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The Association between Social Dominance Orientation, Critical Consciousness, and Gender Minority Stigma

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ABSTRACT

Transgender people are exposed to great amounts of discrimination and violence, but research has yet to fully understand what drives stigma towards this community. In this study, we hypothesized that social dominance orientation would be associated with greater gender minority stigma (i.e., stigmatizing views of transgender people), with this association mediated by higher levels of trait aggression and lower levels of critical consciousness. Data were collected online from 254 cisgender individuals (158 women, 96 men; M age = 30.81 years). Social dominance orientation was associated with higher levels of gender minority stigma. Trait aggression was not a significant mediator of this association. However, there was a significant indirect effect via lowered critical consciousness (\( B = 0.10, \text{SE} = 0.04, 95\% \text{ CI: 0.02, 0.17} \)). Approaches that increase awareness about social hierarchies and systems of privilege will likely prove fruitful in facilitating social change in attitudes towards transgender people.

Gregory Herek’s conceptual framework for understanding the ways that heterosexism is associated with sexual orientation-based stigma has provided a strong foundation for understanding prejudice towards lesbian, gay, and bisexual individuals (or, sexual minorities; Herek, 2004, 2007, 2016; Herek, Gillis, & Cogan, 2009). Like sexual stigma, gender minority stigma (i.e., “stigma directed at non-normative gender identities, experiences, and expressions, as well as gender minority communities;” Herek, 2016, p. 387) is fundamentally rooted in systems that privilege cisgender individuals (people whose gender identity aligns with their assigned birth sex; Winter et al., 2016). Individual acts of prejudiced behavior and violence towards transgender individuals (or, gender minorities; i.e., individuals whose gender identity differs from their assigned birth sex and/or those who transgress binary categories of man/woman) are perpetuated within a broader sociopolitical
context (Herek, 2007), similar to the way individual behavior is understood within ecological frameworks (Bronfenbrenner, 1979). As such, gender minority stigma is maintained within a cultural framework of institutionalized cissexism (Herek, 2007; Serano, 2007).

Situating gender minority stigma

Stemming from the cultural privileging of cisgender experience, there are various manifestations of stigma that have been outlined by Herek and colleagues (Herek et al., 2009), including enacted stigma (i.e., overt acts, such as violence), felt stigma (i.e., awareness of social marginalization and expectations of rejection), and internalized stigma (i.e., when individuals incorporate stigma within their self-concept as a product of social bias). Enacted stigma plagues the lives of many gender minority individuals. Analyses of U.S. data published in 2015 collected from 27,715 transgender participants indicated that 58% had experienced police violence, 31% had experienced mistreatment in public places, and 59% reported avoiding the use of gender-specific public restrooms for fear of being mistreated (James et al., 2016). In addition, transgender individuals with intersecting, marginalized identities (e.g., transgender people of color), experience increased risk for anti-transgender prejudice compared to those from more privileged majority groups (Collins, 2000; James et al., 2016; Lombardi, 2009). These experiences of enacted stigma are associated with negative mental health outcomes, such as hypervigilance, depression, anxiety, and suicidality (Rood et al., 2016; Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Goldblum et al., 2012).

At the broad institutional level in the United States there are many challenges for gender minority individuals. Currently, a mere 21 states and the District of Columbia (DC) have non-discrimination protections that include gender identity in regard to employment and housing, and only 20 states and DC have public accommodation protections (Human Rights Campaign, 2018). In addition, at the state level, only 18 states and DC specify gender identity in their hate crimes legislation (Human Rights Campaign, 2017). Consequently, gender minority individuals living in over half of the nation’s states currently lack access to protective state-wide legislation despite evidence of unequal treatment. The absence of policies protecting gender minority people play a role in heightening the threat of both prejudice and violence and further increases susceptibility to discrimination and violence (Grant et al., 2011; The Fenway Institute, 2016). In sum, the discriminatory, marginalizing, and violent actions that reflect gender minority stigma are rooted in these macrosystems privileging cisgender people (Herek et al., 2009; Westbrook & Schilt, 2014).
Social dominance orientation and stigma

In order to examine the underlying causes of gender minority stigma, we sought to understand how this bias may manifest in relation to a person’s overall views of social hierarchies using the concept of social dominance orientation (SDO). SDO represents a preference for hierarchical power structures in society (Ho et al., 2015; Sidanius & Pratto, 1993, 1999). SDO has been associated with a variety of prejudices, including those based on race, sex, and sexual orientation (Ekehammar, Akrami, Gylje, & Zakrisson, 2004; Goodman & Moradi, 2008; Pratto, Sidanius, Stallworth, & Malle, 1994). Moreover, research has shown that individuals with high SDO also display behavioral prejudice, including more rejecting behaviors and less affirming behaviors towards lesbians and gay men (Goodman & Moradi, 2008).

Conceptually, we believed that SDO would be associated with gender minority stigma due to the devaluation of marginalized groups that forms the basis of this construct. SDO represents an endorsement of and preference for social hierarchies and, embedded in this, a belief system that places greater value on the lives of individuals who hold dominant and privileged identities. Given this, in addition to the general devaluation of gender minorities within society and past research documenting that SDO may play a role in the formation of other types of biases (Ekehammar et al., 2004; Goodman & Moradi, 2008; Pratto, Sidanius, Stallworth, & Malle, 1994), we believed that SDO may similarly be important to understanding bias towards gender minorities.

Although minimally examined, available research does suggest that gender minority stigma may be related to SDO (Makwana et al., 2017; Tebbe & Moradi, 2012; Tebbe, Moradi, & Ege, 2014). In addition, SDO is related to endorsements of traditional gender roles (Goodman & Moradi, 2008; Whitley & Aegisdottir, 2000) and scholars have suggested this as a link between prejudice against sexual minorities and prejudice towards gender minorities (Makwana et al., 2017; Tebbe & Moradi, 2012; Tebbe et al., 2014; Whitley & Aegisdottir, 2000). Together this research demonstrates that SDO may be an important factor in understanding views towards gender minorities, but more research is needed to identify how SDO may influence these stigmatizing beliefs.

SDO and critical consciousness

Originally coined by Paulo Freire (1970), critical consciousness represents an awareness of one’s life as embedded within power structures and active engagement in dismantling systems of power and privilege. Although there is conceptual overlap in the constructs of SDO and critical consciousness due to their focus on social hierarchies, SDO represents a preference for upholding hierarchies whereas
critical consciousness involves awareness of power and privilege and active engagement in challenging such systems. Critical consciousness also represents a developmental process through which individuals learn to actively change social environments to disrupt power structures. As such, we believe that having low SDO is likely a base component of building critical consciousness. Given the developmental trajectory of critical consciousness, it is likely that having low SDO precedes building higher levels of critical consciousness. This understanding is supported by other research that has shown SDO to be differentially related to various levels of critical consciousness development. Individuals who have not developed critical consciousness have higher SDO, whereas individuals who have built more critical consciousness have lower SDO (Thomas et al., 2014).

As a core pedagogical requisite of feminist movements, ideology, and political activism, critical consciousness facilitates an understanding of individuals’ sociopolitical views as they relate to the maintenance of power structures (Shin, Ezeofor, Welch, Smith, & Goodrich, 2016). For example, individuals who practice critical consciousness, by acting against racism, classism, sexism, heterosexism, and other biases, and those who practice intersectional feminism rooted in critical identity-based theoretical frameworks, are likely to have lower SDO than individuals who hold greater anti-egalitarian beliefs and who wish to strengthen social hierarchies (Crenshaw, 1991; Ho et al., 2015; Shin et al., 2016). Individuals high in SDO will be less open to beliefs that encourage them to challenge such systems of hierarchy (Ho et al., 2015). Thus, one of our aims was to examine how critical consciousness might mediate the association between SDO and gender minority stigma.

**SDO and trait aggression**

Aggression specifically refers to behaviors that are intended to harm others (Parrott & Giancola, 2007). There are other related constructs that are frequently conflated with aggression, including hostility (a cognitive variable) and anger (an emotional state; Eckhardt, Norlander, & Deffenbacher, 2004). These constructs are distinct from aggression in that they refer to cognitive and emotional experiences, respectively, whereas aggression is a behavioral construct (Parrott & Giancola, 2007). Even so, aggression has also been conceptualized more broadly, as a trait. Trait aggression refers to “individual differences in thoughts (e.g., hostility), emotions (e.g., anger), and behavior (e.g., verbal and physical aggression) that are intended to harm another person” (Webster et al., 2014, p. 121). Trait aggression has been associated with more negative reactions to transgender men and transgender women in public restrooms (Callahan & Zukowski, 2017) and with more negative attitudes towards transgender people for cisgender men (Nagoshi, Adams, Terrell, Hill, Bruzy, & Nagoshi, 2008), especially when assessing perceptions of transgender women (Nagoshi, Cloud, Lindley, Nagoshi, & Lothamer, 2018).
It is likely that having high levels of SDO schematically legitimizes and normalizes aggression. Research has examined aggression in relation to the dominance dimension of SDO, showing that this dimension is associated with more aggression targeting marginalized groups and higher levels of support for violent actions (including practices such as torture; Ho et al., 2015). As such, individuals high in SDO may have higher rates of trait aggression overall and this might explain some of their negative regard for and/or treatment of gender minorities. Although aggression proneness has been found to be related to SDO and with gender minority stigma (Tebbe et al., 2014), trait aggression has not been explored as a mediator of the association between SDO and gender minority stigma. This analysis is particularly important to examine given the high rates of violence directed at transgender people, particularly transgender people of color (James et al., 2016).

Current study
We hypothesized that SDO would be positively associated with gender minority stigma, with this association partially mediated by higher levels of trait aggression and lower levels of critical consciousness. Our assessment of gender minority stigma was developed based on a prior measure of intolerant schemas. We chose to modify this measure because other measures of bias generally include more overt acts, such as violence or rejection, and we wanted to capture stigmatizing views more broadly given how insidious bias and stigma can be.

Method
Participants
We recruited participants online through: Facebook advertising, websites (e.g., Reddit.com), and MTurk on Amazon.com (an online forum for individuals to complete small tasks for reimbursements). Participants were paid $0.30 for completing the study through MTurk, the average level of payment for similar studies at the time of recruitment. Participants recruited using other outlets were not paid for their participation. A total of 360 cisgender participants accessed the survey and completed the consent form. Of these, 89 participants did not complete any of the measures included in these analyses. In addition, 17 participants had incomplete data for the measures (<80% of items). This resulted in a final sample of 254 participants. The final sample included 158 cisgender women and 96 cisgender men with an average age of 30.81 years old (SD = 12.01, median = 27 years old, age range 18–74; 40.6% MTurk recruitment, 59.4% general online recruitment). The majority of the sample identified as heterosexual (79.5%) and as White (67.3%); see Table 1 for more details.
To qualify for the study, participants had to be at least 18 years old, live within the United States, and be cisgender. Participants who did not meet these criteria were dismissed from the survey. Anyone who identified as transgender, genderqueer, or another transgender or gender diverse identity was redirected to a thank you screen and dismissed from the survey. Therefore, the data presented come solely from cisgender participants. The study was approved by the Institutional Review Board at the University of South Dakota. After accessing the survey, participants were immediately
directed to the consent form and asked to provide their consent before accessing any questions in the survey. The survey was administered via PsychData.

**Measures**

**Demographics**
Participants completed a brief set of demographic questions. The items addressed their age, gender, sex assigned at birth, sexual orientation, racial and ethnic identification, education level, and annual income (see Table 1).

**Social dominance orientation**
The 16-item Social Dominance Orientation Scale (Pratto et al., 1994) assessed participants’ preferences for social inequalities and power hierarchies (example item: “Some groups of people are simply inferior to other groups.”). Higher scores indicated stronger preferences for ideologies, policies, and viewpoints that support hierarchies, while lower levels showed weaker support of hierarchical maintenance (Pratto et al., 1994). The original scale’s instructions directed participants to rate whether they had positive or negative feelings about the statements presented. Instead of this, we asked participants to report how much they agreed with each statement (1 = strongly disagree, 7 = strongly agree). A mean score was computed, with higher scores indicating greater levels of SDO. Previous research has found this scale to be reliable (Cronbach’s alpha average = .83), with evidence of discriminant and convergent validity (Pratto et al., 1994). In the present sample, Cronbach’s alpha was .96.

**Gender minority stigma**
A modified version of the Intolerant Schema Measure (Aosved, Long, & Voller, 2009) was used to assess participants’ attitudes towards transgender individuals. The original scale measured views towards a number of groups, such as racial minorities and sexual minorities. The original scale had high levels of internal consistency (Cronbach’s alpha = .93, .94), test re-test reliability, and criterion-related validity (Aosved et al., 2009). In this modified version of the scale, we revised the wording of six items to be specific to transgender individuals. We selected items that theoretically aligned best to prejudice towards transgender people. For example, our revised items included: “Transgender people are getting too demanding in their push for equal rights.” Three additional items were created by the investigators to address unique bias towards transgender people (e.g., an item about medical transition: “I don’t think that health insurance should be used to cover transition-related medical care for transgender people.”). There were nine items total and participants were instructed to indicate how descriptive each
statement was of their beliefs (1 = strongly disagree, 5 = strongly agree). A mean score was computed, with higher scores indicating greater gender minority stigma. In the present sample, Cronbach’s alpha was .91.

**Trait aggression**

The 12-item Aggression Questionnaire-Short Form (BPAQ-SF; Bryant & Smith, 2001) measured several dimensions of trait aggression. This included items measuring proneness to: physical aggression, verbal aggression, anger, and hostility. Items were rated on a scale from 1 (not at all like me) to 5 (very much like me). For example, participants responded to items like, “I get into fights a little more than the average person.” Responses were summed and higher scores indicated higher levels of trait aggression. Previous research has found this measure to be reliable (Cronbach’s alpha = .89), and has found evidence of convergent and discriminant validity (Bryant & Smith, 2001). In the present sample, Cronbach’s alpha was .80.

**Critical consciousness**

The Critical Consciousness Inventory (Thomas et al., 2014) included nine items. Each item included four response options, representing increasing levels of critical consciousness. For instance, participants chose one of the following that best represented their views: “When people tell a joke that makes fun of a social group, (1), I laugh and don’t really think about it; (2) I laugh but also feel uncomfortable; (3) I realize that the joke is based on a stereotype; or (4) I tell people when I feel that their joke was offensive.” This scale has been found to be valid and reliable (Cronbach’s alpha = .87) in prior research (Thomas et al., 2014). Responses ranged from 1 to 4 for each item and these were averaged, with higher scores representing greater critical consciousness. In the present sample, Cronbach’s alpha was .87.

**Statistical analysis**

We analyzed the data using SPSS, version 25. First, we conducted descriptive analyses, followed by correlational analyses to understand the associations of the variables of interest and t tests to examine whether there were gender differences on study variables. Finally, to examine the mediating effects, we conducted regression analyses using the PROCESS macro, version 3 (Hayes, 2013). In PROCESS, we used Model 4 to evaluate a multiple mediation model using a 5000 sample bias corrected bootstrapping procedure to estimate confidence intervals. In this model, the mediating pathways were estimated simultaneously.
Results

Table 1 contains descriptive information for the sample. Correlational analyses (see Table 2) revealed that SDO was positively associated with gender minority stigma ($r = .49$, $p < .001$), as well as trait aggression ($r = .38$, $p < .001$), and negatively associated with critical consciousness ($r = -.67$, $p < .001$). Further, gender minority stigma was positively associated with trait aggression ($r = .26$, $p < .001$) and negatively associated with critical consciousness ($r = -.44$, $p < .001$). Of note, the majority of the correlations were of moderate to large effect sizes (Cohen, 1988). In addition, there were gender differences on all study variables (see Table 3).

In a multiple mediation analysis (see Figure 1), we controlled for gender due to the differences that emerged across the study variables. Although there was a significant positive association between SDO and aggression ($B = 2.11$, $p < .001$), we did not detect a significant indirect effect on gender minority stigma via trait aggression ($B = 0.02$, $SE = 0.02$, 95% CI: $-0.01, 0.06$). There was a significant indirect effect via lowered critical consciousness ($B = 0.10$, $SE = 0.04$, 95% CI: $0.02, 0.17$). SDO was negatively associated with critical consciousness ($B = -0.32$, $p < .001$), with critical consciousness negatively associated with gender minority stigma ($B = -0.30$, $p < .01$). The association between SDO and gender minority stigma remained significant with these mediating paths, providing support for a partially mediating effect of critical consciousness. We also explored whether gender was a significant moderator of these mediating effects in a separate analysis (using Model 8 in PROCESS). Gender did not emerge as a significant moderator of the associations between SDO and the mediators or gender minority stigma.

After finding that critical consciousness was a significant mediator of the association between SDO and gender minority stigma, we reversed the

### Table 2. Correlations of study variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>$M$</th>
<th>$SD$</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Dominance Orientation</td>
<td>2.39</td>
<td>1.34</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>2. Gender Minority Stigma</td>
<td>2.30</td>
<td>1.04</td>
<td>.49*</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>3. Aggression</td>
<td>28.67</td>
<td>8.08</td>
<td>.38*</td>
<td>.26*</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>4. Critical Consciousness</td>
<td>2.92</td>
<td>0.64</td>
<td>-.67*</td>
<td>-.44*</td>
<td>-.25*</td>
<td>–</td>
</tr>
</tbody>
</table>

Note: * $p < .001$.

### Table 3. Gender differences on study variables.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Cisgender Men</th>
<th>Cisgender Women</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Minority Stigma</td>
<td>2.57 (0.98)</td>
<td>2.14 (1.03)</td>
<td>-3.26*</td>
</tr>
<tr>
<td>Social Dominance Orientation</td>
<td>2.68 (1.48)</td>
<td>2.22 (1.22)</td>
<td>-2.64*</td>
</tr>
<tr>
<td>Aggression</td>
<td>30.89 (7.97)</td>
<td>27.33 (7.88)</td>
<td>-3.48*</td>
</tr>
<tr>
<td>Critical Consciousness</td>
<td>2.78 (0.65)</td>
<td>3.01 (0.62)</td>
<td>2.79*</td>
</tr>
</tbody>
</table>

Note: * $p < .01$; values represent the mean value for each group followed by the standard deviation in parentheses.
mediation model to evaluate whether SDO may similarly mediate the association between critical consciousness and gender minority stigma. Because we did not have theoretical support for trait aggression mediating the association between critical consciousness and gender minority stigma, this variable was dropped from the model. In this mediation analysis, we also controlled for gender due to the differences that emerged across the study variables. There was a significant direct association between critical consciousness and gender minority stigma ($B = -0.67$, $p < .001$), which remained significant with the addition of SDO as a mediator ($B = -0.30$, $p < .05$), providing support for a partially mediating effect of SDO. There was a significant indirect effect via SDO ($B = -0.36$, SE = 0.08, 95% CI: $-0.53$, $-0.20$). Critical consciousness was negatively associated with SDO ($B = -1.37$, $p < .001$), with SDO positively associated with gender minority stigma ($B = 0.27$, $p < .01$).

**Discussion**

Adding to emerging literature on SDO (e.g., Tebbe & Moradi, 2012), we found that SDO was significantly associated with gender minority stigma. Moreover, this association was partially mediated by critical consciousness but not trait aggression, only partially supporting our original hypotheses. Further, our results showed that SDO may also serve as a mediator between critical consciousness and gender minority stigma. The association between SDO and gender minority stigma is consistent with the limited research that has found SDO to be correlated with negative attitudes towards transgender individuals (Makwana et al., 2017; Tebbe & Moradi, 2012; Tebbe et al., 2014). Our findings provide further support for continuing to examine SDO and critical consciousness in relation to this form of stigma.
Our findings indicated that two paths may help explain the associations between critical consciousness, SDO, and gender minority stigma. For one, we found that the association between SDO and gender minority stigma was partially explained by low levels of critical consciousness. Critical consciousness represents an understanding of power structures and active engagement in challenging these systems (Freire, 1970). These acts and behaviors are in contrast to those that would be associated with SDO. As such, low levels of SDO are likely a prerequisite to actions that promote greater critical consciousness. Critical consciousness may also play a role in increasing more empathic understandings on the part of dominant group members, which may in turn influence levels of stigma towards minorities, including transgender people. This finding remains in line with previous research suggesting that increased levels of critical consciousness among marginalized individuals helps them overcome societal oppression, rather than internalize it (Diemer, McWhirter, Ozer, & Rapa, 2015).

In the second analysis, we found that SDO was a significant mediator of the association between critical consciousness and gender minority stigma. Given the ways that critical consciousness promotes an understanding of power structures and an individual’s embeddedness within these systems (Freire, 1970; Shin et al., 2016; Thomas et al., 2014), it is equally likely that increasing one’s critical consciousness may in turn decrease their levels of SDO. However, because this study was cross-sectional, we are not able to determine the temporality of such changes. Ultimately, critical consciousness and SDO likely represent intertwined mindsets that allow shifts in one another as individuals either learn to question belief systems that uphold hierarchical structures or learn about the influence of privilege within society.

Similar to other emerging research (Tebbe et al., 2014), trait aggression was associated with SDO and gender minority stigma even though trait aggression did not emerge as a significant mediator. There are a few possible explanations for this lack of a significant mediating effect. For one, we measured trait aggression broadly and did not specifically focus on trait aggression towards transgender people or other related constructs like hostility and anger towards transgender people. In addition, our study assessed trait aggression and findings may have been different had we specifically focused on the behavioral construct of aggression. In addition, although some people hold negative attitudes towards gender minority individuals, fewer people express these negative views through violent or aggressive acts. It may be more likely that individuals express gender minority stigma through subtle and insidious acts, like voting for anti-transgender laws and policies, going out of one’s way to avoid transgender people in public, misgendering transgender people, or perpetuating stereotypes about this group.
**Strengths and limitations**

This work must be viewed in light of its strengths and weaknesses. In terms of strengths, this study examined a mechanism of action that contributes to cisgender individuals’ gender minority stigma, which is likely the basis for a variety of discriminatory behaviors that marginalize gender minority people. Furthermore, we examined both critical consciousness and trait aggression as mediators in our original analysis, adding a more complex analysis than solely examining the direct effects of these variables. Moreover, while previous research has been fairly limited in the diversity of their samples due to primarily relying on samples of college students (e.g., Tee & Hegarty, 2006), our sample was diverse in regards to age, income, and education.

There also were limitations to this study. Importantly, this was a cross-sectional study with a convenience sample and we cannot draw causal conclusions from these findings. Our conclusions should be considered in light of the study design and future longitudinal research with a more representative sample is needed to understand whether SDO, critical consciousness, and aggression temporally precede gender minority stigma. In addition, our sample included 62.2% cisgender women. Prior research suggests that cisgender men are more likely to hold negative beliefs about transgender people in comparison to cisgender women (Hill & Willoughby, 2005; Nagoshi et al., 2008; Walch, Ngamake, Francisco, Stitt, & Shingler, 2012), and that they tend to endorse higher SDO (Pratto et al., 1994), both of which were true in the current sample. Future research would benefit from targeted inclusion of cisgender men. Furthermore, the majority of our sample was White and it is possible that belonging to marginalized racial groups may influence views on social hierarchies or towards other stigmatized individuals and future research would benefit from taking this into account. Our study also did not measure right-wing authoritarianism, which is typically measured in studies of SDO (Pratto et al., 1994). We recommend future research measure this individual difference in order to further understand gender minority stigma. Finally, this study relied on self-report and future research may benefit from exploring experimental designs or utilizing assessments of implicit biases to overcome potential social desirability.

**Implications for intervention and policy**

There are a number of implications based on our findings. For one, these results suggest that gender minority stigma is related to a general endorsement of social hierarchies. Other research has shown that there are interconnections between prejudices towards various groups, such as sexual minority stigma and gender minority stigma (Tebbe & Moradi, 2012; Tebbe et al., 2014), and there may be a unified factor, or a generalized
prejudice, that accounts for different forms of bias (Ekehammar et al., 2004). This highlights the need to recognize that systems of power and privilege cut across various aspects of identity. In line with the theory of intersectionality (Crenshaw, 1991), a fragmented approach to social change that fails to take into account the ways identities interact to shape experience may be less likely to produce substantive positive outcomes for disadvantaged groups. Often times, initiatives and movements may become siloed in their individual causes; however, banding together across areas of privilege and oppression to target social hierarchies and prejudice upheld by SDO, may be a more effective strategy for bringing about broad social change. This type of framework has been long conveyed by many civil rights activists and individuals engaged in racial justice work (e.g., hooks, 2000; Lorde, 1983).

Our findings suggest that at an individual level, reducing gender minority stigma will likely occur through promoting greater critical consciousness. These findings support the arguments made by feminist scholars and activists who encourage an active engagement in social issues as a means to dismantle unequal power hierarchies (e.g., hooks, 2000; Lorde, 1983). For instance, one way to promote critical consciousness is to identify transgender advocacy groups and become an ally to their efforts. That being said, individuals who generally hold more negative beliefs towards transgender people are less likely to engage in such behavior. There may be other individual factors, such as ascribing to right-wing authoritarianism, that may also influence the likelihood of individuals to engage in these acts. This speaks to the need for early intervention and educational initiatives even within school systems wherein students can identify social issues impacting their communities and become empowered agents of social change. This also speaks to the need to advocate for the expansion and maintenance of policies to protect transgender people from the relatively high levels of discrimination and prejudice they continue to endure.

Further, individual prejudices towards gender minorities must be placed within the broader sociopolitical context, similar to the ways we understand bias against sexual minorities as a socially embedded phenomenon (e.g., Herek, 2004, 2007, 2016; Herek et al., 2009). This broader social context establishes, maintains, and normalizes negative attitudes and beliefs about gender minority individuals. Social change efforts are needed that target these broader issues. This might include initiatives that reduce the number of policies and laws that limit the rights of gender minority people, such as those that target public accommodations and restroom access. It remains vital for us to recognize the necessity for structural change while also encouraging individual change.
References


