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Polish adaptation of the *Daily Heterosexist Experiences Questionnaire*

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Summary

Aim. The aim of the conducted research was to prepare the Polish adaptation of *the Daily Heterosexist Experiences Questionnaire* (DHEQ) by Kimberly Balsam et al. (2013) and to verify psychometric characteristics of the Polish adaptation. This original tool manages to address the experiences of prejudice and discrimination affecting LGBT (lesbian, gay, bisexual and transgender) people.

Method. Data from 197 Polish LGBT participants were collected online. Mean age of participants was 31 years ($M = 31.93$; $SD = 8.37$). Nearly 17% ($N = 33$) of participants were transgender, a little over 19% ($N = 38$) described themselves as non-heterosexual women, while the remainder of the sample ($N = 127$; 64%) were self-described as homosexual, bisexual or pansexual men. The questionnaires included the Polish adaptation of the DHEQ and a control tool designed for the needs of this study.

Results. The highest scores were found on factor describing experiences of 'Vicarious trauma', showing that learning about abuse and discrimination of other members of LGBT community is an important stressor for LGBT people. Other important stressors were 'Isolation' and 'Vigilance' describing feelings of loneliness and effort made in order to conceal LGBT identity. Of all the groups, the transgender people were the most exposed to heterosexism.

Conclusions. The Polish adaptation of the DHEQ is characterized by good psychometric properties. The majority of the factors distinguished in the DHEQ are applicable to Polish cultural context.

Key words: heterosexism, LGBT, minority stress

Introduction

The Oxford English Dictionary defines heterosexism as prejudice and discrimination towards non-heterosexual individuals, motivated by the belief that heterosexuality is the only normal and/or natural sexual orientation [1]. It characterizes both the functioning of social structures and the members of society influencing their attitudes and behaviors towards the non-heterosexual people [2]. It may also be internalized, becoming a significant obstacle in attaining self-acceptance and mental well-being for LGBT (lesbian, gay, bisexual, and transgender) people [3, 4]. Despite the social progress that has been made, the LGBT individuals are still subject to different kinds of heterosexism on a daily basis [5, 6]. The analysis of the data obtained from nearly 11,000 lesbians, gays, bisexuals, as well as transgender and asexual individuals living in Poland revealed that the most common form of discrimination on the grounds of sexual and/or gender identities is verbal aggression. Within two years prior to the research 63% of respondents had experienced verbal abuse. Approximately a third part of the participants had been subject to threats (34%), or met with refusal to receive certain service and/or fell victim to an act of vandalism (27%). The least fraction of respondents reported being physically (13%) or sexually (14%) abused because of their sexual and/or gender identity. Of all the groups, the transgender people were the most exposed to abuse, irrespectively of its type. They were also the ones to most frequently meet with rejection by their family and/or friends in case of disclosing their gender identity [7].

The direct experiences of discrimination and rejection (distal stressors) are just few examples of many kinds of heterosexism that afflict LGBT people on a daily basis. As described by Meyer's model [8], the minority stress – which is a unique, chronic and socially based burden that affects LGBT people – includes also more subjective (proximal) phenomena, such as internalized negative beliefs about oneself, anticipation of rejection and discrimination, as well as concealing one's identity. The above mentioned Polish research show that, on average, 25% of homosexual people conceal their sexual identity from members of their families. In the case of bisexual and transgender people the numbers are nearly twice as high [7].

By putting additional strain on LGBT people, the proximal and distal processes of minority stress contribute to increasing discrepancy in health status between LGBT and general populations [4, 8–10]. The former group is more frequently affected by depression and anxiety disorders [11, 12]. LGBT people are also more prone to suicidal ideation [11–13], as well as substance abuse, including alcohol [11, 12]. Similar regularity in regard to the risks of suicide or mood disorders may be observed in transgender people [14, 15]. Coulter and Rankin [16] also showed that in regard to LGBT youth the risks of both using and abusing alcohol are the highest in transgender individuals.

The relationships between health and exposure to minority stress need further investigation, as do their underlying mechanisms. Thus, it is essential to prepare adequate questionnaire tools that are capable of dealing with the phenomenon's complexity. For the Polish language users the choice is rather limited, and it is not unusual for the available options to ignore the broad spectrum of heterosexism in LGBT people's lives, or to describe such experiences solely for a chosen subgroup of the LGBT community.

The aim of the conducted research was to prepare the Polish adaptation of *the Daily Heterosexist Experiences Questionnaire* (DHEQ) by Kimberly Balsam et al. [17]. This original tool manages to address the issue of heterosexism (afflicting LGBT people) in all its complexity thus providing an attractive choice for researchers interested in the issues of discrimination and exclusion based on sexual and gender identities.

Characteristics of the questionnaire

The authors of the questionnaire define heterosexism as social and cultural oppression experienced by LGBT people, manifesting itself in individual experience as the processes of minority stress [8, 17]. In order to grasp the broad spectrum of heterosexism's expressions in LGBT individuals' lives – and as a means to develop the questionnaire –Balsam et al. [17] conducted a series of focus discussions and interviews with members of LGBT community. As a result it was possible to identify key stressors associated with various domains of functioning of LGBT people, which were then used to generate questionnaire items. After conducting subsequent analyses, both quantitative and qualitative, the researchers included the following nine factors in the questionnaire:

(1) victimization – a factor describing experiences of physical abuse on the basis of sexual or gender identity;
(2) discrimination/harassment – a factor including harassment and ill-treatment based on LGBT identity;
(3) family of origin – a factor depicting the experience of rejection by the family (e.g., grandmother, father, siblings);
(4) vigilance – a factor capturing the effort made in order to conceal one's own LGBT identity;
(5) isolation – a factor marking loneliness and alienation resulting from one's own LGBT identity;
(6) gender expression – a factor illustrating the experienced ostracism stemming from gender expression;
(7) vicarious trauma – strain resulting from learning about the discrimination experienced by other LGBT individuals;
(8) parenting – a factor expressing the stigma experienced by LGBT parents;
(9) HIV/AIDS stigma – a factor depicting the stigma related to HIV.

The first two factors comprise the experiences of ill-treatment, as well as verbal and physical abuse that are usually accounted for in questionnaires measuring exposure to minority stress. The third factor, rejection by the family of origin, refers to the experiences resulting from disclosing minority gender or sexual identity to the closest family (e.g., parents, siblings), and their reaction to the disclosure. Such reactions have been shown to be crucial for mental well-being, especially in the case of adolescents [18, 19]. There is some evidence that it is the negative feedback to the disclosure that is the key factor determining the well-being in individuals with minority identity [20, 21]. Therefore, it is reasonable to formulate questionnaire items in a way that they reflect the experience of rejection.

Another two factors, i.e., 'Vigilance' and 'Isolation', constitute proximal stressors; the former consisting of actions aimed at concealing one's identity, and the latter comprising the sense of loneliness, as well as difficulties establishing contact with other LGBT people. It is worth noting, that hiding one's identity not only is one of the sources of minority stress, but also happens to be a significant obstacle one needs to overcome in order to cope with internalized stigma, and to gain affirmative support in regard to one's identity [3, 4]. Thus it is directly related to experiences of alienation and isolation.

Another of the above listed factors, describing ostracism resulting from gender expression, is not often included in analogous tools. For example, one of the more popular questionnaires, *Heterosexist Harassment, Rejection and Discrimination Scale* by Szymanski [22], which was primarily intended as a tool to conduct research in homosexual women, may easily be adapted for male samples [23]. It lacks, however, any items that would allow to capture the experiences of gender expression-related stigma. The factor is a more interesting one because – although it is more typical for transgender people's experience – it happens to be a marker of being identified as a homosexual or bisexual person, and is related to experiencing abuse motivated by heterosexism also by the group of cisgender individuals [1] [24, 25]. Gender nonconformity in transgender people links not only to increased exposure to discrimination, but also to more suicidal attempts, and more hazardous activities, including smoking, or abusing alcohol [26]. It is, therefore, a phenomenon worth including in research pertaining the relationship between health and exposure to minority stress.

The next unique indication of heterosexism that was included in the DHEQ [17] is the 'vicarious trauma', that is being negatively affected by the information about abuse or discrimination experienced by other (known or not) LGBT people. Vicarious trauma is probable to occur as a result of repetitive learning about such

[1] cisgender – term describing the lack of discrepancy between gender identity and/or gender expression and gender assigned at birth.

situations, what in turn frustrates safety, trust and control needs, and increases the symptoms of stress [27]. In the era of free access to the Internet, which enables the news about tragic events befalling LGBT community (e.g., the attack at the night-club in Orlando in 2016) to spread instantly, this factor may play a substantial role in increasing minority stress.

The next manifestation of heterosexism that has been included in the questionnaire is the stigmatization of LGBT people, appearing in the context of having and rearing children. This variable has been rarely accounted for by researchers, mainly due to the assumption that it concerns only a small fraction of LGBT people – in Poland it may describe the experiences of fifty thousand families of choice [2] [28]. In the most profound Polish research regarding relationships and parenthood in LGBT people, Mizielińska et al. [29] found that nearly 9% of 2,853 participants (men and women) admitted to being a parent. Further 24% of women and 5% of men declared the desire to have children in the near future.

The analysis of the data regarding the way the families of choice function in Poland allowed to conclude that in the majority of cases the knowledge about the specific family situation is not disclosed beyond the closest environment (i.e., grandparents, biological parents and friends). Only 24% of parents provided such information to their children's teacher at school or kindergarten [29], and as much as 14% of families decided not to disclose the fact to social environment whatsoever. Furthermore, families of choice relatively rarely happen to have contact with other similar families (it is so in the case of 52% of mothers and 17% of fathers); therefore LGBT people rearing children may be anxious not only about stigma, but also about the difficulty in establishing contact with other families, and suffer from the sense of alienation.

The last factor included in the questionnaire is 'HIV/AIDS stigma'. Transgender individuals, as well as men who have sex with men, belong to the key population groups that are particularly vulnerable to HIV [30]. That fact may be related to such other stress factors, as fear of being infected with HIV, concern about friends living with HIV, or ruminating about safer sex. Stereotypical connection between non-heterosexuality and HIV, and presuming that HIV is mostly the problem of LGBT people is yet another manifestation of heterosexism that may intensify minority stress in LGBT individuals. All these phenomena are represented in the questionnaire and constitute the factor of HIV/AIDS stigma.

The distinctive features of the DHEQ – apart from accounting for multiple different and often unique markers of heterosexism – include a means for provid-

[2] Families of choice – a term describing families created by non-heterosexual persons, it is particularly used in the literature to refer to people bringing up children together. It is not uncommon for families created by non-heterosexual persons to count on the formal legalization of the relationship or caring for their partner's children, hence the emphasis that family functioning is a matter of their choice.

ing answers, which not only allows to mark whether given event took place in the case of each examined person, but it also allows the participant to rate how severe it was [17]. The questionnaire consists of 50 items; each of them being graded on a six-point Likert scale, with 0 meaning "did not happen/not applicable to me", 1 – "it happened, and it bothered me not at all", 2 – "it happened, and it bothered me a little bit", 3 – "it happened, and it bothered me moderately", 4 – "it happened, and it bothered me quite a bit", 5 – "it happened, and it bothered me extremely". Such practice provides opportunity for better assessment of exposure to minority stress processes, as compared to questionnaires that merely summarize the factual experience and/or the frequency of being discriminated on the basis of one's sexual orientation [22, 31, 32].

Moreover, the introductory instruction precisely limits the time scope to which the items pertain. With the time span ranging to twelve months back, it is possible to assess the current exposure to minority stress processes; it also minimizes the risk of errors resulting from the retrospective nature of the tool. It is worth mentioning, that this is one of the very few instruments that allow conducting research on the entire LGBT population; the items being specifically designed to include all groups of the LGBT acronym. Additionally, as the authors indicate, the original version of the questionnaire is characterized by very good psychometric properties [17].

Materials and methods

Having obtained the author's (Kimberly Balsam) approval to translate and adapt the tool, we started the process of adaptation in December 2016.

The first stage of preparations included translation from the English language into Polish. In order to do that, we asked four independent individuals, between 20 and 45 years of age (varying in gender and education profile) to do translation. Another four persons (varying in gender, age, and education) were asked to do the back-translation of the tool. Then we conducted comparative analysis of each of the items in terms of the content, and had them proofread by a Polish philologist. The final version of the questionnaire in the Polish language was then sent to a dozen or so non-heterosexual or transgender individuals (again varying in age, and education profile and level) in order to inspect the items for intelligibility, language clarity and inclusiveness. Having received the feedback, and applied minor linguistic corrections, an ultimate version was edited. That version was used in the proper adaptation.

The survey was conducted online in April and May 2017. There were 197 participants. Nearly 17% (N = 33) of them described themselves as transgender, including transsexual, genderqueer and not identifying with any gender. A little over 19% (N = 37) classified themselves as cisgender women, while the remaining

participants (N = 127) were self-described as cisgender men (64%). Mean age of participants was 31 years (M = 31.93; SD = 8.37). In cisgender women, 20 individuals described themselves as lesbians, 13 as bisexual and 4 did not describe their sexual identity in any way. In cisgender men, 120 participants declared to be homosexual, 6 claimed to be either bisexual or pansexual, and one person's sexual identity was self-classified as 'other'.

In transgender participants, 7 individuals reported to be pansexual, 7 described themselves as queer, 7 did not define their sexual identity, and 4 individuals classified themselves as gay. Three groups of three among transgender participants claimed to be 'lesbian', 'heterosexual person', and defined their sexual identity as 'other'.

Results

For each of the nine factors in the DHEQ, due to uniform type of answers, the mean results could range from 0 to 5 points. However, in the case of two factors the maximal results obtained in the studied sample were much lower, reaching 1.83 for 'Parenting', and 3.75 for 'Victimization'. The result suggests that the experiences captured by the factors were rather uncommon for the group. This is also the reason for the decreased consistency in the case of the two factors. Table 1 shows the mean values for each of the nine subscales in three groups of participants: cisgender men, cisgender women and transgender people.

Consequently, in analyses for both the whole group and the subgroups (distinction based on gender) the highest scores were found on 'Vicarious trauma' factor, showing that learning about abuse and discrimination of other members of LGBT community is an important stressor for LGBT people. The lowest results were noted on 'Parenting' factor, which is directly related to the fact, that only 10 individuals declared having or rearing children.

Table 1. **Mean results for each of the questionnaire subscale among cisgender women, cisgender men and transgender persons**

	Women	Men	Transgender
Subscale	M (SD)	M (SD)	M (SD)
Vigilance	2.22 (1.30)	1.86 (1.26)	1.33 (1.11)
Discrimination/harassment	0.70 (0.68)	0.78 (0.98)	1.05 (1.04)
Gender expression	0.19 (0.41)	0.31 (0.59)	1.53 (1.13)
Parenting	0.04 (0.20)	0.05 (0.20)	0.14 (0.44)
Victimization	0.04 (0.19)	0.23 (0.64)	0.32 (0.76)
Family of origin	1.02 (1.13)	0.75 (0.95)	0.97 (1.01)
Vicarious trauma	3.13 (1.13)	2.78 (1.12)	3.39 (0.94)

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Isolation	1.32 (0.97)	1.45 (1.31)	1.53 (1.18)
HIV/AIDS stigma	0.34 (0.56)	1.32 (0.95)	0.83 (1.08)

M – mean; SD – standard deviation

In order to test the significance of differences of results obtained from cisgender women, cisgender men and transgender individuals, a Kruskal–Wallis *H* test was applied. The choice was dictated by the group sizes analysis, tests for normality and skewness for each of the groups. The results are presented in Table 2.

Table 2. **Differences between questionnaire subscales mean results among cisgender women, cisgender men and transgender persons**

Subscale	Mean ranks			χ^2 (df)	p
	Women	Men	Transgender		
Vigilance	106.06	91.38	68.19	8.49 (2)	0.014
Discrimination/harassment	89.01	86.91	106.67	3.45 (2)	0.178
Gender expression	74.09	80.75	149.29	52.48 (2)	<0.001
Parenting	89.03	90.01	94.22	0.69 (2)	0.709
Victimization	78.03	92.40	97.95	5.77 (2)	0.056
Family of origin	97.26	85.88	100.83	2.71 (2)	0.258
Vicarious trauma	100.51	82.16	111.78	9.12 (2)	0.010
Isolation	89.96	89.33	95.83	0.37 (2)	0.832
HIV/AIDS stigma	49.33	107.03	74.05	36.95 (2)	<0.001

χ2 (df) – chi^2 (degrees of freedom); p – statistical significance

With detailed analysis of between-group differences a series of *post-hoc* tests was conducted; to that end the Mann-Whitney *U* test was used. Although the results revealed that 'Vigilance' did not discriminate between cisgender women and cisgender men ($U = 1700.00$; $p = 0.145$), a significant difference was found between transgender individuals and cisgender women; the latter scoring higher ($U = 293.00$; $p = 0.004$). Similarly, a significant difference was found between transgender participants and cisgender men; the latter scoring higher on 'Vigilance' factor ($U = 1249.50$; $p = 0.032$).

We found no statistically significant differences in 'Gender expression' factor between cisgender men and cisgender women ($U = 1889.50$; $p = 0.474$). Transgender individuals scored significantly higher on this subscale in comparison to both cisgender women ($U = 73.50$; $p < 0.001$), and cisgender men ($U = 411.00$; $p < 0.001$).

Further analyses showed that cisgender women and men did not differ significantly in experiences regarding 'Vicarious trauma' ($U = 1607.50$; $p = 0.062$). Also, no significant difference was found between cisgender women and transgender individuals ($U = 435.50$; $p = 0.331$). However, the subscale did mark a difference

between transgender participants and cisgender men; the latter scoring much lower ($U = 1137.00$; $p = 0.007$).

The last significant difference in the sample was found on the 'HIV/AIDS stigma' factor. In this case, the cisgender men scored significantly higher than cisgender women ($U = 723.50$; $p < 0.001$) and transgender individuals ($U = 1070.50$; $p = 0.002$). The difference between cisgender women and transgender individuals was not significant ($U = 373.00$; $p = 0.059$).

Reliability analysis showed Cronbach's α equal to 0.89 for a whole questionnaire and for each scale separately results were as follows: 'Victimization' α = 0.64; 'Discrimination/harassment' α = 0.80; 'Family of origin' α = 0.75; 'Vigilance' α = 0.87; 'Isolation' α = 0.77; 'Gender expression' α = 0.80; 'Vicarious trauma' α = 0.75; 'Parenting' α = 0.50; 'HIV/AIDS stigma' α = 0.73.

The analysis of principal factors is shown in Table 3. Oblimin rotation with Kaiser normalization was used. The nine distinguished factors were assumed in advance – in accordance with the original version of the questionnaire. The least consistent factor was 'Parenting', which is not unexpected, given the previous observations and the fact that very few participants admitted to being a parent. The questionnaire items were presented according to nine subscales they belong to, the same way they are organized in the English version. Furthermore, the factor related to 'Gender expression' did not reach satisfactory consistency level, which may mean that the factor is to be applicable primarily to transgender people, among which the obtained results were considerably higher than in any other group.

Table 3. **DHEQ principal factor analysis with Oblimin rotation and Kaiser normalization. Values exceeding 0.3 were included**

TS	Item	1	2	3	4	5	6	7	8	9
1	32. People laughing at you or making jokes at your expense because you are LGBT	0.73								
	29. Being verbally harassed by strangers because you are LGBT	0.60								
	8. Being called names such as 'fag' or 'dyke'	0.59								
	30. Being verbally harassed by people you know because you are LGBT	0.55								
	19. People staring at you when you are out in public because you are LGBT	0.52								
	31. Being treated unfairly in stores or restaurants because you are LGBT									0.43

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2	43. Being punched, hit, kicked, or beaten because you are LGBT	0.77								
	46. Having objects thrown at you because you are LGBT	0.77								
	44. Being assaulted with a weapon because you are LGBT	0.62		0.39						
	45. Being raped or sexually assaulted because you are LGBT			0.47			0.40			
3	18. Hiding your relationship from other people		-0.81							
	17. Pretending that you are heterosexual		-0.81							
	16. Pretending that you have an opposite-sex partner		-0.76							
	35. Hiding part of your life from other people		-0.57					0.31		-0.31
	34. Avoiding talking about your current or past relationships when you are at work		-0.54							
	4. Watching what you say and do around heterosexual people		-0.46		-0.42					
4	39. Being treated unfairly by teachers or administrators at your children's school because you are LGBT			0.78						
	41. Being treated unfairly by parents of other children because you are LGBT			0.73						
	14. Your children being verbally harassed because you are LGBT			0.67						
	13. Your children being rejected by other children because you are LGBT		-0.31		0.40		0.35			
	40. People assuming you are heterosexual because you have children						0.45			
	42. Difficulty finding other LGBT families for you and your children to socialize with			0.35						0.62

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5	2. Difficulty finding LGBT friends				-0.78					
	1. Difficulty finding a partner because you are LGBT				-0.72					
	15. Feeling like you don't fit in with other LGBT people				-0.60					
	3. Having very few people you can talk to about being LGBT				-0.57					
6	47. Worrying about infecting others with HIV			0.53						
	49. Discussing HIV status with potential partners					-0.79				
	20. Worry about getting HIV/ AIDS					-0.77				
	21. Constantly having to think about 'safe sex'					-0.77				
	50. Worrying about your friends who have HIV					-0.57				
	48. Other people assuming that you are HIV positive because you are LGBT								-0.31	
7	23. Being harassed in public because of your gender expression	0.34			-0.31					
	38. Being misunderstood by people because of your gender expression						0.82			
	37. Difficulty finding clothes that you are comfortable wearing because of your gender expression						0.73			
	22. Feeling invisible in the LGBT community because of your gender expression			0.32	-0.34		0.53			
	36. Feeling like you don't fit into the LGBT community because of your gender expression				-0.40		0.53			
	24. Being harassed in bathrooms because of your gender expression						0.38			

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8	9. Hearing other people being called names such as 'fag' or 'dyke'	0.35								
	6. Hearing about LGBT people you don't know being treated unfairly							0.86		
	7. Hearing about hate crimes (e.g., vandalism, physical or sexual assault) that happened							0.77		
	33. Hearing politicians say negative things about LGBT people							0.65		
	5. Hearing about LGBT people you know being treated unfairly							0.54		
	10. Hearing someone make jokes about LGBT people							0.53		
9	11. Family members not accepting your partner as a part of the family								-0.82	
	12. Your family avoiding talking about your LGBT identity								-0.71	
	25. Being rejected by your mother for being LGBT						0.30		-0.71	
	26. Being rejected by your father for being LGBT								-0.67	
	28. Being rejected by other relatives because you are LGBT								-0.40	
	27. Being rejected by a sibling or siblings because you are LGBT								-0.31	0.37

TS – test subscales; 1 – discrimination/harassment; 2 – victimization; 3 – vigilance; 4 – parenting; 5 – isolation; 6 – HIV/AIDS stigma; 7 – gender expression; 8 – vicarious trauma; 9 – family of origin

The last analysis conducted was the comparison of the overall score between the groups of cisgender women, cisgender men and transgender people. The mean DHEQ score for the whole sample was 1.10 ($SD = 0.54$); the minimum being 0.16 and the maximum being 3.18. The highest mean was found in the transgender subgroup ($M = 1.26$; $SD = 0.61$), slightly below their results were the cisgender men ($M = 1.08$; $SD = 0.55$), and the lowest scores were noted in the cisgender women ($M = 1.03$; $SD = 0.40$). Due to deviations from normal distribution and varying sizes of the subgroups, the Kruskal–Wallis H test was used. The analysis revealed no significant differences ($H(2) = 1.46$; $p = 0.481$) in DHEQ general scores between any of the groups – cisgender women (mean rank = 90.20), cisgender men (mean rank = 87.96) and transgender individuals (mean rank = 101.03).

Discussion

The aim of the research was twofold: to adapt *the Daily Heterosexist Experiences Questionnaire* developed by Kimberly Balsam's team (2013), and to verify the psychometric characteristics of the Polish adaptation of the DHEQ. The questionnaire, consisting of 50 items, was developed as a means to research the issue of heterosexism experiences in daily routine of LGBT people (lesbian, gay, bisexual, and transgender individuals). According to our best knowledge, it is the first tool of this kind that is available in the Polish language, and that allows to assess the intensity of experiences of discrimination and exclusion due to sexual and/or gender identities in cisgender homosexual, bisexual and transgender people.

The analyses suggest that the majority of the factors distinguished in the DHEQ are also applicable to Polish reality. One exception may be the factor describing the experiences of LGBT people being stigmatized in the context of rearing children. Unsatisfactory psychometric qualities of this factor stem mainly from small number (as compared to the whole sample) of people who declared having and/or rearing children. It would seem prudent to be circumspect when applying the tool, and when interpreting the scores of this subscale. It may also be advisable to remain cautious in interpreting the scores of gender expression factor, as it is mostly applicable to transgender individuals.

Based on the obtained data, it is possible to conclude that in the analyzed sample the most widespread manifestations of heterosexism are such stressors as concealing one's identity, a sense of alienation (which are proximal stressors), and learning about other LGBT individuals being discriminated ('Vicarious trauma'). They are followed by the experiences of rejection by the closest family as well as discrimination and harassment because of LGBT identity. The conducted analyses also revealed that the relative majority of negative experiences stemming from being a member of a minority group pertains transgender individuals. These findings are consistent with the previous Polish research [7]. The exception to that regularity may be the HIV/AIDS stigma factor, on which cisgender homo – and bisexual men scored substantially higher than members of other groups.

To summarize, it is our opinion that the Polish adaptation of *the Daily Heterosexist Experiences Questionnaire* may be successfully used in research on LGBT community. It need be kept in mind, however, that due to the specificity of the Polish context, the scores in some of the discussed subscales (factors) should be interpreted with caution and with regard to the demographic characteristics of a given sample.

No payment is required to use the questionnaire.

Conclusions

1. The Daily Heterosexist Experiences Questionnaire (DHEQ) obtained satisfactory psychometric characteristics and can be a tool used in the study of LGBT population in Poland.
2. The DHEQ is an inclusive questionnaire that takes into account the experiences of both non-heterosexual and transgender people.
3. One should be cautious analyzing and interpreting subscales related to LGBT parenting. Relatively poor psychometric characteristics of this subscale may be associated with a small number of parents in the sample.

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