civic virtues such as responsibility, nurturance, altruism, and work ethic (Seligman & Csikszentmihalyi, 2000).

Positive psychology helps scholars working in the field of LGBT+ health research to understand the importance of exploring the positive dimensions of LGBT+ identity. Indeed, applying this framework to LGBT+ health research means emphasising strengths and resilience rather than vulnerabilities and risk factors by analysing the positive role of specific identity or social characteristics – e.g., identity authenticity and connectedness to the LGBT+ community – and positive health aspects such as psychological well-being and life satisfaction (Bruce et al., 2015; Petrocchi et al., 2020; Riggle et al., 2008). Specifically, previous research confirmed the distinctive relevance of positive identity levels in terms of identity authenticity and community connectedness to positive psychological well-being (Petrocchi et al., 2020; Riggle et al., 2014). Positive psychology has, therefore, enabled the LGBT+ population to be viewed as a resilient community able to withstand and emerge stronger from social stigma, the existence and prevalence of which cannot be denied (Christie, 2021; Rostosky et al., 2018; Yip & Chan, 2022). Indeed, experiencing stigma can increase opportunities to negotiate and reflect on one's minority identity in social contexts, thereby strengthening the psychological experiences that can positively impact one's health (Levitt & Ippolito, 2014).

The present work focused on two positive factors, i.e., identity authenticity and LGBT+ community connectedness, as they are good examples of individual- and group-level positive dimensions, respectively, that can mediate the effects of interpersonal discrimination on life satisfaction. Indeed, previous research (Riggle et al., 2014; Rostosky et al., 2018) has shown that identity authenticity, i.e., feeling comfortable with one's LGBT+ identity, helps people express their LGBT+ identity in interactions with others, reduces levels of self-denigration and self-invalidation (i.e., internalized stigma), and generates psychological well-being (Petrocchi et al., 2020; Riggle et al., 2017). Similarly, connectedness to the LGBT+ community, i.e., a perceived sense of inclusion in and support from the LGBT+ community,

is one of the most important sources of social support, is negatively related to internalised stigma, and is strongly associated with a positive sense of one's identity (Frost et al., 2022; Petrocchi et al., 2020; Puckett et al., 2015).

Social Contexts for LGBT+ People Living in the UK, Italy, and Turkey

According to ILGA-Europe, an EU international non-governmental organization, the UK, Italy, and Turkey are examples of the different legal and political human rights situations of European LGBT+ people. Based on various legal indicators (i.e., legal policies about equality and non-discrimination, family, hate crime and hate speech, gender recognition, intersex bodily integrity, civil society space, and asylum), these countries scored very differently on the 2023 Rainbow Europe Map (ilga-europe.org/report/rainbow-europe-2023) as follows: UK (53%), Italy (25%), and Turkey (4%). If we assume that Denmark scored the highest (74%) and Azerbaijan scored the lowest (2%), we can classify the UK, Italy, and Turkey as having high, medium, and low inclusion levels. Below, we provide an overview of each country regarding LGBT+ social policies and cultural contexts.

With regards to the UK, LGBT+ social policies and cultural contexts have evolved significantly over the years, reflecting changes in legal frameworks, government initiatives, and public attitudes. Regarding recognition and rights, the Equality Act 2010 prohibits discrimination based on sexual orientation and gender identity in education, employment, and other areas (Baiocco et al., 2021, 2023a). In the last years, various organizations and employers have implemented anti-discrimination policies to create inclusive environments in the workplace and beyond. LGBT+ people have excellent visibility and great social acceptance in the UK (i.e., the Pride events in cities nationwide). Same-sex marriage has been legal in England, Scotland, and Wales since 2014 and Northern Ireland since 2020. The National Health Service (NHS) provides healthcare services, including counselling for LGBT+ individuals. Again, the government has implemented school programmes and

inclusive curricula on preventing homophobic, biphobic, and transphobic bullying and promoting LGBT+ students' well-being. Despite progress, challenges persist, including hate crimes, disparities in healthcare access, and discrimination in various aspects of life: Regional differences (urban areas tend to be more accepting and inclusive than rural communities), religious beliefs, generational attitudes, belonging to specific demographic groups, and socioeconomic factors influence disparities.

As for Italy, while Italian society as a whole seems increasingly open and accepting of LGBT+ individuals (Carbone et al., 2023; Baiocco et al., 2023a; Lingiardi et al., 2016), discrimination against this population is still relatively high and LGBT+ rights remain at the centre of political debate, with more conservative politicians opposing the passage of equal rights legislation (Rucco et al., 2023; Scandurra et al., 2021). The presence of the Vatican State in Italy is certainly not a relevant support for the LGBT+ community, as members of the Vatican are often carriers of a homophobic culture that quickly spreads both on the national territory and in some conservative political groups. Currently, there are no laws protecting gender and sexual minority people from homo-transphobic hate crimes or discrimination, nor are there same-sex marriages or the ability to adopt children (Baiocco et al., 2023a). However, in 2016, the Italian government allowed civil partnerships but without allowing the possibility of so-called stepchild adoption, i.e., adoption by a second parent. In the last few years, the Italian far-right government continued its campaign of abuse against same-gender parent families by enacting a regulation that blocks local authorities from registering the children of same-sex couples born abroad. The government even began removing parents from birth certificates that had already been registered.

The policy drew condemnation from the European Parliament. Notwithstanding this, and although the LGBT+ community is underrepresented in the Italian Parliament, many studies show the existence of significant resources that the Italian LGBT+ community can

activate to resist stigmatization (Baiocco et al., 2023a; Petrocchi et al., 2020; Rosati et al., 2021). According to the framework of positive psychology, it is plausible to hypothesise that the discrimination experienced by the LGBT+ community, as well as the denial of some fundamental human rights, stimulates Italian LGBT+ individuals to connect with the community and fight for equality, developing resilience and authenticity (Rosati et al., 2021; Scandurra et al., 2023).

In terms of Turkey, which is one of the two countries (Azerbaijan 2% and Turkey 4%) at the end of the Rainbow Europe scale precisely the same as the last three years, the LGBT+ community still face significant challenges and discrimination; Anti-LGBT+ hate crimes are on the rise in Turkey, possibly due to the political right-wing movement that explicitly campaigned against LGBT+ rights. Many LGBT+ people face social stigma and discrimination in employment, housing, and educational contexts (Göçmen & Yılmaz, 2017). In Turkey, there are no specific healthcare services or counselling for LGBT+ individuals. Conversion practice cases have been documented in Turkey over the past two years, and the number of anti-LGBT+ psychiatric centres offering the so-called “conversion therapies” has increased (Gunbegi et al., 2022). In 2023 a march was held in Istanbul, namely the “anti-LGBTI Great Family March” with the slogan: “Save your family and your generation, say no to perversion”. The march was publicised on national television with a video calling LGBT+ people a virus. Some participants called for the killing and violence against LGBT+ people, criminalisation, and the banning of LGBT+ organizations and events. In 2023, a total of 11 Pride events were banned in Turkey. Participants who defied the bans were met with police brutality, and a considerable number of arrests were recorded. Overall, there is still a long way to go in terms of achieving full equality and acceptance for LGBT+ people in Turkish society.

The Current Study

Based on MST and PMF but incorporating positive psychology, the current study aimed to explore potential differences between LGBT+ people in the UK, Italy, and Turkey regarding interpersonal discrimination, identity authenticity, connectedness to the community, and life satisfaction. Based on the ILGA Europe Index (2023), we expected that mean scores on the variables used in this study would differ between the three groups in a scalar fashion, with people living in the UK reporting lower levels of interpersonal discrimination and higher levels of identity authenticity, connectedness to community, and life satisfaction than Italian and Turkish people, but the latter reporting lower scores on positive LGBT+ identity aspects and life satisfaction and higher scores on interpersonal discrimination than people living in the UK and Italy. We also hypothesised that the two positive dimensions of LGBT+ identity (i.e., identity authenticity and connectedness to the community) would mediate the relationship between interpersonal discrimination and life satisfaction. Possible differences between countries were considered for this objective but without specific hypotheses.

Methods

Participants and Procedures

The present study used a cross-sectional online survey to collect data via the Unipark software and paper questionnaires. The survey was distributed through Italian and UK social network pages and groups between January and November 2023. Stakeholders (for the UK and Italy) and representatives of LGBT+ organizations (for the UK, Italy, and Turkey) were contacted directly and asked to share the survey with their networks, activating a snowball sampling procedure. Participation was voluntary and anonymous. The inclusion criteria were: (a) self-identifying as LGBT+; (b) being 18 years or older; and (c) having lived in Italy, the UK, or Turkey. Informed consent was required on the first page of the survey, where information about the research project was presented. The study was designed following the

Declaration of Helsinki and approved by the Ethical Committee of the Sapienza University of Rome.

The participants were 723 LGBT+ people. According to the nationality: 42% of participants were from the UK, 34% from Italy, and 24% from Turkey. The ages ranged from 18 to 60 years (M = 33.83, SD = 11.55). In terms of gender identity, 51.3% of participants identified as cisgender women, 40.8% as cisgender men, and 7.9% as gender-diverse people (transgender and nonbinary people). Regarding sexual orientation, participants self-identified as gay or lesbian (59.7%) and bisexual (40.3%) people. The three samples showed significant differences in age, gender identity, sexual orientation, and socio-economic status (see Table 1). Specifically, the Italian sample reported a higher mean age compared to both the UK and Turkish samples. UK participants had a significantly higher socio-economic status (SES) relative to both the Italian and Turkish samples. The proportion of bisexual individuals was notably greater in both the UK and Turkish samples compared to the Italian sample. Conversely, gay and lesbian participants were predominantly represented in the Italian sample as opposed to the UK and Turkish samples. The Italian survey saw fewer non-binary gender participants, while across countries, minimal variations were observed in the distribution between cisgender men and women. The raw data supporting the conclusions of this article will be made available by the authors, without undue reservation.

Measures

Socio-Demographic Characteristics. We collected the following sociodemographic variables: gender identity (cisgender men, cisgender women, and gender-diverse people), sexual orientation (gay/lesbian or bisexual), age, and socio-economic status (a 5-point scale ranging from 1 = extremely low and 5 = extremely high).

Interpersonal Discrimination. We used the subscale of the Interpersonal Discrimination of the Daily Heterosexist Experiences Questionnaire (Balsam et al., 2013).

This subscale comprises six items, ranging from 0 (this did not bother me at all) to 4 (this bothered me extremely), designed to capture discriminatory experiences as an LGBT+ person. Each item is also dichotomized (0 = did not happen; 1 = happened), with higher scores indicating a higher frequency of discrimination (α = 0.88).

LGBT+ positive identity. Two subscales of five items from the Multifactor Lesbian, Gay, Bisexual, and Transgender Positive Identity Measure (LGBT-PIM; Baiocco et al., 2018; Riggle et al., 2014) were used to assess *Identity Authenticity* (e.g., "I embrace my LGBT+ identity"), and *Connectedness to LGBT+ Community* (e.g., "I feel included in the LGBT+ community"). Respondents rated each item on a 7-point scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). An average score was calculated for each subscale, where a higher score indicated a greater level of authenticity and community. In the current sample, Cronbach's α for the subscales were 0.89 and 0.82 for authenticity and community, respectively.

Life Satisfaction. The Satisfaction with Life Scale (Diener et al., 1985) comprises five items (from 1 = strongly disagree to 7 =strongly agree) used to measure one's global satisfaction with life. An example item is: "If could live my life over, I would change almost nothing"). An average score was calculated, where a higher score indicated greater life satisfaction (α = 0.72).

Statistical Analyses

Pearson's correlation analyses were utilized to examine the associations among key variables, including interpersonal discrimination, identity authenticity, connectedness to the LGBT+ community, and life satisfaction grouped by participants' nationality countries (i.e., Italy, Turkey, or the UK). Subsequently, analysis of variance (ANOVA) was applied to explore mean differences across the three countries concerning the aforementioned key variables. Hypotheses were assessed using multigroup mediation models implemented

through path analysis with bias-corrected 95% confidence intervals (CI) generated from 5000 bootstrap samples (Hayes, 2009), using Mplus version 8 (Muthén et al., 2016). This methodology allowed for a comprehensive examination of the direct and indirect effects of the hypothesized mediational processes.

Model fit was considered acceptable if the comparative fit index (CFI) was greater than or equal to .95, the root-mean-square error of approximation (RMSEA) was below or equal to .08, and the standardized root-mean-square residual (SRMR) was less than or equal to .08 (Kline, 2011). Using nationality as the grouping variable, the models investigated identity authenticity and connectedness to the LGBT+ community as mediators between interpersonal discrimination and life satisfaction. The model was adjusted for covariates (i.e., gender identity, sexual orientation, age, education, and SES) to discern the unique contribution of interpersonal discrimination to the mediators and the outcome.

A fully unconstrained model was initially tested, followed by a model in which all paths of interest were constrained to equality across groups. Partial equivalence was assessed sequentially using modification indices (MI) to determine which parameters should be successively freed (Yoon & Millsap, 2007). To test comparisons in model fit, chi-square difference tests were used.

Results

Descriptive Statistics and Bivariate Correlations

Table 2 presents correlations categorized by nationality. Across all three countries, life satisfaction exhibited a positive correlation with identity authenticity and a negative correlation with interpersonal discrimination. Notably, the correlation between connectedness to the LGBT+ community and life satisfaction was statistically significant only in Italy and the UK. In all countries, identity authenticity displayed a positive correlation with connectedness to the LGBT+ community. In Italy and the UK, identity authenticity is

negatively correlated with interpersonal discrimination. Additionally, the correlation between connectedness to the LGB+ community and interpersonal discrimination was negative in Italy and the UK but positive in Turkey.

Country-Based Differences

ANOVA analyses (Table 3) showed statistically significant differences for life satisfaction, F (2,720) = 13.87, $p < .001$, identity authenticity, F (2,720) = 21.53, $p < .001$, connectedness to the LGBT+ community, F (2,720) = 7.53, $p < .001$, and interpersonal discrimination, F (2,720) = 98.65, $p < .001$. Bonferroni comparisons (Table 3) revealed that Turkish participants reported significantly lower life satisfaction levels than their Italian and UK counterparts. Identity authenticity was significantly higher among Italian participants than among UK and Turkish participants. Connectedness to the LGBT+ community was significantly lower among UK participants than Italian and Turkish participants. Lastly, Turkish participants reported the highest levels of interpersonal discrimination compared to Italian and UK participants.

Mediation Model

The unconstrained model in which the regression paths were free to vary across countries achieved good model fit where non-significant covariates were trimmed, χ^2 (36) = 37.57, $p = .397$, CFI = .998, SRMR = .046, RMSEA = .013. A model enforcing equivalence of regression paths across countries was evaluated for subsequent multiple-group comparisons. This constrained model showed poor fit indices, χ^2 (46) = 126.89, $p < .001$, CFI = .888, SRMR = .108, RMSEA = .085, and was a significantly worse fit than the free-to-vary model, $\Delta\chi^2$ (10) = 89.362, $p < .001$. To address partial nonequivalence, modification indices were examined until either the new model was not significantly different from the unconstrained model or the remaining indices fell below the threshold of 3.84 (Whittaker, 2012), denoting non-critical improvement possibilities. Examination of modification indices

in the constrained-to-equivalence model revealed that five regression paths could be freed to enhance fit significantly. The finalised model displayed satisfactory fit indices: χ^2 (41) = 43.78, p = .354, CFI = .996, SRMR = .048, RMSEA = .017, and no significant difference in fit was observed between this model and the free-to-vary model, $\Delta\chi^2$ (5) = 6.21, p = .286. Standardised regression coefficients for the ultimate model are presented in Figure 1.

The associations of interpersonal discrimination with identity authenticity and connectedness to the LGBT+ community showed cross-country variations. Notably, the association between interpersonal discrimination and identity authenticity was stronger in Italy than in the UK but non-significant in Turkey. Additionally, interpersonal discrimination showed a negative association with connectedness to the LGBT+ community in Italy and the UK, with Italy exhibiting the strongest effect. Conversely, this association was positive in Turkey. Irrespective of the country, life satisfaction showed a negative association with interpersonal discrimination and positive associations with identity authenticity and connectedness to the LGBT+ community. Regression coefficients were largely equivalent across countries, except for the association between identity authenticity and life satisfaction, which was significantly stronger in the UK.

Significant negative indirect associations via identity authenticity were discerned in Italy, β = -.08, 95% CI = [-.14, -.02], and the UK, β = -.05, 95% CI = [-.10, -.01], but not in Turkey, β = .01, 95% CI = [-.01, .02]. The proportion of the total association between interpersonal discrimination and life satisfaction mediated by identity authenticity was 22% in Italy and 19% in the UK. The indirect association via connectedness to the LGBT+ community was negative in Italy, β = -.03, 95% CI = (-.06, -.01), and positive in Turkey, β = .02, 95% *CI* = (.01, .03), but not significant in the UK, β = -.01, 95% CI = (-.03, .01). The proportion of the total association between interpersonal discrimination and life satisfaction mediated by connectedness to the LGBT+ community was 9% in Italy and 7% in Turkey.

Discussion

The current study explored potential differences between LGBT+ people in the UK, Italy, and Turkey regarding interpersonal discrimination, identity authenticity, connectedness to community, and life satisfaction. Correlational analyses shed light on the relationships between key variables across nationalities. First, identity authenticity positively correlated with life satisfaction aligning with prior research that indicates when LGBT+ individuals feel at ease and genuine in expressing their identity, they tend to experience elevated levels of overall satisfaction with their lives (Riggle et al., 2017). Conversely, the negative correlation between interpersonal discrimination and life satisfaction suggests that experiencing discrimination or prejudice significantly diminishes LGBT+ individuals' sense of well-being and contentment. Interestingly, the significance of the correlation between connectedness to the LGBT+ community and life satisfaction varied and was only statistically significant in Italy and the UK. In addition, identity authenticity positively correlated with connectedness to the LGBT+ community in all countries.

Remarkably, there were cultural nuances in the correlations, with the relationship between connectedness to the LGBT+ community and interpersonal discrimination being negative in Italy and the UK but positive in Turkey. This finding seems to suggest that Turkish participants are more likely to view connectedness to the LGBT+ community and the increased visibility as a sexual minority person as a potential risk factor for discrimination and victimization. In contrast, for the Italian and UK participants, connectedness to the LGBT+ community may be a protective factor against interpersonal discrimination. This data can be interpreted using the construct of structural stigma, which refers to the impact of structural public factors (laws, public policies, and public attitudes) on the well-being of sexual and gender minorities (White et al., 2020). Considering that Turkey currently has higher levels of structural stigma than Italy and the UK (Ince Yenilmez, 2021), it is

understandable that Turkish participants are likely to perceive that structural stigma cannot be addressed with a community-based strategy.

Mean comparisons across countries on the study variables provide further valuable insights into the intersection of the national context and the well-being of LGBT+ individuals. Turkish participants reported lower life satisfaction and higher levels of interpersonal discrimination than their Italian and UK counterparts, Italian participants showed higher identity authenticity, and UK participants reported lower connectedness to the LGBT+ community.

The mediation analyses revealed further cross-national differences in the relationships between interpersonal discrimination, identity authenticity, and connectedness to the LGBT+ community. In particular, there was a stronger negative relationship between interpersonal discrimination and identity authenticity in Italy than in the UK, and this relationship was not significant in Turkey. The findings of the Italian and UK samples are consistent with the scientific literature (Huang & Chan, 2022), which demonstrates how experiences of discrimination and victimization can negatively impact individual identity dimensions, leading LGBT+ individuals to conceal or falsify their identity, ultimately negatively impacting their quality of life. Notably, this pathway showed statistical significance in the sample experiencing lower levels of structural stigma (i.e., Italy and the UK) but was not statistically significant in the sample experiencing higher levels of institutional stigma (i.e., Turkey).

Conversely, we found that in Italy, there was a negative indirect association via connectedness to the LGBT+ community, suggesting that individuals who experience interpersonal discrimination may have lower life satisfaction when they are connected to the LGBT+ community. It is noteworthy that in Turkey, the indirect association between interpersonal discrimination and life satisfaction, mediated by connections within the LGBT+

community, was also significant but unexpectedly positive. This suggests that within this specific cultural and societal context, support networks and solidarity within the LGBT+ community may serve as sources of resilience and empowerment for individuals facing discrimination. It is worth noting that the indirect association was not statistically significant in the UK. Data are in line with a significant trend in the scientific literature (Meyer, 2015), which considers connection to the LGBT+ community as a protective factor against minority stress experienced by sexual and gender minority people (Mezza et al., 2024; Vosvick & Stem, 2019), which ultimately negatively impacts their quality of life.

This study has significant limitations that should be considered when interpreting the results obtained. Firstly, it was a cross-sectional study, which does not allow any conclusions to be drawn about the temporality and causality between the variables. Secondly, the sample was unbalanced in terms of the size of each country and was not representative of each country. Thirdly, due to the relatively small sample size, it was impossible to analyse each identity category's specific experiences. We did not separate measures of sexual orientation and gender identity. For instance, the LGBT+ positive identity scale did not distinguish between the different sexual and gender identity categories. Further research should use inclusive instruments that distinguish different community categories, such as lesbian community, gay community, bisexual community, and transgender community. Despite these limitations, the results of this study shed light on an aspect that is highly relevant in the scientific literature but still relatively unexplored in its fundamental dynamics — namely, the reasons why LGBT+ tend to develop certain protective and resilience factors over others.

Meyer (2015) has shown that resilience factors in the LGBT+ population can be broadly categorized as either individual or community-based and has highlighted how these factors contribute to improving the quality of life of these individuals. Our mediation model illustrates how the likelihood of opting for an individual or community-based resilience

strategy is primarily influenced by the impact of structural stigma in a given cultural context. Individuals who identify as LGBT+ and experience low or moderate levels of structural stigma (e.g., Italy and the UK) tend to favour individual-based resilience strategies that focus on authenticity and self-disclosure. In contrast, LGBT+ individuals who experience discrimination in a context with high levels of institutional stigma (e.g., Turkey) tend to prefer community-based resilience strategies that rely on connecting with the community.

Our findings have significant social and political implications. It is evident that in cultural contexts with high structural stigma, such as Turkey, LGBT+ activism associations that foster a sense of community and belonging are essential for improving the quality of life and psychological well-being of these people. However, due to structural stigma, governments and institutions in these countries generally discourage the activity and presence of such associations in their social and territorial environments. Therefore, it is of utmost importance that supranational institutions such as the European Union develop strategies to protect and promote all political and social processes that support the presence and activities of LGBT+ communities in these countries. European Union would prevent local governments and parliaments from outlawing or opposing forms of institutional and political activism that help to create a sense of belonging and community among LGBT+ people and thus improve their quality of life.

This study provides valuable insights into the differences and similarities between the experiences of LGBT+ people in the UK, Italy, and Turkey. As well as revealing universal trends in interpersonal discrimination, identity authenticity, connectedness to the community, and life satisfaction, it also highlights the importance of national context in influencing coping strategies. Cultural nuances in the relationships between these dimensions highlight the need to consider the impact of structural stigma on LGBT+ well-being carefully. The social and policy implications that emerge from the study highlight the importance of

addressing structural stigma in cultures with higher levels of discrimination and emphasize the need for targeted interventions and supportive policies at the supranational level to improve the quality of life of LGBT+ individuals.

References

Baiocco, R., Salvati, M., Carone, N., Ioverno, S., Nappa, M. R., & Pistella, J. (2018). Positive identity in sexual minorities: A contribution to the Italian validation of the Lesbian, Gay, and Bisexual Positive Identity Measure (LGB-PIM). *Giornale Italiano di Psicologia*, *45*(4), 953–976. https://doi.org/10.1421/93010

Baiocco, R., Pezzella, A., Pistella, J., Kouta, C., Rousou, E., Rocamora-Perez, P., ... & Papadopoulos, I. (2021). LGBT+ training needs for health and social care professionals: A cross-cultural comparison among seven European countries. *Sexuality Research and Social Policy, 19*, 22-36. https://doi.org/10.1007/s13178-020-00521-2

Baiocco, R., Pistella, J., & Morelli, M. (2020). Coming out to parents in lesbian and bisexual women: The role of internalized sexual stigma and positive LB identity. *Frontiers in Psychology, 11,* 609885. https://doi.org/10.3389/fpsyg.2020.609885

Baiocco, R., Rosati, F., Zagaria, A. E., & Pistella, J. (2023a). Telling my life: Narratives of coming out in LGB people between certainty/uncertainty and revelation/concealment. *Journal of Gay & Lesbian Mental Health*, *27*(4), 458-482. https://doi.org/10.1080/19359705.2022.2072035

Baiocco, R., Scandurra, C., Rosati, F., Pistella, J., Ioverno, S., Bochicchio, V., Wang, H.-C., & Chang, T.-S. (2023b). Minority stress, resilience, and health in Italian and Taiwanese LGB+ people: A cross-cultural comparison. *Current Psychology*, *42*, 104–115. https://doi.org/10.1007/s12144-021-01387-2

Balsam, K. F., Beadnell, B., & Molina, Y. (2013). The Daily Heterosexist Experiences Questionnaire: Measuring minority stress among lesbian, gay, bisexual, and transgender adults. *Measurement and Evaluation in Counseling and Development*, *46*(1), 3–25. https://doi.org/10.1177/0748175612449743

Bränström, R., & Pachankis, J. E. (2021). Country-level structural stigma, identity concealment, and day-to-day discrimination as determinants of transgender people's life satisfaction. *Social Psychiatry and Psychiatric Epidemiology*, *56*(9), 1537–1545. https://doi.org/10.1007/s00127-021-02036-6

Bruce, D., Harper, G. W., & Bauermeister, J. A. (2015). Minority stress, positive identity development, and depressive symptoms: Implications for resilience among sexual minority male youth. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 287–296. https://doi.org/10.1037/sgd0000128

Carbone, A., Pistella, J., Gennaro, A., Petrocchi, C., & Baiocco, R. (2023). Parental experiences of coming out: From "Un-doing Family Bonds" to "Family Generativity". *Journal of Homosexuality*, *70*(10), 2135-2157. https://doi.org/10.1080/00918369.2022.2048334

Christie, C. (2021). What is hidden can still hurt: Concealable stigma, psychological well-being, and social support among LGB college students. *Sexuality Research & Social Policy*, *18*(3), 693–701. https://doi.org/10.1007/s13178-020-00492-4

Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, *49*(1), 71–75. https://doi.org/10.1207/s15327752jpa4901_13

Douglass, R. P., & Conlin, S. E. (2022). Minority stress among LGB people: Investigating relations among distal and proximal stressors. *Current Psychology*, *41*(6), 3730–3740. https://doi.org/10.1007/s12144-020-00885-z

Duckworth, A. L., Steen, T. A., & Seligman, M. E. (2005). Positive psychology in clinical practice. *Annual Review of Clinical Psychology*, *1*, 629–651. https://doi.org/10.1146/annurev.clinpsy.1.102803.144154

Frost, D. M., Meyer, I. H., Lin, A., Wilson, B. D. M., Lightfoot, M., Russell, S. T., & Hammack, P. L. (2022). Social change and the health of sexual minority individuals: Do the effects of minority stress and community connectedness vary by age cohort? *Archives of Sexual Behavior*, *51*(4), 2299–2316. https://doi.org/10.1007/s10508-022-02288-6

Göçmen, İ., & Yılmaz, V. (2017). Exploring perceived discrimination among LGBT individuals in Turkey in education, employment, and health care: Results of an online survey. *Journal of Homosexuality, 64*(8), 1052-1068. https://doi.org/10.1080/00918369.2016.1236598

Gonzales, G., Przedworski, J., & Henning-Smith, C. (2016). Comparison of health and health risk factors between lesbian, gay, and bisexual adults and heterosexual adults in the United States: Results From the National Health Interview Survey. *JAMA Internal Medicine*, *176*(9), 1344–1351. https://doi.org/10.1001/jamainternmed.2016.3432

Gunbegi, M., Uygul, E. S., Turla, A., & Aydin, B. (2022). Experiences of LGBTI+ individuals in accessing right to health; a survey study from Turkey. *African Health Sciences, 4*(4), 325-333. https://doi.org/10.4314/ahs.v22i4.38

Hatzenbuehler M. L. (2009). How does sexual minority stigma "get under the skin"? A psychological mediation framework. *Psychological Bulletin*, *135*(5), 707–730. https://doi.org/10.1037/a0016441

Hatzenbuehler, M. L. (2014). Structural stigma and the health of lesbian, gay, and bisexual populations. *Current Directions in Psychological Science*, *23*(2), 127–132. https://doi.org/10.1177/0963721414523775

Hayes, A. F. (2009). Beyond Baron and Kenny: Statistical mediation analysis in the new millennium. *Communication monographs, 76*(4), 408-420.

Horne, S. G., Puckett, J. A., Apter, R., & Levitt, H. M. (2014). Positive psychology and LGBTQ populations. In J. Teramoto Pedrotti & L. M. Edwards (Eds.), *Perspectives on the intersection of multiculturalism and positive psychology* (pp. 189–202). Springer Science + Business Media. https://doi.org/10.1007/978-94-017-8654-6_13

Huang, Y.-T., & Chan, R. C. H. (2022). Effects of sexual orientation concealment on well-being among sexual minorities: How and when does concealment hurt? *Journal of Counseling Psychology, 69*(5), 630–641. https://doi.org/10.1037/cou0000623

ILGA Europe (2023). *Rainbow Europe Map and Index 2023*. Retrieved from https://www.ilga-europe.org/report/rainbow-europe-2023/

Ince Yenilmez, M. (2021). LGBTQIs in Turkey: The challenges and resilience of this marginalized group. *Sexuality Research and Social Policy*, *18*(2), 440-449. https://doi.org/10.1007/s13178-020-00471-9

Kiekens, W., la Roi, C., Bos, H. M. W., Kretschmer, T., van Bergen, D. D., & Veenstra, R. (2020). Explaining Health Disparities between Heterosexual and LGB Adolescents by Integrating the Minority Stress and Psychological Mediation Frameworks: Findings from the TRAILS Study. *Journal of Youth and Adolescence*, *49*(9), 1767–1782. https://doi.org/10.1007/s10964-020-01206-0

Kline, R. B. (2011). *Principles and practice of structural equation modeling (3rd ed.).* New York, NY: Guilford

Lattanner, M. R., Pachankis, J. E., & Hatzenbuehler, M. L. (2022). Mechanisms linking distal minority stress and depressive symptoms in a longitudinal, population-based study of gay and bisexual men: A test and extension of the psychological mediation framework. *Journal of Consulting and Clinical Psychology*, *90*(8), 638–646. https://doi.org/10.1037/ccp0000749

Levitt, H. M., & Ippolito, M. R. (2014). Being transgender: Navigating minority stressors and developing authentic self-presentation. *Psychology of Women Quarterly*, *38*(1), 46–64. https://doi.org/10.1177/0361684313501644

Levitt, H. M., Kehoe, K. A., & Hand, A. B. (2023). Beyond minority stress: Toward a multidimensional psychology of trans/nonbinary gender. *Current Opinion in Psychology*, *49*, 101515. https://doi.org/10.1016/j.copsyc.2022.101515

Lingiardi, V., Nardelli, N., Ioverno, S., Falanga, S., Di Chiacchio, C., Tanzilli, A., & Baiocco, R. (2016). Homonegativity in Italy: Cultural issues, personality characteristics, and demographic correlates with negative attitudes toward lesbians and gay men. *Sexuality Research & Social Policy*, *13*(2), 95–108. https://doi.org/10.1007/s13178-015-0197-6

Meyer I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, I. H. (2014). Minority stress and positive psychology: Convergences and divergences to understanding LGBT health. *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 348–349. https://doi.org/10.1037/sgd0000070

Meyer, I. H. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*(3), 209–213. https://doi.org/10.1037/sgd0000132

Mezza, F., Mezzalira, S., Pizzo, R., Maldonato, N. M., Bochicchio, V., & Scandurra, C. (2023). Minority stress and mental health in European transgender and gender diverse people: A systematic review of quantitative studies. *Clinical Psychology Review*, 102358. https://doi.org/10.1016/j.cpr.2023.102358

Muthén, B. O., Muthén, L. K., & Asparouhov, T. (2016). *Regression and mediation analysis using Mplus*. Los Angeles, CA: Muthén & Muthén.

Petrocchi, N., Pistella, J., Salvati, M., Carone, N., Laghi, F., & Baiocco, R. (2020). I embrace my LGB identity: Self-reassurance, social safeness, and the distinctive relevance of authenticity to well-being in Italian lesbians, gay men, and bisexual people. *Sexuality Research & Social Policy*, *17*(1), 75–86. https://doi.org/10.1007/s13178-018-0373-6

Pistella, J., Ioverno, S., & Russell, S. T. (2019). The role of peer victimization, sexual identity, and gender on unhealthy weight control behaviors in a representative sample of Texas youth. *International Journal of Eating Disorders, 52*(5), 597–601. https://doi.org/10.1002/eat.23055

Pistella, J., Rosati, F., & Baiocco, R. (2023). Feeling safe and content: Relationship to internalized sexual stigma, self-awareness, and identity uncertainty in Italian lesbian and bisexual women. *Journal of Lesbian Studies, 27*(1), 41-59. https://doi.org/10.1080/10894160.2022.2087344

Prescott, A., Alcala, M., & Nakamura, N. (2021). Structural stigma and LGBTQ PoC health. In J. J. Garcia (Ed.), *Heart, brain and mental health disparities for LGBTQ people of color* (pp. 149-160). Cham: Springer International Publishing.

Puckett, J. A., Levitt, H. M., Horne, S. G., & Hayes-Skelton, S. A. (2015). Internalized heterosexism and psychological distress: The mediating roles of self-criticism and community connectedness. *Psychology of Sexual Orientation and Gender Diversity*, *2*(4), 426–435. https://doi.org/10.1037/sgd0000123

Riggle, E. D., Mohr, J. J., Rostosky, S. S., Fingerhut, A. W., & Balsam, K. F. (2014). A multifactor lesbian, gay, and bisexual positive identity measure (LGB-PIM). *Psychology of Sexual Orientation and Gender Diversity, 1*(4), 398–411. https://doi.org/10.1037/sgd0000057.

Riggle, E. D. B., Rostosky, S. S., Black, W. W., & Rosenkrantz, D. E. (2017). Outness, concealment, and authenticity: Associations with LGB individuals' psychological distress and well-being. *Psychology of Sexual Orientation and Gender Diversity*, *4*(1), 54–62. https://doi.org/10.1037/sgd0000202

Riggle, E. D. B., Whitman, J. S., Olson, A., Rostosky, S. S., & Strong, S. (2008). The positive aspects of being a lesbian or gay man. *Professional Psychology: Research and Practice*, *39*(2), 210–217. https://doi.org/10.1037/0735-7028.39.2.210

Rosati, F., Pistella, J., Giovanardi, G., & Baiocco, R. (2021). Queer generativity in lesbian, gay, and bisexual older adults: Personal, relational, and political/social behaviours. *Journal of Community & Applied Social Psychology*, *31*(6), 673-689. https://doi.org/10.1002/casp.2529

Rostosky, S. S., Cardom, R. D., Hammer, J. H., & Riggle, E. D. B. (2018). LGB positive identity and psychological well-being. *Psychology of Sexual Orientation and Gender Diversity*, *5*(4), 482–489. https://doi.org/10.1037/sgd0000298

Rucco, D., Anzani, A., Scandurra, C., Pennasilico, A., & Prunas, A. (2023). Structural stigma and bisexual+ people: Effects of the rejection of the Zan Bill in Italy on minority stress and mental health. *Journal of Bisexuality*, *23*(1), 27–49. https://doi.org/10.1080/15299716.2022.2119629

Scandurra, C., Esposito, C., Fantacci, F., Borrello, L., Bochicchio, V., Giunti, D., & Antonelli, P. (2023). Social support, identity affirmation, and psychological well-being: A developmental and intersectional comparison between Italian cisgender and non-binary people with bisexual orientation. *International Journal of Environmental Research and Public Health*, *20*(4), 3237. https://doi.org/10.3390/ijerph20043237

Scandurra, C., Monaco, S., Dolce, P., & Nothdurfter, U. (2021). Heteronormativity in Italy: Psychometric characteristics of the Italian version of the Heteronormative Attitudes

and Beliefs Scale. *Sexuality Research & Social Policy*, *18*(3), 637–652. https://doi.org/10.1007/s13178-020-00487-1

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist*, *55*(1), 5–14. https://doi.org/10.1037/0003-066X.55.1.5

Strutz, K. L., Herring, A. H., & Halpern, C. T. (2015). Health disparities among young adult sexual minorities in the U.S. *American Journal of Preventive Medicine*, *48*(1), 76–88. https://doi.org/10.1016/j.amepre.2014.07.038

Toomey, R. B., Ryan, C., Diaz, R. M., & Russell, S. T. (2018). Coping With Sexual Orientation-Related Minority Stress. *Journal of Homosexuality*, 65(4), 484–500. https://doi.org/10.1080/00918369.2017.1321888

Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard Educational Review*, *79*(3), 409–427. https://doi.org/10.17763/haer.79.3.n0016675661t3n15

Vaughan, M. D., & Rodriguez, E. M. (2014). LGBT strengths: Incorporating positive psychology into theory, research, training, and practice. *Psychology of Sexual Orientation and Gender Diversity*, *1*(4), 325–334. https://doi.org/10.1037/sgd0000053

Vosvick, M., & Stem, W. (2019). Psychological quality of life in a lesbian, gay, bisexual, transgender sample: Correlates of stress, mindful acceptance, and self-esteem. *Psychology of Sexual Orientation and Gender Diversity, 6*(1), 34–41. https://doi.org/10.1037/sgd0000303

Walch, S. E., Ngamake, S. T., Bovornusvakool, W., & Walker, S. V. (2016). Discrimination, internalized homophobia, and concealment in sexual minority physical and mental health. *Psychology of Sexual Orientation and Gender Diversity*, *3*(1), 37–48. https://doi.org/10.1037/sgd0000146

White, J., Sepúlveda, M. J., Patterson, C. J., National Academies of Sciences, Engineering, and Medicine, & Committee on Population. (2020). Public Policy and Structural

Stigma. In *Understanding the Well-Being of LGBTQI+ Populations*. National Academies Press (US).

Wilchek-Aviad, Y., & Oren, L. (2022). Linking minority stress to substance abuse in LGB adults: the mediating effect of sexual harassment. *Current Psychology*. Advance Online Publication. https://doi.org/10.1007/s12144-022-03636-4

Yip, C. C. H., & Chan, K. K. S. (2022). Stigma resistance among sexual minorities. *Sexuality Research and Social Policy*, *19*, 647–655. https://doi.org/10.1007/s13178-021-00580-z

Yoon, M., & Millsap, R. E. (2007). Detecting violations of factorial invariance using data-based specification searches: A Monte Carlo study. *Structural Equation Modeling, 14,* 435–463. https://doi.org/10.1080/10705510701301677

Table 1. Descriptive characteristics of the sample

	Italy	Turkey	UK		
	M (SD)/*N(%)*	*M* (SD)/*N(%)*	*M* (SD)/*N(%)*	F/χ^2	*p*
Age	39.58 (13.33)	29.41 (6.82)	31.68 (10.26)	55.37	<.001
Gender identity				32.22	<.001
Cisgender woman	120 (49.0%)	84 (49.41%)	167 (54.2%)		
Cisgender man	123 (50.2%)	69 (40.59%)	103 (33.4%)		
Gender-diverse people	2 (0.8%)	17 (10.0%)	38 (12.3%)		
Sexual orientation				63.09	<.001
Bisexual people	25 (10.20%)	66 (38.8%)	118 (38.3%)		
Gay/lesbian people	220 (89.80%)	190 (61.2%)	104 (61.7%)		
SES	2.96 (0.56)	2.87 (072)	3.12 (064)	9.97	<.001

Table 2. Bivariate correlations among study variables among Italian, Turkish, and UK participants

	1.	2.	3.	4.
Italy (*N* = 245)				
1. Life satisfaction	1.00			
2. Identity authenticity	.35***	1.00		
3. Connectedness to community	.13*	.37***	1.00	
4. Interpersonal discrimination	-.30***	-.55***	-.29***	1.00
Turkey (*N* = 170)				
1. Life satisfaction	1.00			
2. Identity authenticity	.18*	1.00		
3. Connectedness to community	.10	.75***	1.00	
4. Interpersonal discrimination	-.35***	.07	.24**	1.00
UK (*N* = 308)				
1. Life satisfaction	1.00			
2. Identity authenticity	.46***	1.00		
3. Connectedness to community	.40***	.58***	1.00	
4. Interpersonal discrimination	-.25***	-.15**	-.10*	1.00

Note. ***p <.001. **p <.01. *p <.05

Table 3. Mean comparison of study variables among countries

	Italy	Turkey	UK	ANOVA F test		
	M (SD)	*M (SD)*	*M (SD)*	*F* (2,270)	*p*	ω^2
Life Satisfaction	$3.28\ (0.71)_a$	$2.82\ (1.05)_b$	$3.21\ (0.99)_a$	13.87	<.001	0.19
Identity authenticity	$6.07\ (1.17)_a$	$5.27\ (1.58)_b$	$5.44\ (1.37)_b$	21.53	<.001	0.24
Connectedness to community	$4.52\ (1.59)_a$	$4.72\ (1.74)_a$	$4.14\ (1.62)_b$	7.75	<.001	0.14
Interpersonal discrimination	$0.82(0.74)_a$	$2.09\ (1.40)_b$	$1.01(0.78)_a$	98.65	<.001	0.21

Note. Values followed by different subscripts are significantly different at the $p < .05$ level with Bonferroni corrections.

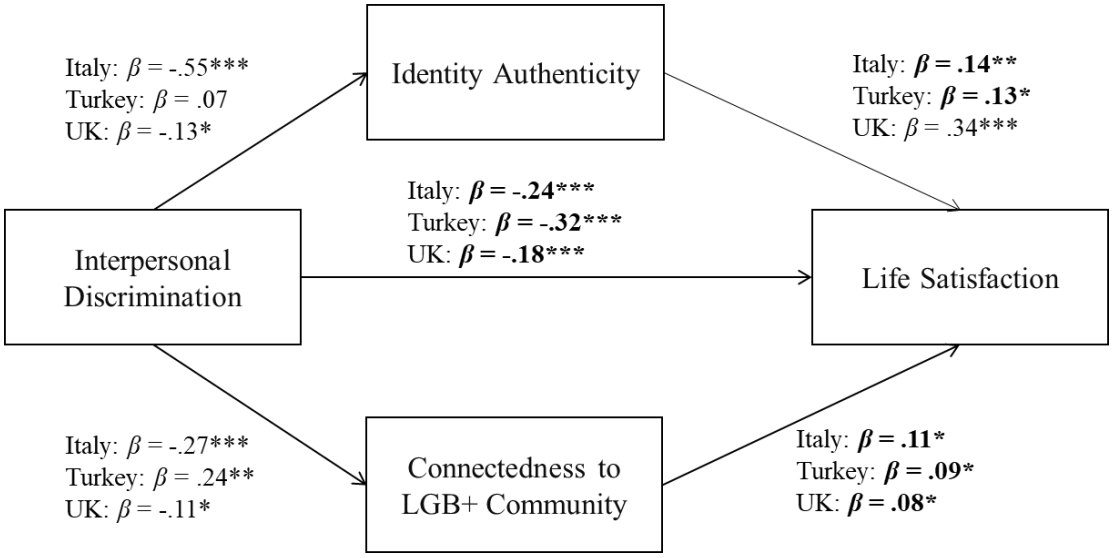

Figure 1. *Simple mediation model based on multi-group analysis.* Standardized regression coefficients are presented. Bolded values represent equivalent coefficients across countries. *p <.05, ** p .01. *** p .001.