Sexual Orientation and Psychological Distress: The Role of Minority Stress

By
Katherine June Ebacioni, BAppSc(FoodSc&Nutr) GDipPsych

Submitted in partial fulfilment of the requirements for the degree of
Doctor of Psychology (Clinical)

Deakin University
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Abstract

Research has increasingly documented that sexual minority people (i.e., gay men, lesbian women, and bisexual men and women), report higher rates of mental health problems compared to their heterosexual counterparts. One way to understand the higher prevalence of mental health problems seen in sexual minority individuals is through Meyer’s Minority Stress Model. This model suggests that like members of other stigmatised minority groups, sexual minority individuals are recipients of minority stress resulting from not conforming to the majority norm, namely they adopt a non-heterosexual sexual orientation. These social stressors are thought to create arduous social conditions for the minority individual, which accumulates over time, leading to mental health problems. While this model has the potential to shed light on the disparities of mental health issues seen in sexual minority people however, many of the studies examining its utility have been methodologically flawed.

The aims of the research reported in this thesis were to; (a) examine the utility of the minority stress model including minority stressors (discrimination, perceived stigma, personal homonegativity/binegativity, concealment of sexuality identity from family and world) and protective factors (resilience and social support from significant other, family and friends) for explaining variance in depression and anxiety across sexual orientation and gender separately (i.e., gay men, bisexual men, lesbian women and bisexual women) (Study 1) and, (b), to better understanding how the findings of Study 1 are actually operationalised in the lived experiences of each of the different groups (Study 2). A total of 916 participants (226 self-identified gay men, 262 self-identified bisexual men, 193 self-identified lesbian women and 235 self-identified bisexual women) took part in
Study 1, a cross-sectional on-line questionnaire. Study 2, was a qualitative investigation which included a total of 77 participants who completed 9 online semi-structured questions derived from an analysis of Study 1 data.

Study 1 found that the minority stress model is a useful overall theoretical model for understanding variance in psychological distress in sexual minority populations. It is a fairly robust model, explaining over 50% of the variance in depression for gay men and lesbian women, bisexual men and bisexual women. It did, however, seem less effective in explaining the variance in anxiety scores across the groups. Personal homonegativity/binegativity was a unique predictor of depression and anxiety in all four groups. Discrimination was a unique predictor of depression and anxiety for bisexual men and women, but only predictive of depression in gay men and anxiety in lesbian women. A unique predictor of depression and anxiety in lesbian women was the outness of sexual orientation to family. Resilience was a unique predictor of depression and anxiety four groups, and partially mediated the relationship between internalised homonegativity/binegativity and depression. Finally, perceived social support from family was a significant predictor of depression for bisexual men and women, such that increased levels of perceived social support from family were associated with decreased levels of depression.

Study 2 had a number of themes including peers, the broader community, family and high school. Anti-homosexual/bisexual religious institutions and teachings and negative family reactions to the disclosure of a non-heterosexual sexual orientation were two of the most important factors influencing personal homonegativity/binegativity. Discrimination perpetrated by the heterosexual community, included teachers, peers,
employees and the media. However, for bisexuals they were also recipients of discrimination from the gay and lesbian community.

These findings demonstrate that personal homonegativity and binegativity are important when considering risk for depression and anxiety in all four groups. It also highlights the important role resilience can have in partially protecting the four groups against the detrimental effects of minority stress. Implications for theory, research and treatment in the area of psychological distress in sexual minorities are explored, as well a review of the limitations relating to design and participant recruitment, and directions for future research.
CHAPTER 1
INTRODUCTION

Research is increasingly indicating that sexual minority individuals (i.e.,
homosexual and bisexual people) are at an elevated risk for a range of mental health
problems. When compared to their heterosexual counterparts, sexual minority individuals
often report greater levels of depression, anxiety, and suicide in both population-based
studies (Cochran, Sullivan, & Mays, 2003; Fergusson, Horwood, & Beautrais, 1999;
Gilman et al., 2001; Mays & Cochran, 2001) and longitudinal cohort studies (Fergusson,
Horwood, Ridder, & Beautrais, 2005). Despite the general consensus among health
professionals that homosexuality is not a mental illness (Gonsiorek, 1991; Hooker,
1957), much of the social stigma surrounding homosexuality is still salient in many
societies (Kelley, 2001). It is this social stigma related to homosexuality that is now seen
as a possible cause of the increased prevalence of mental illness among sexual minority
people (Meyer, 2003).

Sexual Orientation

Sexual orientation is one of four elements of human sexuality (Szuchman &
Muscarella, 2000). The three other elements include biological sex (being born female or
male), gender identity (the subjective sense of one either being male or female), and
social gender role (the culturally defined norms that define masculine or feminine
behaviour; Szuchman & Muscarella, 2000). Sexual orientation encompasses sexual
behaviour, fantasies, attraction, self-classification, or a combination of these (Szuchman
& Muscarella, 2000). There are a range of different sexual orientations including, but not
limited to, heterosexuality, bisexuality and homosexuality. Heterosexuality,
homosexuality, and bisexuality are the culturally created classes of sexual orientation (Herek & Garnets, 2007).

Heterosexuality is a term that includes opposite sex sexual or erotic attractions, opposite sex sexual behaviours, and/or people who identify as heterosexual (Herek & Garnets, 2007). Heterosexuality is the most prominent and socially accepted sexual orientation (Kelley, 2001; Herek & Garnets, 2007).

Homosexuality and bisexuality are considered to be non-heterosexual sexual orientations. Homosexuality includes people who identity as homosexual, experience or wish to experience a same-sex sexual behaviour, and/or people who have a sexual or erotic attractions to members of the same sex (Herek & Garnets, 2007). Male homosexuals are often referred to as ‘gay’ and female homosexuals are often called ‘lesbians’ (Herek & Garnets, 2007). Bisexuality covers sexual or erotic attraction to members of both sexes, sexual behaviours with members of both sexes, and/or people who identify as bisexual (Herek & Garnets, 2007).

Regardless of the definition (e.g., identity, attraction, or behaviour), base rates of non-heterosexual individuals in the population are estimated to range between 0.5% and 4% (Cochran & Mays, 2000; Fergusson et al.,1999; Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002). These figures highlight the “minority” status of non-heterosexual sexual orientations (Mock & Eibach, 2012; Savin-Williams, Cohen, Joyner, & Rieger, 2010).

**Sexual Minorities and Psychological Distress**

Individuals who self-identify as non-heterosexual (i.e., homosexual or bisexual) have been shown to display higher rates of anxiety and depression symptoms compared to heterosexual individuals (Bontempo & D'Augelli, 2002; Cochran et al., 2003;
Fergusson et al., 1999; Jorm et al., 2002; King et al., 2008; Mays & Cochran, 2001). A recent meta-analysis found that when compared to their heterosexual counterparts, lesbian, gay, and bisexual (LGB) participants were at least 1.5 times more likely to experience depression and anxiety disorders over a period of 12 months (King et al., 2008). Understanding these discrepancies in mental health problems and the general study of mental health in sexual minority populations has been confounded by the pathologising and subsequent depathologising of homosexuality (Lewis, Derlega, Clarke, & Kuang, 2006; Meyer, 2003).

For much of the twentieth century, homosexuality was viewed as a mental illness (King, 2005). In earlier versions of the American Psychiatric Association’s, Statistical Manual of Mental Disorders (DSM), homosexuality was pathologised and included under the category “Sexual Deviation” up until 1973 (King, 2005). Homosexual people were subjected to lobotomies, psychotherapy, shock treatments, hypnosis and drugs in an attempt to rid them of their illness of homosexuality (King, 2005). The studies used to support this view of homosexuality as a mental illness, however, were methodologically weak (Gonsiorek, 1991). Such studies often only used incarcerated and clinical samples, and were often confounded by extraneous biases, such as evaluating an individual’s psychological functioning by their own psychoanalyst who was concurrently “treating” them for their homosexuality (Gonsiorek, 1991; Herek & Garnets, 2007). Not surprisingly, these samples commonly showed more psychological problems than did the non-clinical heterosexuals used as a comparative group. Consequently, the generalizability of these findings to the broader non-clinical samples was questionable (Herek & Garnets, 2007).
Studies of homosexual people had not been conducted outside the clinical or medical setting until an innovative study by Evelyn Hooker was published in 1957. Hooker examined non-clinical homosexual men and non-clinical heterosexual men. It was found that homosexual men were not significantly different to the heterosexual men in psychological adjustment. The findings of Hooker’s studies and other studies supporting her findings, coupled with increased societal and political pressure and the rise of gay activists, led to the eventual removal of homosexuality as a mental disorder from the DSM-III (Szuchman & Muscarella, 2000). It was, however, not until 1986 that the diagnosis was removed entirely from the DSM (Szuchman & Muscarella, 2000). However, despite the removal of homosexuality as a psychiatric disorder, homosexuality remained listed as a mental disorder in the International Classifications of Diseases (ICD), issued by the World Health Organisation and used by the medical profession, until the 1990s (Mendelson, 2003). Therefore, many people with a non-heterosexual sexual orientation experienced stigma from both the psychiatric and the medical profession.

Despite the removal of homosexuality from the DSM and ICD, and the consensus among psychiatric and medical professionals that homosexuality is not a mental illness, much of the social stigma surrounding homosexuality is still prevalent in many cultural settings. For example, in a report conducted by Kelley (2001), it was found that just under half (48%) of the Australian population held the view that homosexual behaviour (i.e., any same-sex sexual behaviour) was always wrong. These homophobic/biphobic attitudes are also held by a large portion of residents from other countries throughout the developed world (Kelley, 2001). Nowadays, it is this social stigma related to homosexuality and bisexuality that is seen as a possible elucidation for the increased
prevalence of mental illness among sexual minorities. Meyer (1995, 2003) developed a theoretical framework, a minority stress model, to explain how such social stigma related to homosexuality and bisexuality has a detrimental effect on the mental health of LGB people.

**Aims of the Research**

The aim of the research was to gain a better understanding of the factors that may be contributing to the elevated levels of mental health problems seen in LGB populations compared to their heterosexual counterparts. Understanding the risk factors and protective factors is important when trying to address the disproportionate degree of mental health seen in LGB populations. In order to ascertain this information, two studies will be conducted. The aim of Study 1, a quantitative cross sectional study, was to examine the utility of the minority stress model for explaining variance in depression and anxiety across different sexual orientation groups (gay men, bisexual men, lesbian women, and bisexual women). Study 2, a qualitative exploration study, aimed to better understand how the findings of Study 1 were actually operationalised in the life experiences of each of the different groups.

**Organisation of the Thesis**

The thesis chapters are organised in the following way. Chapter 2 reviews the literature on Meyer’s (1995, 2003) Minority Stress Model and its relationship with psychological distress in LGB populations, as well as any limitations of past research which need to be addressed within the current research. Chapter 3 presents the methodology for Study 1, including participant demographics, materials used, and the procedure. Chapter 4 presents the results of Study 1, which is a quantitative cross-sectional study design. Chapter 5 presents the methodology and results of Study 2, which
is a qualitative exploration of the main themes found in Study 1. A discussion of the results of Study 1 and Study 2 is presented in Chapter 6, as well as the utility of the minority stress model including protective factors, implications for theory, clinical implications, limitations and future research.
CHAPTER 2
LITERATURE REVIEW

Minority Stress, Sexual Orientation, and Psychological Distress

The following chapter begins by defining Meyer’s Minority Stress Model (1995, 2003). The chapter reviews the literature looking at minority stress, and explores the model in relation to sexual minority individuals and the link to psychological distress. It reviews the limitations of the literature and provides suggestions of ways to move forward. It provides a rationale for the present research and concludes with the aims and hypotheses of Study 1 and Study 2.

Minority Stress Model

One way to understand the higher prevalence of mental health problems in sexual minority individuals is through the concept of minority stress. Brooks (1981) defined the term minority stress as a state resulting from “… culturally sanctioned, categorically ascribed inferior status, social prejudice and discrimination, and the impact of these environmental forces on psychological well-being, and consequent readjustment and adaption” (p. 107). Put simply, minority stress is believed to be a form of psychological stress resulting from membership of a low status minority group, as well as the stress engendered when the minority status conflicts with one’s other roles (Meyer, 2003). Meyer (2003) suggested that minority stress is “unique, chronic, and socially based” (p.4). Minority stress is thought to be unique, in that it is in addition to the typical stressors faced by non-minority individuals. It is believed to be chronic, as it is associated with reasonably constant underlying societal and cultural construct, and socially based, as it arises from social processes and institutional structures beyond the
individual, rather than events or conditions that epitomize life stressors, biological, or other non-social characteristics of the person or the group (Meyer, 1995, 2003). Meyer proposed that these social stressors do not directly cause poor mental health for minority individuals, rather they create arduous social conditions for the minority individual which accumulate over time, leading to mental health problems.

Meyer (2003) applied this theory of minority stress to offer a theoretical framework, the minority stress model, for understanding the particular challenges faced by sexual minority individuals (see Figure 2.1 for an adapted version of Meyer’s Minority Stress Model). He proposed that like members of other stigmatised minority groups, sexual minority individuals are recipients of minority stress resulting from not conforming to the majority norm, namely they adopt a non-heterosexual sexual orientation. He suggested four processes of minority stress relevant to sexual minority individuals, which are thought to lie on a continuum from distal to proximal stressors. Distal stressors are stressors that are objective and external to the individual. Proximal stressors are stressors that arise within the sexual minority individual (Fingerhut, Peplau, & Gable, 2010). He proposes four stressors relevant to sexual minority groups. These include prejudice events, a distal stressor, and three proximal stressors including perceived stigma (i.e., expectations of prejudice or discrimination), concealing one’s sexual orientation, and internalised homophobia/biphobia (referred to as internalised homonegativity/binegativity in the current paper).

**Distal stressors.**

**Prejudice events.** The lives of sexual minority group members are frequently characterised by experiences of prejudice, discrimination and victimisation as a consequence of their heterosexual counterparts. Sexual minorities are more likely to
report major discrimination events (e.g., fired from a job, hassled by the police) and daily discrimination (e.g., called names or treated with less respect; Cochran & Mays, 2001). Discrimination can come in many forms and can be evident at an individual, social, cultural and institutional level.

Figure 2.1. Meyer’s (2003) adapted Minority Stress Model.

Prejudice events against sexual minorities at an individual level can take varied forms, from comparatively mild incidents like insults to more serious incidents including hate crimes and violence (Herek & Garnets, 2007). With respect to victimisation, sexual minority men and women have also been found to be at increased risk for interpersonal victimisation over their lifespan, including physical, verbal, and sexual abuse compared to their heterosexual counterparts (Balsam, Rothblum, & Beauchaine, 2005; Herek, Gillis, & Cogan, 1999). This discrepancy in rates of discrimination between non-
heterosexuals and heterosexuals was perhaps best illustrated in a study comparing LGB participants to their heterosexual siblings (Balsam et al., 2005). The study found, compared to their heterosexual siblings, the frequency of multiple modes of victimization, including childhood psychological and physical abuse by parents or caretakers, and sexual assault as an adult, to be higher among the LGB participants.

This discrimination and victimisation is also seen in high school settings. In a large scale investigation of sexually oriented discrimination in high schools (n = 237,544), 91% of students reported hearing students make negative comments based on sexual orientation (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004). The students harassed based on actual non-heterosexual or perceived non-heterosexual orientations, were more than twice as likely to report depression. These findings are consistent with other studies which have shown positive associations between sexually oriented bullying and rates of suicide, depression and self-harm (Rivers & Cowie, 2006). While there has arguably been some improvement over the past few decades regarding societal views on homosexuality and bisexuality (e.g., Riggle, Rostosky, & Horne, 2010a), homonegative and binegative attitudes are still apparent in schools, which ultimately impact on the psychological adjustment of LGB individuals. From a stress and coping framework, repeated experiences of discrimination act as sources of chronic stress and are often associated with a range of mental health disorders (Burgess, Lee, Tran, & van Ryn, 2007).

Prejudice based on sexual orientation is salient at an institutional level also, namely in family law, including marriage and adoption, with many countries prohibiting same sex marriage and adoption (Meyer, 2007). The prospect that societal values play a role in the link between sexual orientation and depression is further highlighted by
studies demonstrating a lower prevalence of mental health problems in sexual minority
groups living in more liberal societies which permit same-sex marriage and have more
relaxed views of same-sex sexual orientations (Riggle, Rostosky, & Horne 2010a, b).
Similarly, a study of LGB youth found that a more supportive social environment (e.g.,
presence of gay-straight alliances in school and non-discrimination and anti-bullying
policies in schools) was significantly associated with fewer suicide attempts in the past
12 months, even after controlling for individual factors including depressive symptoms,
peer victimisation, and physical abuse from an adult (Hatzenbuehler, 2011).

A number of studies have found considerable evidence highlighting the damaging
consequences of sexual discrimination, victimisation and harassment across a number of
domains, including depression, psychological distress, anxiety, and well-being
(Bontempo & D’Augelli, 2002; Cox, Vanden Berghe, Dewaele, & Vinke, 2008;
Fingerhut et al., 2010; Friedman & Leaper, 2010; Herek et al., 1999; Meyer, 1995;
Morrison, 2011; Sandfort, Graaf, Bijl, & Schnabel, 2001; Waldo, 1999). Non-
heterosexual men and women who have experienced antigay hate crimes are more likely
to experience depressive symptoms than those who have experienced nonbiased-related
hate crimes (Burgess et al., 2007). In addition, when discrimination has been statistically
controlled, the relationship between sexual orientation and mental health outcomes has
been shown to be greatly weakened (Mays & Cochran, 2001).

Garnets and colleagues (1990) depicted psychological processes that may
explain the relationship between discrimination and psychological distress. They
suggested that victimisation “obscures an individual’s perception of the world as
meaningful and orderly and takes away the person’s sense of security and
invulnerability” which in turn affects both mental health and wellbeing (Garnets et al., 1990, p.367).

**Proximal stressors.**

**Perceived stigma.** Another minority stress process offered by Meyer (1995, 2003) is perceived stigma, which may be defined as the fear of being rejected or discriminated against, because of a minority status (Fingerhut et al., 2010). In the case of sexual minorities, it is the fear of being discriminated against based on a non-heterosexual sexual orientation. Like other minority members, sexual minorities learn to expect rejection from members of the dominant (heterosexual) culture (Meyer, 2003). An individual with a high level of perceived stigma is believed to preserve a high degree of vigilance with regard to the sexual minority components of their identity in interactions with dominant group members (Meyer, 2003). This constant need to be alert or mindful of the possibility of prejudice is stressful and may ultimately lead to long term stress and related psychopathology (Herek & Garnets, 2007).

An individual’s expectations of rejection, harassment, and discrimination may be heightened by previous experiences of sexually oriented prejudice events (e.g., gay-hate crimes, harassment, and discrimination). In addition, these expectations may be further heightened by high exposure to societal events in which rejection of non-heterosexual sexual orientations is salient, such as anti-gay political campaigns and instances of other sexual minorities being discriminated against (Kelley, 2001; Selvidge, Matthews, & Bridges, 2008; Szymanski, 2009). Expectations of stigma, unlike actual prejudice events where stress arises from an actual event (e.g., sexual-orientation based hate crimes), has not resulted from a prejudice event occurring, rather there is the threat of such an event (Meyer, 2003). Adapting to this hyper-vigilant state requires considerable energy and
resources. It is this “threat in the air” that is thought to cause the individual to experience stress, which may accrue over time, leading to mental health problems (Meyer, 2003).

Heightened levels of perceived stigma in sexual minority groups is associated with increased levels of psychological distress (Cox et al., 2008; Diaz, Ayla, Bein, Henne, & Marin, 2001; Meyer, 2003). However, in comparison to the other minority stressors, perceived stigma is an understudied concept and it is unclear if perceived stigma is associated with depression and anxiety in the presence of the other minority stressors.

**Concealment of sexual identity.** Another minority stress process relevant to the mental health of sexual minority groups is the concealment of one’s stigmatised non-heterosexual orientation (Meyer, 2003). The concealment of sexual orientation is thought to be a coping strategy employed by sexual minority individuals in an effort to avoid negative outcomes (e.g., discrimination, anti-gay hate crimes and harassment) and by way of guilt and shame (D’Augelli, 1993; D’Augelli & Grossman, 2001; D’Augelli, Grossman, & Starks, 2005). While this coping strategy may be effective at first, it may ultimately contribute to sexual minority individuals being isolated from friends and family members, and may strengthen negative stereotypes about the self and other sexual minorities (Meyer, 2003). Failure to disclose one’s sexual orientation may also limit identification and affiliation with other people who share the same minority sexual orientation (Meyer, 2007). The affiliation with others who share the similar stigmatised characteristic has been shown to be associated with positive psychological wellbeing (Crocker & Major, 1989; Postmes & Branscombe, 2002).

Meyer (2003) suggested that expressing feelings and disclosing significant features of one’s self with others (e.g., via admissions and exposés involved in personal
or social affiliations) are key features in preserving psychological wellbeing. For example, studies show that communicating and revealing traumatic incidents or features of the self enhance mental health by lowering anxiety and endorsing integration of the disclosed features (Meyer, 1995, 2003). It is proposed that sexual minority individuals who disclose their orientation to family, friends and colleagues will have superior mental health than sexual minorities who have not disclosed their sexual orientation (Meyer, 1995, 2003). For example, in a study of 86 undergraduates, it was found that those who concealed their gay identity reported lower-self-esteem and more negative affect than both those whose gay identity were visible and those without stigmatising characteristics (Frable, Platt, & Hoey, 1998). They are thought to be more likely to affiliate with friendship groups and have greater levels of social support than those who have not disclosed their sexual orientation, which in turn can reduce the possibility of psychopathology (Morris, Waldo, & Rothburn, 2001; Oetjen & Rothblum, 2000).

An individual’s expectation of rejection plays a central role in LGB individuals’ assessment about revealing their non-heterosexual sexual orientation (Herek & Garnets, 2007; Meyer, 2003). Deciding whether to reveal their sexual orientation involves considering the relative costs and benefits of disclosing one’s identity, including others’ probable response to one’s sexual orientation and the effect of discriminatory social reactions on one’s mental health (Meyer, 2003). While public disclosure that one has a non-heterosexual sexual orientation can incur actual acts of discrimination and prejudice, hiding one’s own sexual minority attributes necessitates continuous alertness concerning the personal information one divulges to other people (Herek & Garnets, 2007).

It is important to note that prior research has yielded mixed findings regarding the link between sexual orientation concealment and psychological distress, with some
studies finding a positive relationship (Ayala & Coleman, 2000; Diplacido, 1998; Lewis, Derlega, Berndt, Morris, & Rose, 2001; Szymanski, Chung, & Balsam, 2001) and other studies finding no significant relationship (D’Augelli, Grossman, Herschberger, & O’Connell, 2001; Lewis, Derlega, Griffin, & Krowinski, 2003; McGregor et al., 2001). As such, it is unclear if the degree of concealment or outness of sexual orientation is, in fact, an important variable in explaining the psychological distress disparities in this population and requires further investigation.

**Internalised homonegativity/binegativity.** The manner in which sexual minority individuals view their sexual orientation may also influence their mental health. From the time children are very young, they are socialised within the anti-homosexual and anti-bisexual biases that are sanctioned by western culture (Gonsiorek, 1991). As individuals develop a non-heterosexual sexual orientation (e.g., same sex sexual attractions), they recognise that the idealised values do not match their sexual orientation, leading many sexual minorities to internalise conditions of inferiority and negative attribution processes which in turn leads to internalised homonegativity/binegativity (Meyer, 1995). Internalised homonegativity/binegativity has been defined as “the acceptance and internalization by members of oppressed groups of negative stereotypes and images of their groups, beliefs in their inferiority, and concomitant belief in the superiority of the dominant group” (Smith, 1997, p.289). It is thought that internalized homonegativity/binegativity may range from self-reservation to overt self-loathing, and can make the minority individual feel like the core of their being is “sick and disgusting” (Bobbe, 2002, p. 218).

It has become increasingly apparent that these negative feeling about one’s own non-heterosexual sexual orientation are likely to have important outcomes on mental
health. A number of studies have shown high levels of internalised homonegativity/binegativity to be linked with poor mental health, including low self-esteem (Yakushko, 2005; Szymanski & Gupta, 2009), substance use problems (Rosario, Schrimshaw, & Hunter, 2006; Wright & Perry, 2006), depression (Frost & Meyer, 2009; Igartua, Gill, & Montoro, 2003; Lewis et al., 2003; Newcomb & Mustanski, 2010; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001), anxiety (Igartua et al., 2003; Rosario et al., 2001), suicide ideation and attempts (Ortiz-Hernandez, 2005), and self-harm behaviour (Herek, Cogan, Gillis, & Glunt, 1998). Internalised homonegativity/binegativity has also been shown to be one of the most important therapeutic issues encountered by psychologists treating mental health issues in sexual minority individuals (Murphy, Rawlings, & Howe, 2002).

**Limitations of the minority stress literature.** Despite the Meyer’s Minority Stress Model being a promising theoretical framework for understanding the disproportionally high levels of mental health problems seen in sexual minorities, there are a number of limitations with the literature thus far. Many studies have used single items to measure a minority stressor and psychological distress. Some studies have also used very small sample sizes or have included very uneven group sizes, possibly violating the validity of the results. But perhaps one of the greatest limitations is the fact that there have been only a few studies to date that have empirically tested the minority stress model in its entirety. Most studies have only examined one minority stressor and its relationship to psychological distress, rather than multiple constructs of the minority stress model. Consequently, such studies may have overestimated the effects of that particular stressor on mental health (Ueno, 2010). The few studies that have examined multiple minority stressors at once are methodologically flawed. For instance, one such
study examined only sexual minority women, and collapsed lesbian women and bisexual women into one undifferentiated category, ignoring possible differences which may exist between the two groups (Lehavot & Simoni, 2011). Another study, of gay men and lesbian women, looked at the relationship between experiences of discrimination and mental health among lesbian women and gay men. While the study looked at three of the stressors (internalised homonegativity, discrimination and rejection sensitivity) it did not consider the role of sexual identity disclosure on mental health (Feinstein, Goldfried, & Davila, 2012). Running the model in its entirety would help understand which, if any, process is more strongly associated with mental health problems, how each of the stress processes interact with one and other, if the stress levels function on the same level, and in what ways they impact mental health outcomes (Ueno, 2010).

**Gender, psychological distress and minority stress.** A further shortcoming of the literature is the failure of many studies to examine the influence of gender on the associations between sexual orientation, psychological distress and minority stress (Kuyper & Fokkema, 2010). Many studies have examined only men or women, failing to compare results between the two groups. The work that has compared differences between sexual minority men and sexual minority women, generally shows differences in frequencies of mental disorder between the two groups (Bostwick, Boyd, Hughes, & McCabe, 2010; Cochran & Mays, 2009; Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007; Cochran, Mays, & Sullivan, 2003; Sandfort et al., 2001; Warner et al. 2004), suggesting that different factors may be relevant for women compared to men.

There are also a number of reasons to expect sex differences when using the minority stress model as an explanation for the disproportionate mental health issues
seen among sexual minority individuals. The means by which each of the minority stressors affect mental health may differ for sexual minority women compared to sexual minority men (Fassinger & Arseneau, 2007). A meta-analysis of Kite and Whitley (2003) demonstrated that in the United States, societal feelings about same sex sexuality are more favourable toward women compared to men. Less negative societal feelings may result in reduced acts of discrimination, less perceived stigma, lower levels of homonegativity/binegativity, and more openness about one’s sexual minority identity, which in turn might result in reduced rates of mental health problems in sexual minority women compared to sexual minority men. (Kuyper & Fokkema, 2011). In addition, men often report higher levels of sexual orientation based victimisation compared to women (Balsam et al., 2005; Bontempo & D’Augelli, 2002; D’Augelli, Grossman, & Starks, 2006; Herek et al., 1999). Therefore, it is possible that men experience more minority stress than women.

Alternatively, Meyer (1995, 2003) suggested that women might experience more minority stress due to their “double” minority status. Lesbian and bisexual women may be subjected to minority stress associated with both their sexual minority status, and the sex aspect of their identity (Kuyper & Fokkema, 2011). Williamson (2000) emphasised that, from a minority stress perspective, “lesbians [or sexual minority women] are seen to experience a dual (or multiple for lesbians from minority ethnic groups) stigmatization (i.e., women and homosexuality) with potential greater effects on internalised oppression” (p.101). In terms of minority stress, sexual minority women may experience perceived stigma and discrimination both as a sexual minority and as a woman. For instance, Szymanski (2005) found the combination of sexist and heterosexist experiences was particularly harmful for lesbian and bisexual women and later replications of the
study suggest that sexism and heterosexism are uniquely associated with psychological
distress (Szymanski & Owens, 2008). These findings highlight the importance of
separating sexual minorities by gender when exploring the role of minority stress of
psychological distress.

**Homosexuals and bisexuals as separate groups.** Differences between
homosexuals and bisexuals in terms of psychological distress and minority stress are also
likely to exist. It is becoming increasingly apparent that people who identify as bisexual
are at a heightened risk of mental health problems, including anxiety and depression
compared to their non-bisexual counterparts (Bostwick, Boyd, Hughes, & McCabe,
2010; Hughes, Szalacha, & McNair, 2010; Jorm et al., 2002). It is suggested that self-
identified bisexual peoples’ elevated risk of psychopathology may be caused by isolation
and marginalisation from both the heterosexual and homosexual communities (Hughes et
al., 2010). In a qualitative examination of the experiences of self-identifying bisexual
women and men, Hequembourg and Brallier (2009) reported that participants felt that
bisexuals are judged harshly by heterosexuals and gay and lesbian people for being
“promiscuous and untrustworthy”. The participants also felt that bisexuals were often
viewed as “oversexed” and homosexuals and heterosexuals often defined bisexuality as
an inauthentic identity (Hequembourg & Brallier, 2009). As a consequence, it appears
that bisexual people are not only dealing with confronting attitudes from heterosexuals
but also from homosexuals (Eliason, 1997; Kuyper & Fokkema, 2010; Rust, 1993, 2002).
This suggests that the means by which the minority stress model operates may be
different for people who identify as bisexual. However, no strong conclusions may be
drawn, given that no studies to date have specifically looked at the role of minority
stressors on mental health between homosexual and bisexual identities concurrently.
It is important to separate bisexuals from homosexuals, and men from women, as each may experience very different manifestations of minority stress (Bostwick et al., 2010; Hughes et al., 2010). Such information may help to identify the subgroups at greatest risk of mental health problems, and assist in the development of more effective prevention and intervention strategies (McCabe, Bostwick, Hughes, West, & Boyd, 2010).

**Expanding Our Knowledge of the Minority Stress Model to Include Protective Factors**

While it is apparent that minority stress processes may have a detrimental effect on mental health on sexual minorities, relatively little is known about why the majority of sexual minority individuals appear to be resistant and ultimately recover from the damaging impact of living in a stigmatising environment. While the minority stress theoretical writings (e.g., Meyer, 2003) do note that the impact of minority stressors may be alleviated by internal and external resources available to sexual minorities, few studies have included such factors when studying the minority stress model (Lehavot & Simoni, 2011). The inclusion of such factors into the study of minority stress and mental health may help increase the understanding of why some sexual minority members are similar to heterosexuals in terms of their psychological adjustment, and why many members lead fulfilling, positive, and salubrious lives (Selvidge et al., 2008). One particularly interesting and promising concept is the study of resilience.

**Resilience.** The interest in the construct of resilience has increased substantially of late, with the vast majority of publications appearing in the last decade (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003). The growing interest in the construct represents a shift from the study of mental illness and poor functioning, to a focus on
abilities, personal strengths, and protective factors that enhance adaptive responses to trauma, hardship, and stress (Luthans, 2002a,b). Despite the myriad of available and somewhat varying definitions used to operationalise this construct, it is generally understood that resilience refers to the maintenance of positive adaptation or good functioning following exposure to significant adversity, stress, and other negative events that increase the risk of psychological distress and mental disorders (Luthar, Cicchetti, & Becker, 2000; Mustanski, Newcomb, & Garofalo, 2011).

Initial conceptualisations of resilience emphasised single features related to advantageous consequences when faced with hardship (Rutter, 1985; Werner, 1984). Contemporary theories, on the contrary, suggest that resilience is a multidimensional concept (Connor & Davidson, 2003; Friborg et al., 2003; Viggers & Caltabiano, 2012). It is thought to be comprised of individual level factors such as self-actualization, locus of control, hardiness, personality traits, as well as specific abilities (e.g., good problem-solving skills) and interpersonal resources, including family and social support that permit individuals to manage adverse life events (Connor & Davidson, 2003; Masten, 2001, 2007; Peterson, Folkman, & Bakeman, 1996). The modern theories also acknowledge that resilience varies within the context, age, gender and cultural factors. The following section will review intrapersonal resilience and interpersonal factors (i.e., social support) and their association with stress and mental health.

**Intrapersonal level resilience factors.** Intrapersonal aspects of resilience include having an easy going temperament, positive self-esteem, a sense of self-efficacy, internal locus of control, sense of humour, optimism, adaptability to change, good ability for self-regulation, self-mastery, and good communication skills (Garmezy, 1991; Masten, & Coatsworth, 1998; Olsson, Bobd, Burns, Vella-Brodrick, & Sawyer, 2003; Rutter, 1985;
A number of cognitive abilities, including academic achievement, good problem-solving skills, critical thinking, and ability to find meaning in challenge are also reported to be intrapersonal factors characteristic of resilient persons (Masten & Coatsworth, 1998; Rutter, 1999; Werner, 1994, 1995).

Intrapersonal resilience is thought to act as a protective factor to buffer the effects of stressors on mental health (Li, 2008; Yi-Frazier et al., 2010). This supposition has been supported as studies have generally found that resilience appears to lessen the susceptibility to a range of mental health problems including anxiety and depression (Bonnano, 2004; Bonanno, Galea, Bucciarelli, & Vlahov, 2007; Connor & Davidson, 2003).

There has been limited research examining intrapersonal resilience in sexual minority individuals, and of that research, most has been conducted with youth. Consequently, little is known about how intrapersonal resilience operates in sexual minority adults exposed to minority stressors. This gap in the literature is particularly surprising considering the fact that despite high levels of exposure to minority stressors and other lifetime adversity during their lifetimes many sexual minority adults do not proceed to develop severe distress or psychopathology. Furthermore, of the limited studies that have investigated personal resilience in sexual minority groups, many have used measurement scales only partially related to resilience, making it problematic to compare and contrast findings (Friborg, Barlaug, Martinussen, Rosenvinge, & Hjemdal, 2005). An instrument that appears to encapsulate a range of intrapersonal resiliency factors is the Connor–Davidson Resilience Scale (CD-RISC; Connor & Davidson, 2003). This scale was developed to measure “the personal qualities that enable one to thrive in the face of adversity” (Connor-Davidson, 2003, p. 76).
Scores on the CD-RISC are often inversely associated with psychological distress and have been shown buffer against stress (Fujikawa et al., 2013; Lee & Williams, 2013; Rosenberg et al., 2014; Scali et al., 2012). In a sample of 87 Australian adults with chronic pain, resilience was significantly negatively associated with depression and anxiety, even after controlling for the effects of pain severity, catastrophizing and ignoring the pain (Viggers & Caltabiano, 2012). Resilience (as measured by the CD-RISC) has been shown to mitigate the risk of suicidal behaviour related to juvenile trauma (Roy, Carli, & Sarchiapone, 2011), and act as a moderator between lifetime suicide attempts and violent events or antecedent depression in a large sample of adolescents (Nrugham, Holen, & Sund, 2010). Similarly, resilience served as a buffer between perceived stress and depression in individuals with spinal cord injury (Catalano, Wilson, Muller, Fong, & Chung-Yi, 2011), and it mediated the associated between juvenile trauma and illicit drug use and alcohol use problems in a large study of inner city adults with high rates of childhood abuse and other trauma abuse (Wingo, Ressler, & Bradley, 2014). To the best of my knowledge, no other studies have comprehensively examined the role of intrapersonal resiliency on psychological distress in sexual minorities people.

**Social support.** Social support may be considered an interpersonal resource, and may be defined as “emotional, informational, or practical assistance from significant other, such as family members, friends, or coworkers” (Thiots, 2010, p.46). Social support is especially important for the inclusion in models examining stress and mental health, as a large body of evidence supports the role of social support as a buffer against the negative impact of stressful experiences on psychological distress in both cross-
sectional (Cohen, Hettler, & Park, 1997; Cohen & Wills, 1985; Mustanski, Garofalo, & Emerson, 2010) and longitudinal studies (Dormann & Zapf, 1999).

When studying social support, it is of value to differentiate between received and perceived support. Received support may be defined as the receiver’s account of the actual number of supportive behaviours, or the amount of peers in one’s social group (Sarason, Sarason, & Pierce, 1990). Perceived support, on the other hand, refers to cognitive evaluations of accessibility and suitability of support from others which leads an individual “to believe that he is cared for and loved, esteemed, and a member of a network of mutual obligations” (Cobb, 1976, p. 300).

The general consensus among researchers is that perceived social support has a greater association with psychopathology than received social support (Barrera, Sandler, & Ramsay, 1981; Bruhn & Philips, 1984; Cheng, 1997; Haber, Cohen, Lucas, & Baltes, 2007; House, 1987; Procidano & Heller, 1983; Wethington & Kessler, 1986; Wilcox, 1981). Bruhn and Philips (1984) suggested that it is imperative to perceive support to be accessible before support itself can become valuable. Therefore, regardless of the number of people within one’s social group, or the actual instances of social support, “it is likely to be effective only to the extent it is perceived” (House, 1981, p.27).

A large body of research supports the supposition that perceived social support is an important predictor and buffer of depression in response to enduring stressors (Cheng, 1997; Jackson, 1992; Thoits, 1995), and that it is related to positive physical and psychological wellbeing (House, Umberson, & Landis, 1988; Lakey & Cronin, 2008; Uchino, 2009). Furthermore, perceived social support has been shown to moderate the effects of stress in both heterosexual and sexual minority individuals (Cohen and Wills, 1985; Hershberger & D’Augelli, 1995). In contrast, research on received social support is
inconclusive. For example, two recent literature reviews concluded that there is mixed
effects of received social support on mental health (Haber et al., 2007; Nurullah, 2012).
As perceived social support appears to be more important than received social support,
the focus of this paper will be on perceived social support.

Perceived social support may be especially important for sexual minority people
who encounter general stressors along with the additional burden of prejudice and
discrimination (Meyer, 2003). Perceived social support has been found to moderate the
relationship between minority stress and mental health in sexual minority groups (Ayala

Perceived social support can come from a range of people, including significant
other, family and peers. Social support from friends and family has been found to be
negatively related to depression. Ayala et al. (2000) found a moderate correlation
between depression and support from family and friends in a sample of lesbian women.
In a longitudinal study of LGB youth, Rosario, Schrimshaw, and Hunter (2005) found
that social relationships, in the form of both friend and family support, moderated the
association between other negative social relationships and anxiety, depression, and
conduct problems, particularly for youth who had previously attempted suicide.

The literature, however, has generally focused on global perceptions of perceived
social support (Sheets & Mohr, 2009). This makes it difficult to ascertain which source
of support is most important. In recent times, research suggests that there may be merit in
evaluating different realms of perceived social support (Sheets & Mohr, 2009). It may
help ascertain which source of perceived social support is most influential in the lives of
sexual minority individuals. Other studies also emphasise the value of assessing
perceived social support from both family and friends independently (e.g., Lewinsohn et
It may be especially appropriate to differentiate between sources of perceived social support in studies of sexual minorities when examining potential protective factors. The following section will look at the relationship between perceived support from family and friends and psychological adjustment in LGBs.

*Support and rejection from family.* Families sometimes react negatively after a family member discloses a minority sexual orientation (Cohen & Savin-Williams, 1996; Pilkington & D'Augelli, 1995). Parental rejection regarding sexual orientation has been associated with low self-esteem (D’Augelli, Pilkington, & Herschberger, 1998; Ryan, Huebner, Diaz, & Sanchez, 2009), suicidal ideation and attempts (D’Augelli et al., 2005; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010), and substance abuse (Ryan et al. 2009). On the contrary, high levels of perceived social support from family have been shown to be associated with lower levels of mental health issues (Shilo & Savaya, 2011). It may be that perceived social support from family may act as both a protective and risk factor, in that high levels buffer against stress whereas low levels may contribute to, or strengthen the association between psychological distress and stress. For example, Hershberger and D'Augelli (1995) found that family support both mediated and moderated the relationship between victimisation, self-acceptance and mental health. However, further investigations need to be done before solid conclusions may be drawn.

*Social support from friends.* Perceived social support from friends may be especially significant in LGB individuals who have been rejected by family members on the basis of their non-heterosexual sexual orientation (Goldfried & Goldfried, 2001). LGB individuals may perceive support from peers as being akin to family members. This is believed to be particularly relevant after family rejection (Richards & Branch, 2012).
For example, in a qualitative analysis of LGB young adults, it was found that after parental rejection, LGB young adults actively sought support from individuals who were not biological family (Nesmith, Burton, & Cosgrove, 1999). In youth who have failed to disclose their sexual orientation to family members, many place heavier emphasis on social support from peers for sexuality-specific support (Munoz-Plaza et al., 2002). Similarly, LGB individuals who receive minimal or no support from family may be especially reliant on peer support for psychosocial functioning (Kurdek, 1988; Munoz-Plaza, Quinn, & Rounds, 2002; Nesmith et al., 1999), and such friendships may be viewed as playing a compensatory role in mitigating deficiencies in support from biological family members (Berger & Mallon, 1993; Hays, Chauncey, & Tobey, 1990; Hays, Turner, & Coates, 1992; Weeks, 2001; Weston, 1991).

Limitations of the perceived social support literature. There are limitations of the literature examining social support in sexual minority populations. Many studies have grouped bissexuals and homosexuals together into one undifferentiated group when studying social support and mental health in sexual minority individuals (Bostwick et al., 2010). The few studies that have examined social support differences in bisexual individuals compared to homosexual individuals have shown that bisexuals tend to exhibit lower levels of perceived social support (Bostwick et al., 2010; McLaren et al., 2007). Lower levels of social support among bisexual individuals may account for the higher prevalence of mental health problems seen in this population, as they do not have the social relationships to buffer them against the delirious effects of minority stress (Hatzenbuehler, 2009). However, given the lack of studies investigating this matter, it is not possible to draw any firm conclusions.
Another limitation of social support literature is that many studies have examined
the role of perceived social support in general rather than examining what kinds of
perceived social support (e.g., family, peers or significant other) is the most important.
While general social support is associated with stress, it is important to go beyond
general associations and examine this relationship in more detail. Therefore, it appears
important to distinguish between perceived and received social support, and then the
different sources of social support. It is also important to consider gender and sexual
orientation in these relationships.

Summary

It is unclear if intrapersonal level resilience traits or interpersonal resources (i.e.,
perceived social support) act to buffer a person from the detrimental effects of minority
stress on psychological adjustment in sexual minorities. Understanding which factors
best assist individuals to withstand stressful situations, namely minority stressors can
help guide the development of interventions and provide valuable guidance to clinicians
and researchers working with the LGB population.

The Current Research

The current research extended the literature in several ways. Firstly, the thesis
examined multiple minority stressors concurrently to see which minority stressor or
combination of minority stressors best accounted for the variation in depression and
anxiety in gay men, bisexual men, lesbian women and bisexual women. Secondly, the
research extended previous studies by separating the participants by sex (men versus
women) and sexual orientation (homosexual, bisexual). Therefore, the research
determined the utility of the model separately for gay men, bisexual men, lesbian women,
bisexual women. The research also included an investigation of the role of possible
protective factors, including both intrapersonal resilience (labelled resilience in the present study) and interpersonal factors (i.e., social support from significant other, family and friends in the present thesis). The research also used validated measures to test the degree of minority stress instead of using a single item to measure minority stress. Similarly, the research used a well-validated measure of depression and anxiety which includes a range of items rather than asking a single question to measure each of these components of psychological distress. Finally, the research was open to people from a range of countries, a large sample size, and equal sample sizes for each of the four sexual minority groups.

**Study 1 aims and hypotheses.** The following section reviews the aims and hypotheses of Study 1 followed by the aims of Study 2.

**Study 1 aim.** The aim of Study 1 was to examine the utility of the minority stress model for explaining variance in depression and anxiety across different sexual orientation groups (gay men, bisexual men, lesbian women and bisexual women). The relationship between each of the minority stressors (discrimination, perceived stigma, personal homonegativity/binegativity, LGB affirmation, concealment from family and concealment from world) and psychological distress (depression and anxiety) was explored in order to see which of the minority stressors, or combination of minority stressors, explained the greatest variance in depression and anxiety scores for gay men, bisexual men, lesbian women and bisexual women. In addition, the study explored the role of resilience and social support from significant other, family and friends, on the relationship between the minority stressors and psychological distress (depression and anxiety).
**Study 1 hypotheses**

**Hypothesis 1.** It was hypothesised that minority stress (discrimination, perceived stigma, LGB affirmation, personal homonegativity/binegativity and out to world and out to family) would be associated with the depression and anxiety scales of the DASS-21 (see Figure 2.2). As such, it was predicted that higher levels of discrimination, perceived stigma and internalised homonegativity/binegativity experienced by sexual minorities as measured by the Schedule of Heterosexist Events (measures discrimination based on sexual orientation), Perceived Stigma Questionnaire (measures perceived stigma), Internalised Homonegativity Inventory (measures degree of personal homonegativity/binegativity and LGB affirmation), and lower levels on the Outness Inventory (measures the degree to which a participant has disclosed their sexual orientation to world, sexual orientation to friends, and family; lower scores equal more concealed) would be associated with higher levels of depression and anxiety as measured by the DASS-21.

**Figure 2.2 Hypothesis 1**

**Hypothesis 2.** It was hypothesised that resilience and social support would be negatively related to depression and anxiety. Specifically, as scores on social support and
resilience increased it was predicted that scores on depression and anxiety would decrease.

**Hypothesis 3.** It was hypothesised that the addition of resilience and perceived social support (from significant other, family and friends) to the minority stress model would increase the ability of the model to explain variance in depression and anxiety.

**Hypothesis 4.** It was predicted that higher levels of resilience, and social support from significant other, family and friends, would partially protect sexual minority individuals from developing psychological distress (depression and anxiety) stemming from their experience of minority stress (see Figure 2.3). Specifically, it was predicted that sexual minority individuals reporting higher levels of resilience would report lower scores on depression and anxiety scores compared to sexual minority individuals reporting lower levels of resilience. Likewise, it was predicted sexual minority individuals reporting higher levels of perceived social support (from significant other, family and friends) would report lower scores on depression and anxiety compared to sexual minority individuals reporting lower levels of perceived social support.

**Key terms.** The term “discrimination” will be used to refer to prejudice events (i.e., a distal stressor including discrimination and prejudice on the basis of one’s sexual orientation). The term “out to family” refers to the degree to which the participants’ sexual orientation is known by, and openly discussed with family (i.e., mother, father, siblings and extended family). The term “out to world” refers to the degree to which the participants’ sexual orientation is known by and openly discussed with new straight
friends, work peers, work supervisor(s) and strangers and new acquaintances. The term “resilience” refers to intrapersonal resilience.

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**Figure 2.3 Hypothesis 4**

**Study 2 aim.** The aim of Study 2 was to better understand how the findings from Study 1 are actually operationalized in the life experiences of each of the different groups. Understanding which groups of sexual minorities are at greater risk for adverse mental health outcomes and why, is crucial to the development and successful targeting of mental health promotion, prevention and treatment programs, and ultimately, to the improvement of mental health inequalities experienced by sexual minorities.
CHAPTER 3

STUDY 1 METHODS

Participants

Participants were recruited through social media websites (e.g., Reddit and Facebook), via flyers placed around Deakin University Burwood campus and through an advertisement placed in Q Magazine (an Australian magazine for gay men, lesbian women and bisexual men and bisexual women). A total of 916 participants were recruited from around the world. All participants were required to be aged 18 years of age or over, and identify as gay, lesbian or bisexual. Participation was voluntary and anonymous. The study was available online and thus participants came from a range of countries including United States (45%), Australia (33%), United Kingdom (8%), Canada (5%), New Zealand (1%) and a range of other countries (8%). A chi-square test of independence examined the relationship between country of origin and sexual orientation. Only countries with more than 1% of the total sample (i.e., people from United States, Australia, United Kingdom and Canada) were included in the analysis. The relationship between country of origin and sexual orientation was statistically significant, \( \chi^2 (9, N = 824) = 90.10, p < .001 \).

Age. Means, standard deviations, and range of age across sexual orientation are displayed in Table 3.1. A one way analysis of variance was run to determine if there were group differences on age. There was a significant effect of sexual orientation on age, \( F(3, 912) = 6.90, p < .001 \).
Table 3.1

Mean Age, Standard Deviations and Range in Years by Sexual Orientation

<table>
<thead>
<tr>
<th>Group</th>
<th>$M$</th>
<th>$SD$</th>
<th>$n$</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay men</td>
<td>26.88</td>
<td>8.67</td>
<td>226</td>
<td>18 – 61</td>
</tr>
<tr>
<td>Bisexual men</td>
<td>27.97</td>
<td>10.69</td>
<td>262</td>
<td>18 – 65</td>
</tr>
<tr>
<td>Lesbian women</td>
<td>26.11</td>
<td>7.74</td>
<td>193</td>
<td>18 – 64</td>
</tr>
<tr>
<td>Bisexual women</td>
<td>24.46</td>
<td>7.18</td>
<td>235</td>
<td>18 – 64</td>
</tr>
</tbody>
</table>

**Employment.** Table 3.2 displays the employment status of participants across sexual orientation groups. A chi-square test of independence examined the relationship between employment status and sexual orientation. The relationship between these variables was statistically significant, $\chi^2 (9, N = 916) = 34.47, p < .001$.

Table 3.2

Employment Status Across Sexual Orientation Groups

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$n$</td>
<td>$%$</td>
<td>$n$</td>
<td>$%$</td>
</tr>
<tr>
<td>Full time</td>
<td>100</td>
<td>44</td>
<td>116</td>
<td>44</td>
</tr>
<tr>
<td>Part time</td>
<td>29</td>
<td>13</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>Casual</td>
<td>16</td>
<td>7</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>Student</td>
<td>81</td>
<td>36</td>
<td>95</td>
<td>36</td>
</tr>
</tbody>
</table>

**Education.** Table 3.3 shows the highest level of completed education for the participants in each of the four sexual orientation groups. The completed level of education was fairly similar across groups. A chi-square test of independence examined the relationship between education level and sexual orientation. The relationship between these variables was not statistically significant, $\chi^2 (12, N = 915) = 19.03, p = .09$. 

Table 3.3
Table 3.3

*Highest Level of Completed Education Across Sexual Orientation Groups*

<table>
<thead>
<tr>
<th></th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Primary</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Secondary</td>
<td>89</td>
<td>39</td>
<td>87</td>
<td>33</td>
</tr>
<tr>
<td>Diploma</td>
<td>29</td>
<td>13</td>
<td>40</td>
<td>12</td>
</tr>
<tr>
<td>Bachelor</td>
<td>81</td>
<td>36</td>
<td>100</td>
<td>38</td>
</tr>
<tr>
<td>Postgraduate</td>
<td>23</td>
<td>10</td>
<td>29</td>
<td>11</td>
</tr>
</tbody>
</table>

**Income.** Table 3.4 shows participant incomes per annum before tax in USD for each of the four groups. A chi-square test of independence examined the relationship between income and sexual orientation. The relationship between these variables was statistically significant, $\chi^2 (12, N = 912) = 33.83, p < .01.$

Table 3.4

*Study One Participant Income Levels*

<table>
<thead>
<tr>
<th>Income (SUSD)</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>&lt; 25,000</td>
<td>102</td>
<td>45</td>
<td>143</td>
<td>55</td>
</tr>
<tr>
<td>25,000 - 49,999</td>
<td>52</td>
<td>23</td>
<td>52</td>
<td>20</td>
</tr>
<tr>
<td>50,000 - 74,999</td>
<td>38</td>
<td>17</td>
<td>29</td>
<td>11</td>
</tr>
<tr>
<td>75,000 - 99,999</td>
<td>17</td>
<td>8</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>&gt; 100,000</td>
<td>16</td>
<td>7</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

**Relationship status.** Table 3.5 illustrates the relationship status breakdown for participants in each of the sexual orientation groups. A chi-square test of independence was calculated comparing the frequency of relationship status in gay men, bisexual men,
lesbian women, and bisexual women. A significant interaction was found between relationship status and sexual orientation $\chi^2 (12, N = 915) = 39.81, p < .001.$

Table 3.5

**Participant Relationship Status by Sexual Orientation**

<table>
<thead>
<tr>
<th>Relationship Status</th>
<th>Gay men $n$</th>
<th>Gay men $%$</th>
<th>Bisexual men $n$</th>
<th>Bisexual men $%$</th>
<th>Lesbian women $n$</th>
<th>Lesbian women $%$</th>
<th>Bisexual women $n$</th>
<th>Bisexual women $%$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>125</td>
<td>55</td>
<td>138</td>
<td>53</td>
<td>81</td>
<td>42</td>
<td>88</td>
<td>37</td>
</tr>
<tr>
<td>Married/living with partner</td>
<td>45</td>
<td>20</td>
<td>65</td>
<td>25</td>
<td>54</td>
<td>28</td>
<td>62</td>
<td>27</td>
</tr>
<tr>
<td>dating exclusively</td>
<td>44</td>
<td>20</td>
<td>30</td>
<td>12</td>
<td>46</td>
<td>24</td>
<td>62</td>
<td>27</td>
</tr>
<tr>
<td>dating but not exclusively</td>
<td>7</td>
<td>3</td>
<td>22</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>separated/divorced</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>8</td>
<td>3</td>
</tr>
</tbody>
</table>

**Materials**

**Demographic and sexual orientation questionnaire.** The demographic and sexual orientation questionnaire consisted of items about age, gender, ethnicity/race, country of residence, education level, income level, sexual attraction, sexual behaviour and sexual identity.

**Depression Anxiety Stress Scales -21.** Depression and anxiety were measured by the Depression, Anxiety and Stress Scales-21 (DASS-21; Lovibond & Lovibond, 1995). The DASS-21 is a 21 item self-report measure yielding three scales of 7 (rather than 14 in the full DASS). The three scales are Depression, Anxiety and Stress, each containing 7 items. Only the Depression and Anxiety subscales were used in the final analysis. The Depression scale evaluates dysphoria, hopelessness, devaluation of life, self-deprecation, and lack of interest/involvement, anhedonia, and inertia. The Anxiety
scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

Participants are required to indicate how much each statement applied to them over the past week on a 4-item scale ranging from 0 (did not apply to me at all) to 3 (applied to me very much, or most of the time). Items include, “I feel that I had nothing to look forward to” (Depression subscale) and “I experienced trembling in the hands” (Anxiety subscale). Scoring is completed by doubling raw scores on each DASS-21 subscale in order to compare scores to those of the full DASS and normative data (Lovibond & Lovibond, 1995). Higher scores on each of the subscales indicate more severity of symptoms. A composite measure of negative emotional symptoms can be obtained by totalling the three DASS-21 subscale scores. The DASS-21 was chosen over the full DASS (42 items) as it has a number of advantages over the full length version. The DASS-21 is quicker to complete and the items maintained from the full length DASS are generally superior to those excluded and thus has a cleaner factor structure (Henry & Crawford, 2005).

The DASS-21 has high reliability, displays good convergent validity and exhibits a factor arrangement that corresponds with the distribution of the items to subscales (Crawford, Cayley, Lovibond, Wilson, & Hartley, 2011; Henry & Crawford, 2005). The scale correlates with a range of scales, including the Beck Depression Inventory ($r = .77$), the Beck Anxiety Inventory ($r = .84$), and the State-Trait Anxiety Inventory, Trait version ($r = .59$), displaying good concurrent validity (Antony, Bieling, Cox, Enns, & Swinson, 1998). The DASS-21 has proven to be reliable, and valid with a range of cultures and populations including sexual minorities. In a study of 136 heterosexual and 137 homosexual people the Cronbach’s alpha for the Depression subscale was .95 for
both groups (McLaren, Jude, & McLachlan, 2007) while Cronbach’s alpha was .97 in a sample of self-identified gay men (McLaren, Jude, & McLachlan, 2008). Similar findings have been obtained in a sample of lesbian women, in which Cronbach’s alpha for the Depression scale was .96 (McLaren, 2009). In a separate study of heterosexual women and lesbian women, Cronbach’s alpha for the Depression subscale were 0.97 and 0.96 respectively (McLaren, 2006). Only the Depression and Anxiety subscale were used in the current study. Cronbach’s alphas for the current study are listed in Table 3.6.

Table 3.6
Cronbach’s Alphas for the Depression and Anxiety Subscales of the DASS

<table>
<thead>
<tr>
<th>Subscale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>.90</td>
<td>.90</td>
<td>.91</td>
<td>.92</td>
</tr>
<tr>
<td>Anxiety</td>
<td>.79</td>
<td>.80</td>
<td>.83</td>
<td>.83</td>
</tr>
</tbody>
</table>

Schedule of Heterosexist Events. The degree of prejudice events was measured using the Schedule of Heterosexist Events (SHE; Selvidge, 2000). Heterosexist events include subtle acts of prejudice and discrimination (e.g., the exclusion of LGB couples in the media) and obvious forms of isolation, prejudice and discrimination (e.g., an employer not hiring a person because they are LGB; Neisen, 1990). Other examples of heterosexist events include being treated unfairly by family, friends, or others on the basis of a non-heterosexual sexual orientation, being denied a promotion at work, being called a derogatory name, picked on, pushed or assaulted on the basis of a non-heterosexual sexual orientation (Selvidge, 2000).

The SHE measures the frequency of heterosexist events encountered by a gay, lesbian or bisexual person (Selvidge, 2000). The SHE is comprised of 17 items that
measure frequency of a range of heterosexist events, using a 6-point Likert scale. The scale ranges from 1 (this has ‘never’ happened to you) to 6 (this has happened to you ‘almost all of the time’ [more than 70% of the time]). Items include ‘How many times have you been treated unfairly by teachers and professors because you are perceived as, or are lesbian, gay or bisexual?’ and ‘how many times have you been treated unfairly by your co-workers, fellow students and colleagues because you are perceived as, or are lesbian gay or bisexual?’ The SHE is scored using a mean computation method for each participant, where scores could range from 1 to 6, with higher scores representing highest frequency of lifetime heterosexist events (discrimination).

The SHE demonstrated good reliability in a pilot study of 21 women in the LGB community in Memphis, Tennessee (Cronbach’s alpha = .91), which was conducted by Selvidge (2000) before using the newly developed measure in her dissertation. Subsequent studies with lesbian and bisexual women report a Cronbach’s alpha of .92 (Selvidge, Matthews, & Bridges, 2008). Other studies using the SHE with GLB people reported a Cronbach’s alpha of .90 (Weber, 2008). Cronbach’s alphas for the current study are displayed in Table 3.7.

Table 3.7

<table>
<thead>
<tr>
<th>Scale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHE</td>
<td>.90</td>
<td>.87</td>
<td>.92</td>
<td>.91</td>
</tr>
</tbody>
</table>

Stigma Consciousness Questionnaire. Perceived stigma was measured by the Stigma Consciousness Questionnaire (SCQ) for gay men and lesbian women (Pinel, 1999). The SCQ for gay men and lesbian women is a 10-item measure developed to
assess the extent to which gay men and lesbian women expect to be stigmatised based on their sexual orientation. The participants select their level of agreement to each item on a 7-point Likert-type scale ranging from 0 (strongly disagree) to 6 (strongly agree). Items include “I often think that heterosexuals are unfairly accused of being homophobic” and “Most heterosexuals have a problem viewing homosexuals as equals.” Scoring is completed by reverse scoring seven items (1, 2, 4, 5, 6, 7, and 9) and then adding up the scores. Scores can range from 0 - 60, with higher scores indicating greater expectations of stigma. Pinel’s (1999) SCQ was altered slightly in the current study to make it relevant to bisexual participants as well as homosexual participants. As the changes to wording were only slight, it is anticipated that the validity and reliability of the SCQ was not compromised.

SCQ items have demonstrated adequate internal consistency, with a Cronbach’s alpha of .81 and items loading on a single factor (Pinel, 1999). Pinel (1999) reported that, as expected, SCQ scores were significantly and positively correlated with scores on measures of perceived discrimination, including Fenigstein, Scheier, and Buss’s (1975) Self-Consciousness Scale (SCS), and also with past experiences of discrimination. Additionally, discriminant validity was demonstrated through a non-significant relationship between SCQ scores and measures of social anxiety (Pinel, 1999).

The scale was validated by Pinel (1999) using 66 gay and lesbian participants (mean age 34 years) who were recruited from the 1997 Gay Pride Festival in San Diego, CA and found the internal consistency to be .81. Other studies using the SCQ in samples of lesbian women, gay men and bisexual men and women have found alpha coefficients between .72 to .81 (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011; Cox,
Vanden Berghe, Dewaele, & Vincke, 2010; Lewis et al., 2003). Cronbach’s alphas for the current study are illustrated in Table 3.8.

Table 3.8

*Cronbach’s Alphas for the SCQ*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCQ</td>
<td>.73</td>
<td>.70</td>
<td>.79</td>
<td>.80</td>
</tr>
</tbody>
</table>

**Internalized Homonegativity Inventory.** Internalized homonegativity/binegativity was measured by the Internalized Homonegativity Inventory (IHNI; Mayfield, 2001). The IHNI is a self-report measure comprised of 23-items, using a 6-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Mayfield (2001) identified one higher order factor, Internalized Homonegativity, and three subscales: Personal Homonegativity, Gay Affirmation and Morality of Homosexuality.

The original inventory was modified slightly so it was relevant to lesbian women and bisexual participants. This included changing the wording of some items where references were made to homosexuality. For instance, where a question asked “In general, I believe that homosexuality is as fulfilling as heterosexuality”, it was modified to say “In general, I believe that being gay/lesbian/bisexual is as fulfilling as being heterosexual”. Another example of a modification included adjustments to the question “I wish I could control my feelings of attraction toward men” which was changed to “I wish I could control my feelings of attraction towards people of the same-sex”. Therefore the names of the original subscales Personal Homonegativity/Binegativity, Gay Affirmation and Morality of Homosexuality were adjusted in the present study to Personal Homonegativity/Binegativity, Lesbian/Gay/Bisexual (LGB) Affirmation, and
Morality of Homosexuality/Bisexuality, respectively. As the changes to wording were only slight, it was expected that the validity and reliability of the INHI would not be compromised.

The Personal Homonegativity/Binegativity subscale has 11 items and includes items such “I feel ashamed being gay/lesbian/bisexual”, the LGB Affirmative subscale has 7 items and includes items such as “I see being gay/lesbian/bisexual as a gift”, and the Morality of Homosexuality/Bisexuality has 5 items and includes items such as “I believe it is wrong for people to be attracted to people of their same sex”. Items on the LGB Affirmative subscale require reverse scoring. Scores are then obtained by summing and dividing the scores on the items of the subscale.

Personal Homonegativity/Binegativity measures negative emotions that sexual minorities have about their homosexuality/bisexuality (e.g., shame, depression, and embarrassment) and negative attitudes toward their own homosexuality/bisexuality (e.g., resenting their sexual orientation, wanting to control their same sex-attractions). LGB Affirmation measures the degree to which sexual minorities feel that their homosexuality/bisexuality is important and a positive part of them and that being homosexual/bisexual is normal and fulfilling (low scores = more positive feelings, higher scores indicate less positive feelings). Morality of Homosexuality/Bisexuality measures negative attitudes regarding the moral implications of same-sex attraction and behaviour. A total score can be obtained by summing scores on all items and dividing by 23. Scores can range from 1 to 6, with higher scores reflecting greater levels of internalised homonegativity/binegativity in each domain.

Evidence for convergent validity was established through statistically significant positive correlation ($r = .85$) between IHNI scores and scores on Nungesser’s
Homosexual Attitudes Inventory (1983). Discriminant validity was evidenced through small (but significant) relationships between IHNI scores with neuroticism and extroversion, and a lack of statistically significant correlations between IHNI scores and scores on the Marlow-Crowne Social Desirability Scale (Crowne & Marlowe, 1960). Evidence for construct validity was demonstrated through statistically significant correlations between IHNI scores and gay identity (Brady & Busee, 1994). Szymanski, Kashubeck-West, & Meyer, (2008) suggested using the IHNI over a number of other measures, due to instrument being more likely to detect low and moderate levels of internalized homonegativity.

The IHNI has demonstrated good reliability. Initial psychometric analysis by the authors of the scale found the internal reliability for the total IHNI was .91 and for the subscales Personal Homonegativity, Gay Affirmation and Morality of Homosexuality were .89, .82, and .70 respectively (Mayfield, 2001). Other studies of gay, lesbian and bisexual youth, found Cronbach’s alphas of .77 for the Personal Homonegativity scale and .71 for the Gay Affirmation scale (Greywolf, 2006), and .90 for Personal Homonegativity, and .83 for Gay Affirmation in a separate study of gay men (Shoptaw et al., 2009).

In the current study Cronbach’s alphas for the Personal Homonegativity/Binegativity, LGB Affirmation, Morality of Homosexuality/Bisexuality, and the total scale are listed in Table 3.9. Given the poor reliability of the Morality of Homosexuality/Bisexuality subscale, especially for gay men, the subscale was not included in the final analyses.
Table 3.9

*Cronbach’s Alphas for the Total, and Subscales of the IHNI*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>PH/B</td>
<td>.92</td>
<td>.91</td>
<td>.92</td>
<td>.89</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>.77</td>
<td>.78</td>
<td>.74</td>
<td>.79</td>
</tr>
<tr>
<td>Morality</td>
<td>.22</td>
<td>.66</td>
<td>.65</td>
<td>.76</td>
</tr>
<tr>
<td>Total</td>
<td>.90</td>
<td>.90</td>
<td>.91</td>
<td>.89</td>
</tr>
</tbody>
</table>

*Note. PH/B – Personal homonegativity/binegativity; Morality = morality of homosexuality/ bisexuality*

**Outness Inventory.** The degree to which one is out about their non-heterosexual identity was measured using the Outness Inventory (OI; Mohr & Fassinger, 2000). The OI was developed to assess the degree to which an individual is open about her or his sexual orientation to others. The OI is comprised of 11 items. Each item measures the degree to which the respondent’s sexual orientation is known by and openly discussed with various types of individuals (e.g., family, peers, and acquaintances). It uses a 7-point Likert-type scale ranging from 1 (*person definitely does not know about your sexual orientation status*) to 7 (*person definitely knows about your sexual orientation status and it is openly talked about*). The OI is composed of three subscales: Out to Family (4 items), Out to World (4 items), and Out to Religion (2 items). Items on the Out to Family subscale include “out” (i.e., degree of disclosure of sexual orientation) to “mother”, “father”, “siblings”, and “extended family/relatives”. Items on the Out to World subscale include “out” to “my new straight friends”, “my work peers”, “my work supervisor(s)” and “strangers, new acquaintances”. Items on the Out to Religion subscale include level of openness about sexual orientation to “members of my religious community (e.g., church, temple)” and “leaders of my religious community (e.g., church, temple)”. When the subscales are used instead of a total score, only 10 of the 11 items
are used (item 11 is omitted). Items were developed based on a review of relevant literature (Gamst, Liang, & Der-Karabetian, 2010). Item ratings are averaged to yield an overall score. Scores for the subscales are obtained by summing and dividing the scores on the items of the subscales. Scores range from 1 to 7; lower scores indicate greater levels of concealment and higher scores indicate greater levels of out of sexual orientation to the respective sphere (i.e., family, world, religion) of life.

The OI has demonstrated good construct validity, with scores on the OI positively correlated with a measure of sexual identity development (Mohr & Fassinger, 2000). It has also demonstrated good internal consistency, with Cronbach’s alphas for the full scale between .81 and .91 in gay, lesbian and bisexual populations (Balsam & Mohr, 2007; Balsam, Molina, Beadnell, Simoni, & Walters, 2011; Brewster & Moradi, 2010; Lamont et al., 2008) and the subscales between .74 and .97 (Belmonte, 2011; Mohr & Fassinger, 2000).

Table 3.10

*Cronbach’s Alphas for the Total and Subscales of the Outness Inventory*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out to family</td>
<td>.80</td>
<td>.81</td>
<td>.76</td>
<td>.77</td>
</tr>
<tr>
<td>Out world</td>
<td>.84</td>
<td>.72</td>
<td>.83</td>
<td>.74</td>
</tr>
<tr>
<td>Out to religion</td>
<td>.94</td>
<td>.95</td>
<td>.98</td>
<td>.96</td>
</tr>
<tr>
<td>Overall</td>
<td>.82</td>
<td>.75</td>
<td>.79</td>
<td>.75</td>
</tr>
</tbody>
</table>

**Connor-Davidson Resilience Scale.** The Connor-Davidson Resilience Scale (CD-RISC) was used to measure resilience. The CD-RISC is a 25 item scale developed by Connor and Davidson, as a measure of stress-coping ability (Connor & Davidson, 2003). The contents of the scale reflect a broad range of intrapersonal resilience
characteristics, including hardiness, personal competence, tolerance of negative affect, positive acceptance of change, personal control and spirituality. Respondents indicated agreement with each item on a 5-point Likert Scale from 0 (not true at all) to 4 (true nearly all of the time). Items include “I can deal with whatever comes my way”, “I believe I can achieve my goals, even if there are obstacles”, and “under pressure, I stay focused and think clearly.” Scores are summed to yield a total score ranging from 0 to 100, with higher scores reflecting greater reported resilience.

The CD-RISC was chosen for its good psychometric properties. Preliminary investigation of CD-RISC psychometric properties using clinical and general population samples provide evidence of convergent and divergent validity (Connor & Davidson, 2003). Congruent with predictions, positive correlations were found between CD-RISC and instruments measuring similar constructs (e.g., Kobasa Hardiness Measure, \( r = .83, p < .001 \)), and negative correlations with instruments measuring dissimilar constructs (e.g., Perceived Stress Scale, \( r = -.76, p < .001 \) and the Sheehan Stress Vulnerability Scale, \( r = -.32, p < .001 \); Connor & Davidson, 2003). A methodological review of resilience measurements found the CD-RISC to demonstrate superior psychometric properties compared to other resilience measures (Windle, Bennet, & Noyes, 2011).

Initial psychometric evaluation was assessed with people from the general population, people in primary care, psychiatric outpatients, generalised anxiety disorder patients and post-traumatic stress disorder patients. The scale demonstrated good reliability, with a Cronbach’s alpha of .89 for the full scale and item-total correlations ranging from .30 to .70 (Connor & Davidson, 2003). The CD-RISC has good convergent validity and discriminant validity. Factorial analysis yields five factors (personal competence, trust/tolerance/strengthening effects of stress, acceptance of change and
secure relationships, control, and spiritual influence). Subsequent studies have reported Cronbach’s alphas between .89 and .92 (Herbert, Manjula, & Philip, 2013; Lee & Williams, 2013). Cronbach’s alphas for the current study are listed in Table 3.11.

Table 3.11

*Cronbach’s Alphas for the CD-RISC*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD-RISC</td>
<td>.94</td>
<td>.94</td>
<td>.94</td>
<td>.94</td>
</tr>
</tbody>
</table>

**Multidimensional Scale of Perceived Social Support.** Social support was measured by the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS is a 12-item self-report inventory designed to assess perceptions of perceived social support adequacy from three sources; significant other, family and friends. The principal components factor analysis findings of a number of studies confirm that individuals make distinctions on the basis of the source of support from significant other, family, and friends (Dahlem, Zimet, & Walker, 1991; Zimet et al., 1988; Zimet, Powell, Farlet, Werkman, & Berkoff, 1990).

Each source of social support is assessed using four questions and rated on a 7 point Likert scale. For each item, the participants circle the answer that best describes how they feel, ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). Items on the Significant Other subscale include “there is a special person who is around when I am in need”, “there is a special person with whom I can share my joys and sorrows”, I have a special person who is a real source of comfort to me” and “there is a special person in my life who cares about my feelings”. Items on the Family subscale include “my family really tries to help me”, I get the emotional help and support I need from my
family”, “I can talk about my problems with my family”, and “my family is willing to help me make decisions”. Items on the Friends subscale include “I can count on my friends when things go wrong”, “I have friends with whom I can share my joys and sorrows”, “my friends really try to help me”, and “I can talk about my problems with my family”. The scoring yields a composite score for overall perceived social support and three subscales (i.e., support from significant other, support from family, and support from friends). Summing scores on all 12 items produces the total perceived social support score. Scores can range from 7 to 84, with higher scores reflecting greater levels of perceived social support. Subscale scores are obtained by summing each of the four respective items. Each subscale score can range from 4 to 28, with higher scores indicating greater levels of perceived social support in that domain.

The MSPSS has proven to be psychometrically sound in diverse samples, including lesbian, gay and bisexual youth (D’Augelli et al., 2005; Mustanski, Newcomb, & Garofalo, 2011). Psychometric properties have been assessed with a variety of client population groups demonstrating strong evidence of criterion-related and construct validity (e.g., Canty-Mitchell & Zimet, 2000; Zimet et al., 1988). In relation to criterion-related validity (convergent and discriminant), the MSPSS obtained correlations in the expected direction with several scales, including (but not limited to) Hopkins Symptom Checklist (Zimet et al., 1988) and the General Health Questionnaire (O’Connor, Cobb, & O’Connor, 2003). Across different samples, factor analysis repeatedly results in the predicted three-factor structure (e.g., Canty-Mitchell & Zimet, 2000; Dahlem et al., 1991; Zimet et al., 1988).

The subscales have been found to have good internal reliability. Initial psychometric analysis by the authors of the scale found Cronbach’s alpha for the
Significant Other, Family, and Friends subgroups were .91, .87, and .85 respectively, and .88 for the total scale. Test-retest reliability for the Significant Other, Friends, and Family subscales were .72, .85, and .75 and for the whole scale it was .85 (Zimet et al., 1988). Studies of sexual minorities have yielded similar results with reliability on the MSPSS total and subscales ranging from .85 to .91 (Canty-Mitchell & Zimet, 2000; Dahlem et al., 1991; Kazarian & McCabe, 1991; Mustanski et al., 2011; Zimet et al., 1990).

Cronbach’s alphas for the total scale and three subscales are displayed in Table 3.12.

Table 3.12

<table>
<thead>
<tr>
<th>MSPSS subscale</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Significant other</td>
<td>.96</td>
<td>.96</td>
<td>.97</td>
<td>.97</td>
</tr>
<tr>
<td>Family</td>
<td>.93</td>
<td>.88</td>
<td>.94</td>
<td>.92</td>
</tr>
<tr>
<td>Friends</td>
<td>.95</td>
<td>.92</td>
<td>.94</td>
<td>.93</td>
</tr>
<tr>
<td>Overall scale</td>
<td>.94</td>
<td>.89</td>
<td>.92</td>
<td>.89</td>
</tr>
</tbody>
</table>

Procedure

The research project was approved by the Deakin University Human Research Ethics Committee. Participants were recruited via social media including Facebook, sexuality forums, sexuality websites, as well as via pamphlets and flyers posted around the University campus. The advertisements directed interested persons to the study Uniform Resource Locator (URL), where they could find information about the study. Participants were instructed to complete the survey only if they had a non-heterosexual identity, behaviour, or attraction and were 18 years or older. Potential participants were then provided with the PLS and informed that participation was voluntary and they could chose not to participate or discontinue the survey at any time prior to submitting it. They
were also informed that the information they provided would be anonymous. At the bottom of the page, participants were advised that by clicking a “Submit” button they were indicating that they had read and understood the form and were consenting to participate. Consistent with the recommendations put forward by the American Psychological Association Advisory Group on the Conduct of research on the Internet (Kraut et al., 2004), consent was implied if the participant clicked on this button.

Subsequent to indicating their consent, participants were directed to the survey. Potential participants were screened for suitability and required to complete questions about their age, gender, sexual identity, behaviour and attraction. People who indicated an exclusively heterosexual identity, attraction and behaviour, or indicated that they were below the age of 18 were excluded from the study and thanked for their time. All other participants were directed to the main study. The order of the questionnaires was as follows: Demographic and Sexual Orientation Questionnaire; Depression Anxiety Stress Scale; Multidimensional Scale of Perceived Social Support Scale; Schedule of Heterosexist Events; Stigma Consciousness Questionnaire; Internalised Homonegativity Inventory; Outness Inventory; Connor-Davidson Resilience Scale (see Appendix 5 for a compendium of the questionnaires). The approximate length of time to complete the study was 25 minutes, and the study was available for eight months from March 2013 to November 2013. At the end of the survey, participants were asked if they would be willing to participate in a follow-up study designed to further explore each of the minority stressors, social support and resilience. Those who indicated their willingness to do so were asked to provide an email address that did not contain their full name (for the purpose of maintaining anonymity). Participants were then thanked for their time.
CHAPTER 4
RESULTS

Data Screening

An evaluation of data analytic assumptions was completed. This included a test of skewness, univariate and multivariate outliers, normality, linearity, and homoscedasticity of residuals. Cases identified through Mahalanobis distance as multivariate outliers with $p < .001$ were deleted, leaving 916 cases for analysis. The depression and anxiety variables were positively skewed. Transformation of the variables did not affect the statistical conclusions. Therefore, in order to preserve meaningful results the original values were used in the final analysis. The central limit theorem indicates that under most distributions, normal or non-normal the sampling distribution of the sample mean will approach normality as the sample size increases (Hays, 1994). Given the large sample size for each of the four groups, skew and kurtosis should not greatly impact the interpretability of the results. Discrimination, personal homonegativity/binegativity and LGB affirmations were positively skewed, while social support from significant other and social support from friends, were negatively skewed. As in the case of the dependent variables, transformations did not affect the final conclusions and therefore original values were used. The out to religion variable was excluded from the analyses due to a very large number of missing values and extreme positive skewness and kurtosis. Examination of tolerance levels and multicollinearity among the independent variables indicated no problems with the data, with explanatory variables sufficiently independent of one another.
Analyses of Variance

A series of one-way analyses of variance (ANOVAs) were run to determine if there were group differences on measures of psychological distress (depression and anxiety), minority stress (discrimination, perceived stigma, LGB affirmation, personal homonegativity/binegativity, out to family and out to world) and protective factors (resilience and social support from significant other, family, and friends). The p value of .05 was adjusted using the Bonferroni correction to reduce type 1 errors. The Bonferroni correction resulted in a p value of .004, which was used for the ANOVAs. Post-Hoc analyses were made using Tukey’s Honestly Significant Difference Test (HSD). This test is a highly conservative pairwise comparison test in that it exercises control over type 1 errors and, therefore, a p value of .05 was used (Klockars & Gilbert, 1986; Ramirez & Ramirez, 2009). Following section will look at the results of these analyses for psychological distress, the six minority stressors and four protective factors.

Psychological distress. The means and standard deviations for each group on depression and anxiety are displayed in Table 4.1. A series of one way-way analyses of variance showed that depression and anxiety scores differed among sexual orientation groups (see Table 4.1). Post hoc- analyses using the Tukey’s HSD post-hoc comparisons of the four groups indicated that bisexual men (p < .001) and bisexual women (p < .001) had higher levels of depression than lesbian women. Bisexual women reported higher levels of anxiety compared to lesbian women (p < .01) and gay men (p < .01). No other group differences were observed.
Table 4.1

Means, Standard Deviations, and One-Way Analysis of Variance for the Effects of Sexual Orientation on Psychological Distress

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
<th>F(df)</th>
<th>p</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>M 10.93</td>
<td>SD 9.94</td>
<td>M 9.53</td>
<td>SD 7.29</td>
<td>6.15(3,882)</td>
<td>.000</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>a</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>b</td>
<td></td>
<td>c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>d</td>
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<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td>M 6.71</td>
<td>SD 6.85</td>
<td>M 7.29</td>
<td>SD 7.85</td>
<td>6.66(33,894)</td>
<td>.000</td>
<td>.02</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>a</td>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>c</td>
<td></td>
<td>c</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Means with differing subscripts within rows are significantly different at the $p < .05$ based on Tukey’s HSD post hoc comparisons.

**Minority stress.** Means and standard deviations on measures of minority stress variables (discrimination, perceived stigma, LGB affirmation, personal homonegativity/binegativity, out to family and out to world) for each of the four groups are displayed in Table 4.2. A series of one-way analyses of variance were run to determine if there were group differences on measures of minority stress factors. The results, means and standard deviations are displayed in Table 4.2. The following section will discuss group differences in terms of discrimination, perceived stigma, personal homonegativity/binegativity, LGB affirmation, out to family and out to world.

**Discrimination.** A one-way-way analysis of variance showed discrimination scores differed among sexual orientation groups. Post-hoc tests using Tukey’s HSD showed that gay men and lesbian women had significantly higher scores on discrimination compared to bisexual men (both $p < .001$) and bisexual women ($p < .001$ and $p < .05$ respectively).
Table 4.2

Means, Standard Deviations, and One-Way Analysis of Variance for the Effects of Sexual Orientation on Minority Stress Variables

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
<th>F(df)</th>
<th>p</th>
<th>( \eta^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dis</td>
<td>2.06</td>
<td>0.64</td>
<td>1.79</td>
<td>0.50</td>
<td>2.18</td>
<td>0.75</td>
<td>1.91</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>b</td>
<td>a</td>
<td>c</td>
<td>a</td>
<td>d</td>
<td>b</td>
</tr>
<tr>
<td>PS</td>
<td>31.57</td>
<td>9.02</td>
<td>29.74</td>
<td>8.30</td>
<td>29.80</td>
<td>9.52</td>
<td>27.64</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>c</td>
<td>a</td>
<td>d</td>
<td>a</td>
<td>c</td>
<td>b</td>
</tr>
<tr>
<td>LGB A</td>
<td>2.09</td>
<td>0.83</td>
<td>2.21</td>
<td>0.85</td>
<td>1.99</td>
<td>0.72</td>
<td>2.04</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>b</td>
<td>a</td>
<td>c</td>
<td>a</td>
<td>d</td>
<td>a</td>
</tr>
<tr>
<td>PH/B</td>
<td>2.09</td>
<td>1.07</td>
<td>2.15</td>
<td>1.00</td>
<td>1.82</td>
<td>0.99</td>
<td>1.79</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>c</td>
<td>a</td>
<td>d</td>
<td>b</td>
<td>d</td>
<td>b</td>
</tr>
<tr>
<td>Out world</td>
<td>4.22</td>
<td>2.73</td>
<td>2.73</td>
<td>1.53</td>
<td>4.50</td>
<td>1.80</td>
<td>3.18</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>b</td>
<td>a</td>
<td>c</td>
<td>a</td>
<td>d</td>
<td>b</td>
</tr>
<tr>
<td>Out family</td>
<td>4.94</td>
<td>1.72</td>
<td>2.86</td>
<td>1.66</td>
<td>4.99</td>
<td>1.67</td>
<td>3.38</td>
</tr>
<tr>
<td></td>
<td>a</td>
<td>b</td>
<td>a</td>
<td>d</td>
<td>a</td>
<td>c</td>
<td>b</td>
</tr>
</tbody>
</table>

Note. Dis = discrimination; PS = perceived stigma; LGB A = LGB affirmation; PH/B = personal homonegativity/binegativity; Out world = out to world; Out family = out to family. Means with differing subscripts within rows are significantly different at the \( p < .05 \) based on Tukey’s HSD post hoc paired comparisons.

**Perceived stigma.** A one-way analysis of variance showed group differences on scores of perceived stigma among sexual orientation groups. Post-hoc tests using Tukey’s HSD revealed that gay men had significantly higher scores on perceived stigma compared to bisexual women \( (p < .001) \). No other group differences were observed.
**Personal homonegativity/binegativity.** A one-way analysis of variance showed group differences on scores of personal homonegativity/binegativity. Tukey’s HSD post-hoc comparison showed that gay men and bisexual men had significantly higher levels of personal homonegativity/binegativity compared to lesbian women ($p < .05$ and $p < 0.01$ respectively) and bisexual women (both $ps < .001$). No other group differences were observed.

**LGB affirmation.** A one-way analysis of variance showed group differences on scores of LGB affirmation among sexual orientation groups. Post-hoc tests using Tukey’s HSD revealed that lesbian women scored significantly higher on this measure compared to bisexual men ($p < .01$). This suggests that lesbian women view their non-heterosexual sexual orientation in a more positive light than bisexual men. No other group differences were observed.

**Out to family.** A one-way analysis of variance showed group differences on degree of outness to family. Post-hoc tests using Tukey’s HSD revealed that bisexual men were significantly less likely to be out to family members compared to the other three groups (all $ps < .001$). Bisexual women scored lower on out to family than gay men and lesbian women (all $ps < .001$).

**Out to world.** Bisexual men scored significantly lower on out to world compared to bisexual women ($p < .01$), gay men ($p < .001$) and lesbian women ($p < .001$). Gay men and lesbian women scored significantly higher on measures of out to world compared to bisexual women (both $ps < .001$). No differences between gay men and lesbian women were observed. These findings suggest that bisexual people, especially men are less likely to disclose their non-heterosexual sexual orientation to family members and other people in their world compared to gay men and lesbian women.
**Protective factors**

A series of one-way analyses of variance were run to determine if there were group differences on measures of protective factors. The results of the analyses and the means and standard deviations for each group are displayed in Table 4.3.

Table 4.3

*Means, Standard Deviations, and One-Way Analysis of Variance for the Effects of Sexual Orientation on Protective Variables*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Gay men</th>
<th>Bisexual Men</th>
<th>Lesbian women</th>
<th>Bisexual Women</th>
<th>F</th>
<th>p</th>
<th>$\eta^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilience</td>
<td>61.28</td>
<td>59.96</td>
<td>64.29</td>
<td>61.08</td>
<td>2.30</td>
<td>.076</td>
<td>.01</td>
</tr>
<tr>
<td>Sig others</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>18.73</td>
<td>18.20</td>
<td>19.40</td>
<td>19.55</td>
<td>2.75</td>
<td>.050</td>
<td>.01</td>
</tr>
<tr>
<td>Friends</td>
<td>21.08</td>
<td>20.72</td>
<td>21.75</td>
<td>21.26</td>
<td>1.30</td>
<td>.275</td>
<td>.00</td>
</tr>
</tbody>
</table>

Note. Sig others = social support from significant other; family = social support from family; friends = social support from friends. Means with differing subscripts within rows are significantly different at the $p < .05$ based on Tukey’s HSD post hoc paired comparisons.

**Resilience.** A one-way analysis of variance showed that there were no significant group differences on resilience scores.

**Social support from significant other.** A one-way analysis of variance showed that scores on perceived social support from a significant other differed across sexual orientation groups. Tukey’s HSD post-hoc comparisons revealed that lesbian women and bisexual women had significantly higher levels of perceived social support from a significant other compared to gay men ($p < .01$, $p < .001$, respectively) and bisexual men ($p < .01$, $p < .001$, respectively). There were no other group differences.
**Social support from family.** A one-way analysis of variance showed that there were no significant group differences on scores of perceived social support from family.

**Social support from friends.** A one-way analysis of variance showed that there were no significant group differences on scores of perceived social support from friend.

**Correlations**

The bivariate correlations between depression, anxiety, discrimination, perceived stigma, LGB affirmation, personal homonegativity/binegativity, out to family, out to world, resilience, social support from significant other, social support from family and social support from friends are displayed in Tables 4.4 for gay men, 4.5 for bisexual men, 4.6 for lesbian women and 4.7 for bisexual women.
Table 4.4

*Bivariate Correlations for Gay Men*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Depression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Anxiety</td>
<td>.61**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Discrimination</td>
<td>.22**</td>
<td>.18**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Perceived stigma</td>
<td>.26**</td>
<td>.15*</td>
<td>.40**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. LGB affirmation</td>
<td>.32**</td>
<td>.23**</td>
<td>-.06</td>
<td>.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Personal homo/binegativity</td>
<td>.55**</td>
<td>.42**</td>
<td>.11</td>
<td>.23**</td>
<td>.57**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Out to family</td>
<td>-.27**</td>
<td>-.14</td>
<td>.04</td>
<td>-.14</td>
<td>-.19**</td>
<td>-.40**</td>
<td></td>
<td></td>
<td></td>
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<td>8. Out to world</td>
<td>-.32**</td>
<td>-.23**</td>
<td>.01</td>
<td>-.20**</td>
<td>-.30**</td>
<td>-.50**</td>
<td>.57**</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Resilience</td>
<td>-.66**</td>
<td>-.48**</td>
<td>-.05</td>
<td>-.24**</td>
<td>-.35**</td>
<td>-.47**</td>
<td>.38**</td>
<td>.42**</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. SS significant other</td>
<td>-.34**</td>
<td>-.13</td>
<td>-.01</td>
<td>-.09</td>
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<td>-.30**</td>
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*Note: SS = Social support.

* p < .05. ** p < .01.
Table 4.5

Bivariate Correlations for Bisexual Men

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Note. SS = Social support.
* p < .05. ** p < .01.
Table 4.6  
Bivariate Correlations for Lesbian Women

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Note: SS = Social support.  
* p < .05. ** p < .01.
Table 4.7

Bivariate Correlations for Bisexual Women

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<td>.04</td>
<td>.48&quot;</td>
<td>.35&quot;</td>
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Note. SS = Social support.
* p < .05. ** p < .01.
Regression Models

**Depression.** A series of hierarchical multiple regressions were run to examine the utility of the minority stress model (variables included discrimination, perceived stigma, LGB affirmation, personal homonegativity/binegativity, out to family and out to world), for predicting scores on the measure of depression (model 1) and to determine if the addition of the protective factors (resilience and social support from significant other, social support from family, and social support from friends) to the model (model 2), improved the prediction of depression over and above the minority stress variables in gay men, bisexual men, lesbian women, and bisexual women. The unstandardised regression coefficients ($B$), the standard error of $B$ ($SE_B$), the standardised regression coefficients ($\beta$), $t$-statistic and $p$ for each hierarchical multiple regression are displayed in Tables 4.8 - 4.11. Mediation was assumed if the Barron and Kenny (1986) criteria for mediation.

**Gay men.** All the predictor variables had a significant (all $ps < .01$) zero-order correlation with depression.

**Model 1.** The six predictor minority stress model accounted for 33% of the variance in depression, $R^2 = .33$, $F(6,179) = 14.71$, $p < .001$. Only discrimination and personal homonegativity/binegativity were significant predictors in model 1 (see Table 4.8).

**Model 2.** The addition of resilience and the three types of social support to the prediction of depression led to a statistically significant increase in $R^2 = .20$, $F(4,175) = 18.06$, $p < .001$, accounting for an additional 20% of the known variance in depression. The ten predictor model (six minority stressors and four protective factors) accounted for 53% of the variance in depression, $R^2 =$
Of the predictor variables, only discrimination, personal homonegativity/binegativity and resilience were significant predictors in model 2. Resilience partially mediated the relationship between personal homonegativity/binegativity and depression (see Table 4.8).

Table 4.8

Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Depression in Gay Men

<table>
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<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
<th>t</th>
<th>p</th>
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<tr>
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<td>2.90</td>
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Note. PH/B = Personal homonegativity/binegativity

**Bisexual men.** Discrimination, personal homonegativity/binegativity, resilience and the three types of social support had a significant (all ps < .01) zero-order correlation with depression. Perceived stigma, LGB affirmation, out to family and out to world, were not significantly correlated with depression.
**Model 1.** The minority stress model accounted for 15% of the variance in depression, \( R^2 = .15, F(6,208) = 5.99, p < .001. \) Only discrimination and personal homonegativity/binegativity were unique significant predictors in model 1 (see Table 4.9).

Table 4.9

**Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Depression in Bisexual Men**

<table>
<thead>
<tr>
<th>Variable</th>
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<th>p</th>
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<td>-.05</td>
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<td>0.01</td>
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<td>1.28</td>
<td>.18</td>
<td>2.90</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.12</td>
<td>0.07</td>
<td>-.10</td>
<td>-1.68</td>
<td>.09</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>-1.05</td>
<td>0.77</td>
<td>-.09</td>
<td>-1.36</td>
<td>.18</td>
</tr>
<tr>
<td>PH/B</td>
<td>2.06</td>
<td>0.65</td>
<td>.21</td>
<td>3.17</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
<td>-0.14</td>
<td>0.37</td>
<td>-.02</td>
<td>-0.37</td>
<td>.71</td>
</tr>
<tr>
<td>Out to world</td>
<td>-0.10</td>
<td>0.42</td>
<td>-.01</td>
<td>-0.23</td>
<td>.82</td>
</tr>
<tr>
<td>Resilience</td>
<td>-0.33</td>
<td>0.04</td>
<td>-.55</td>
<td>-9.31</td>
<td>.00</td>
</tr>
<tr>
<td>Social support</td>
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</tr>
<tr>
<td>Significant other</td>
<td>-0.06</td>
<td>0.09</td>
<td>-.04</td>
<td>-0.68</td>
<td>.50</td>
</tr>
<tr>
<td>Family</td>
<td>-0.32</td>
<td>0.12</td>
<td>-.16</td>
<td>-2.68</td>
<td>.01</td>
</tr>
<tr>
<td>Friends</td>
<td>0.03</td>
<td>0.13</td>
<td>.02</td>
<td>0.25</td>
<td>.80</td>
</tr>
</tbody>
</table>

*Note. PH/B = Personal homonegativity/binegativity*

**Model 2.** The addition of resilience and the three types of social support to the prediction of depression led to a statistically significant increase in \( R^2 = .36, F(4, 204) = 36.89, p < .001, \) accounting for an additional 36% of the known variance in depression. The ten predictor model (six minority stressors and four protective factors) accounted for 51% of the variance in depression,
\( R^2 = .51, F(10, 204) = 20.82, p < .001. \) Discrimination, personal homonegativity/binegativity, resilience and social support from family were significant predictors in model 2. The relationship between discrimination and depression and the relationship between personal homonegativity/binegativity and depression were partially mediated by resilience and social support from family (see Table 4.9).

**Lesbian Women.** All of the predictor variables had a significant zero-order correlation with depression (all \( ps < .01 \)).

**Model 1.** The minority stress model accounted for 42\% of the variance in depression, \( R^2 = .42, F(6, 159) = 19.63, p < .001. \) Personal homonegativity/binegativity and out to family were significant predictors in model 1 (see Table 4.10).

**Model 2.** The addition of resilience and the three levels of social support to the prediction of depression led to a statistically significant increase in \( R^2 = .16, F(4,155) = 14.78, p < .001, \) accounting for an additional 16\% of the variance in depression. The 10 predictor model (6 minority stressors and 4 protective factors), accounted for 58\% of the known variance in depression, \( R^2 = .58, F(10, 155) = 21.77, p < .001. \) Personal homonegativity/binegativity and resilience were significant unique predictors in model 2. Resilience, social support from family and social support from friends fully mediated the relationship between out to family and depression and partially mediated the relationship between personal homonegativity/binegativity and depression (see Table 4.10).
Table 4.10

Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Depression in Lesbian Women

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE B</th>
<th>β</th>
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<th>p</th>
</tr>
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<td><strong>Model 1</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
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<td>0.87</td>
<td>.11</td>
<td>1.55</td>
<td>.12</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>0.13</td>
<td>0.07</td>
<td>.13</td>
<td>1.77</td>
<td>.08</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>0.31</td>
<td>0.91</td>
<td>.02</td>
<td>0.34</td>
<td>.73</td>
</tr>
<tr>
<td>PH/B</td>
<td>4.12</td>
<td>0.79</td>
<td>.45</td>
<td>5.25</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
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<td>0.40</td>
<td>-.16</td>
<td>-2.19</td>
<td>.03</td>
</tr>
<tr>
<td>Out to world</td>
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<td>-.01</td>
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<td><strong>Model 2</strong></td>
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<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>0.57</td>
<td>0.82</td>
<td>.05</td>
<td>0.69</td>
<td>.49</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>0.05</td>
<td>0.06</td>
<td>.05</td>
<td>0.81</td>
<td>.42</td>
</tr>
<tr>
<td>LGB affirmation</td>
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<td>0.81</td>
<td>-.04</td>
<td>-0.57</td>
<td>.57</td>
</tr>
<tr>
<td>PH/B</td>
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<td>0.69</td>
<td>.34</td>
<td>4.49</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
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<td>0.39</td>
<td>-.08</td>
<td>-1.22</td>
<td>.22</td>
</tr>
<tr>
<td>Out to world</td>
<td>0.34</td>
<td>0.35</td>
<td>.07</td>
<td>0.98</td>
<td>.33</td>
</tr>
<tr>
<td>Resilience</td>
<td>-0.20</td>
<td>0.04</td>
<td>-.38</td>
<td>-5.09</td>
<td>.00</td>
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<tr>
<td>Social support</td>
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</tr>
<tr>
<td>Significant other</td>
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<td>.00</td>
<td>0.05</td>
<td>.96</td>
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<tr>
<td>Family</td>
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<td>0.13</td>
<td>-.07</td>
<td>-0.80</td>
<td>.42</td>
</tr>
<tr>
<td>Friends</td>
<td>-0.17</td>
<td>0.14</td>
<td>-.10</td>
<td>-1.24</td>
<td>.22</td>
</tr>
</tbody>
</table>

Note. PH/B = Personal homonegativity/binegativity

**Bisexual women.** All of the predictor variables other than LGB affirmation, out to family and out to world had a significant zero-order correlation with depression (all ps < .01).

**Model 1.** The minority stress model accounted for 21% of the variance in depression, $R^2 = .21$, $F (6,189) = 8.32, p < .001$. Discrimination and personal homonegativity/binegativity were significant predictors in model 1 (see Table 4.11).
Table 4.11

Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Depression in Bisexual Women

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>6.83</td>
<td>1.49</td>
<td>.36</td>
<td>4.57</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.17</td>
<td>0.09</td>
<td>-.15</td>
<td>-1.78</td>
<td>.08</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>-0.07</td>
<td>1.13</td>
<td>.00</td>
<td>-0.06</td>
<td>.95</td>
</tr>
<tr>
<td>PH/B</td>
<td>4.12</td>
<td>1.03</td>
<td>.32</td>
<td>4.01</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
<td>-0.42</td>
<td>0.45</td>
<td>-.07</td>
<td>-0.93</td>
<td>.35</td>
</tr>
<tr>
<td>Out to world</td>
<td>0.62</td>
<td>0.48</td>
<td>.09</td>
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</tr>
<tr>
<td><strong>Model 2</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>4.72</td>
<td>1.23</td>
<td>.25</td>
<td>3.83</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.24</td>
<td>0.08</td>
<td>-.21</td>
<td>-3.19</td>
<td>.00</td>
</tr>
<tr>
<td>LGB affirmation</td>
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<td>0.90</td>
<td>-.14</td>
<td>-2.22</td>
<td>.03</td>
</tr>
<tr>
<td>PH/B</td>
<td>2.83</td>
<td>0.81</td>
<td>.22</td>
<td>3.48</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
<td>0.08</td>
<td>0.37</td>
<td>.01</td>
<td>0.22</td>
<td>.83</td>
</tr>
<tr>
<td>Out to world</td>
<td>0.39</td>
<td>0.37</td>
<td>.06</td>
<td>1.05</td>
<td>.30</td>
</tr>
<tr>
<td>Resilience</td>
<td>-0.26</td>
<td>0.04</td>
<td>-.41</td>
<td>-6.61</td>
<td>.00</td>
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<tr>
<td>Social support</td>
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<td></td>
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<tr>
<td>Significant other</td>
<td>-0.25</td>
<td>0.10</td>
<td>-.14</td>
<td>-2.54</td>
<td>.01</td>
</tr>
<tr>
<td>Family</td>
<td>-0.36</td>
<td>0.13</td>
<td>-.18</td>
<td>-2.68</td>
<td>.01</td>
</tr>
<tr>
<td>Friends</td>
<td>-0.16</td>
<td>0.14</td>
<td>-.08</td>
<td>-1.17</td>
<td>.25</td>
</tr>
</tbody>
</table>

*Note.* PH/B = Personal homonegativity/binegativity

**Model 2.** The addition of resilience and the three levels of social support to the prediction of depression led to a statistically significant increase in $R^2 = .32$, $F (4, 185) = 32.02$, $p < .001$, accounting for an additional 32% of the known variance in depression. The ten predictor model (six minority stressors and four protective factors) accounted for 53% of the variance in depression, $R^2 = .53$, $F (10, 185) = 21.10$, $p < .001$. Discrimination, perceived stigma, LGB affirmation, personal homonegativity/binegativity, resilience, social support from a significant other and social support from family were significant predictors in model 2. The relationships between discrimination and depression and personal
homonegativity/binegativity and depression were partially mediated by resilience, social support from a significant other, and social support from family. Resilience, social support from significant other, and social support from family suppressed the relationship between perceived stigma and depression (see Table 4.11). Perceived stigma had only minimal positive zero-order correlation with depression and anxiety. However, when included with the other independent variables, it acted as a suppression variable, aiding in the purification of other independent variables.

**Anxiety.** A series of hierarchical multiple regressions were run to examine the utility of the minority stress model (variables include discrimination, perceived stigma, personal homonegativity/binegativity, LGB affirmation, out to family and out to world) for predicting scores on the measure of anxiety (model 1), and to determine if the addition of the protective factors (resilience and social support from friends, social support from family, and social support from significant other), improved the prediction of anxiety over and above the minority stress variables in gay men, bisexual men, lesbian women, and bisexual women (model 2). The unstandardised regression coefficients ($B$), the standard error of $B$ ($SE_B$), and the standardised regression coefficients ($\beta$), $t$-statistic and $p$ for each hierarchical multiple regression are displayed in Tables 4.12 - 4.15.

**Gay men.** All of the predictor variables other than out to family and out to world had a significant zero-order correlation with anxiety (all $ps < .05$).

**Model 1.** The minority stress model accounted for 18% of the variance in anxiety, $R^2 = .18$, $F (6,177) = 6.46, p < .001$, yet only personal
homonegativity/binegativity was a significant predictor in model 1 (see Table 4.12).

Table 4.12

Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Anxiety in Gay Men

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>SE $B$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
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<tbody>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>1.14</td>
<td>0.86</td>
<td>.10</td>
<td>1.33</td>
<td>.19</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.01</td>
<td>0.06</td>
<td>-.01</td>
<td>-0.14</td>
<td>.89</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>-0.17</td>
<td>0.71</td>
<td>-.02</td>
<td>-0.24</td>
<td>.81</td>
</tr>
<tr>
<td>PH/B</td>
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<td>0.64</td>
<td>.42</td>
<td>4.31</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
<td>0.26</td>
<td>0.34</td>
<td>.06</td>
<td>0.75</td>
<td>.45</td>
</tr>
<tr>
<td>Out to world</td>
<td>-0.11</td>
<td>0.35</td>
<td>-.03</td>
<td>-0.33</td>
<td>.74</td>
</tr>
<tr>
<td><strong>Model 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>1.05</td>
<td>0.79</td>
<td>.09</td>
<td>1.33</td>
<td>.19</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.05</td>
<td>0.06</td>
<td>-.06</td>
<td>-0.91</td>
<td>.37</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>-0.93</td>
<td>0.66</td>
<td>-.11</td>
<td>-1.41</td>
<td>.16</td>
</tr>
<tr>
<td>PH/B</td>
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<td>.34</td>
<td>3.69</td>
<td>.00</td>
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<tr>
<td>Out to family</td>
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<td>.06</td>
<td>0.72</td>
<td>.47</td>
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<tr>
<td>Out to world</td>
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<td>.05</td>
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<tr>
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<td>Significant other</td>
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<td>Friends</td>
<td>0.15</td>
<td>0.11</td>
<td>.12</td>
<td>1.35</td>
<td>.18</td>
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</tbody>
</table>

*Note.* PH/B – Personal homonegativity/binegativity

*Model 2.* The addition of resilience and the three levels of social support to the prediction of anxiety led to a statistically significant increase in $R^2=.15$, $F(4, 173) = 9.54$, $p < .001$, accounting for an additional 15% of the known variance in anxiety. The 10 predictor model accounted for 33% of the variance in anxiety, $R^2 = .33$, $F(10, 173) = 8.44$, $p < .001$. Personal homonegativity/binegativity and resilience were significant predictors in model 2.
Resilience partially mediated the relationship between personal homonegativity/binegativity and anxiety in gay men (see Table 4.12).

**Bisexual men.** Only discrimination, personal homonegativity/binegativity, resilience and social support from significant other, had a zero-order correlation with anxiety ($p < .05$).

*Model 1.* The minority stress model accounted for 18% of the variance in anxiety, $R^2 = .18$, $F(6,214) = 7.65$, $p < .001$, yet only discrimination and personal homonegativity/binegativity were significant predictors in model 1 (see Table 4.13).

*Model 2.* The addition of resilience and the three levels of social support to the prediction of anxiety led to a statistically significant increase in $R^2 = .07$, $F(4,210) = 4.59$, $p < .001$, accounting for an additional 7% of the known variance in anxiety. The ten predictor model (six minority stressors and four protective factors) accounted for 25% of the total variance in anxiety, $R^2 = .25$, $F(10, 210) = 6.74$, $p < .001$. Discrimination, personal homonegativity/binegativity, and resilience were significant predictors in model 2. The relationship between discrimination and anxiety and personal homonegativity/binegativity and anxiety were partially mediated by resilience (see Table 4.13).
### Table 4.13

*Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Anxiety in Bisexual Men*

<table>
<thead>
<tr>
<th>Variable</th>
<th>B</th>
<th>SE</th>
<th>β</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
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<td><strong>Model 1</strong></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Discrimination</td>
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<td>.00</td>
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<td>-0.62</td>
<td>.54</td>
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<td>4.32</td>
<td>.00</td>
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<tr>
<td>Out to family</td>
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<td>1.61</td>
<td>.11</td>
</tr>
<tr>
<td>Out to world</td>
<td>-0.47</td>
<td>0.38</td>
<td>-.09</td>
<td>-1.23</td>
<td>.22</td>
</tr>
<tr>
<td><strong>Model 2</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>4.29</td>
<td>1.16</td>
<td>.27</td>
<td>3.70</td>
<td>.00</td>
</tr>
<tr>
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<td>0.07</td>
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<td>-1.88</td>
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<td>0.71</td>
<td>-.08</td>
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<td>.30</td>
</tr>
<tr>
<td>PH/B</td>
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<td>.30</td>
<td>3.88</td>
<td>.00</td>
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<tr>
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<td>-.09</td>
<td>-1.15</td>
<td>.25</td>
</tr>
<tr>
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<td>0.03</td>
<td>-.28</td>
<td>-3.88</td>
<td>.00</td>
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<td></td>
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<tr>
<td>significant other</td>
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<td>0.08</td>
<td>.02</td>
<td>0.34</td>
<td>.74</td>
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<tr>
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<td>0.11</td>
<td>-.03</td>
<td>-0.40</td>
<td>.69</td>
</tr>
<tr>
<td>friends</td>
<td>0.03</td>
<td>0.12</td>
<td>.02</td>
<td>0.28</td>
<td>.78</td>
</tr>
</tbody>
</table>

*Note.* PH/B = Personal homonegativity/binegativity

**Lesbian Women.** All the predictor variables other than out to world and social support from friends had a significant zero-order correlation with anxiety ($p < .05$).

**Model 1.** The minority stress model accounted for 29% of the variance in anxiety, $R^2 = .29, F(6,162) = 11.07, p < .001$. Of the predictor variables, only discrimination, personal homonegativity/binegativity and out to family were significant predictors in model 1 (see Table 4.14).

**Model 2.** The addition of resilience and the three levels of social support to the prediction of anxiety led to a statistically significant increase in
$R^2 = .08$, $F(4, 158) = 4.64, p < .001$, accounting for an additional 8% of the known variance in anxiety. The ten predictor model accounted for 37% of the variance in anxiety, $R^2 = .37, F(10, 158) = 9.09, p < .001$. Discrimination, personal homonegativity/binegativity, out to family, resilience, and social support from friends were significant predictors in model 2. The relationship between personal homonegativity/binegativity and anxiety was partially mediated by resilience (see Table 4.14).

Table 4.14

Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Anxiety in Lesbian Women

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>SE $B$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>2.84</td>
<td>0.83</td>
<td>.27</td>
<td>3.41</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.03</td>
<td>0.07</td>
<td>-.03</td>
<td>-0.38</td>
<td>.71</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>0.16</td>
<td>0.88</td>
<td>.01</td>
<td>0.18</td>
<td>.85</td>
</tr>
<tr>
<td>PH/B</td>
<td>2.37</td>
<td>0.75</td>
<td>.31</td>
<td>3.17</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
<td>-1.09</td>
<td>0.37</td>
<td>-.23</td>
<td>-2.94</td>
<td>.00</td>
</tr>
<tr>
<td>Out to world</td>
<td>0.27</td>
<td>0.36</td>
<td>.06</td>
<td>0.75</td>
<td>.45</td>
</tr>
<tr>
<td><strong>Model 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>3.41</td>
<td>0.88</td>
<td>.33</td>
<td>3.88</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.08</td>
<td>0.07</td>
<td>-.10</td>
<td>-1.22</td>
<td>.23</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>-0.10</td>
<td>0.86</td>
<td>-.01</td>
<td>-0.12</td>
<td>.91</td>
</tr>
<tr>
<td>PH/B</td>
<td>2.07</td>
<td>0.74</td>
<td>.27</td>
<td>2.81</td>
<td>.01</td>
</tr>
<tr>
<td>Out to family</td>
<td>-1.09</td>
<td>0.39</td>
<td>-.23</td>
<td>-2.80</td>
<td>.01</td>
</tr>
<tr>
<td>Out to world</td>
<td>0.54</td>
<td>0.36</td>
<td>.12</td>
<td>1.51</td>
<td>.13</td>
</tr>
<tr>
<td>Resilience</td>
<td>-0.18</td>
<td>0.04</td>
<td>-.39</td>
<td>-4.14</td>
<td>.00</td>
</tr>
<tr>
<td>Social support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>significant other</td>
<td>-0.02</td>
<td>0.09</td>
<td>-.02</td>
<td>-0.23</td>
<td>.82</td>
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<tr>
<td>family</td>
<td>0.14</td>
<td>0.14</td>
<td>.11</td>
<td>1.02</td>
<td>.31</td>
</tr>
<tr>
<td>friends</td>
<td>0.24</td>
<td>0.14</td>
<td>.16</td>
<td>1.67</td>
<td>.10</td>
</tr>
</tbody>
</table>

Note. PH/B = Personal homonegativity/binegativity

Bisexual women. All of the predictor variables other than out to family and out to world had significant zero-order correlations with anxiety ($ps < .05$).
Model 1. The minority stress model accounted for 33% of the variance in anxiety, $R^2 = .33, F (6,190) = 15.59, p < .001$. Only discrimination, perceived stigma and personal homonegativity/binegativity were significant predictors (see Table 4.15).

Table 4.15

Hierarchical Regression Analysis Summary Minority Stress Variables and Protective Variables Predicting Anxiety in Bisexual Women

<table>
<thead>
<tr>
<th>Variable</th>
<th>$B$</th>
<th>$SE B$</th>
<th>$\beta$</th>
<th>$t$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Model 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>5.61</td>
<td>1.12</td>
<td>.37</td>
<td>5.03</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.15</td>
<td>0.07</td>
<td>-0.16</td>
<td>-2.16</td>
<td>.03</td>
</tr>
<tr>
<td>LGB affirmation</td>
<td>0.32</td>
<td>0.85</td>
<td>0.03</td>
<td>0.38</td>
<td>.71</td>
</tr>
<tr>
<td>PH/B</td>
<td>5.08</td>
<td>0.80</td>
<td>0.47</td>
<td>6.38</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
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<td>0.01</td>
<td>-0.15</td>
<td>.88</td>
</tr>
<tr>
<td>Out to world</td>
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<td>0.36</td>
<td>0.04</td>
<td>0.67</td>
<td>.51</td>
</tr>
<tr>
<td><strong>Model 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discrimination</td>
<td>4.55</td>
<td>1.04</td>
<td>.30</td>
<td>4.37</td>
<td>.00</td>
</tr>
<tr>
<td>Perceived stigma</td>
<td>-0.17</td>
<td>0.06</td>
<td>-0.18</td>
<td>-2.61</td>
<td>.01</td>
</tr>
<tr>
<td>LGB affirmation</td>
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<td>0.78</td>
<td>-0.04</td>
<td>-0.61</td>
<td>.54</td>
</tr>
<tr>
<td>PH/B</td>
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<td>0.72</td>
<td>0.39</td>
<td>5.92</td>
<td>.00</td>
</tr>
<tr>
<td>Out to family</td>
<td>0.20</td>
<td>0.32</td>
<td>0.04</td>
<td>0.63</td>
<td>.53</td>
</tr>
<tr>
<td>Out to world</td>
<td>0.20</td>
<td>0.32</td>
<td>0.04</td>
<td>0.63</td>
<td>.53</td>
</tr>
<tr>
<td>Resilience</td>
<td>-0.18</td>
<td>0.03</td>
<td>-0.34</td>
<td>-5.18</td>
<td>.00</td>
</tr>
<tr>
<td>Social support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>significant other</td>
<td>0.06</td>
<td>0.08</td>
<td>0.04</td>
<td>0.67</td>
<td>.50</td>
</tr>
<tr>
<td>family</td>
<td>-0.16</td>
<td>0.11</td>
<td>-0.10</td>
<td>-1.41</td>
<td>.16</td>
</tr>
<tr>
<td>friends</td>
<td>-0.12</td>
<td>0.12</td>
<td>-0.07</td>
<td>-1.07</td>
<td>.29</td>
</tr>
</tbody>
</table>

Note. PH/B = Personal homonegativity/binegativity

Model 2. The addition of resilience and the three levels of social support to the prediction of anxiety led to a statistically significant increase in $R^2 = .16, F (4,186) = 14.03, p < .001$, accounting for an additional 16% of the known variance in anxiety. The ten predictor model (six minority stressors and four protective factors) accounted for 49% of the variance in anxiety,
$R^2 = .49, F (10, 186) = 17.53, p < .001$, accounting for 49% of the variance in anxiety scores. Discrimination, perceived stigma, personal homonegativity/binegativity, and resilience were significant predictors in model 2. Resilience partially mediated the relationship between discrimination and anxiety, and the relationship between personal homonegativity/binegativity and anxiety (see Table 4.15).
CHAPTER 5

STUDY 2

Methods

Participants

The participants were recruited from Study 1. At the completion of Study 1, participants were given with the opportunity to provide an email address to answer a series of follow-up questions. These email addresses were then used to recruit the participants for Study 2.

Instrument

The questions for Study 2 were developed from analysis of Study 1 data. A total of nine open ended questions were developed. The questions included a range of topics, including social support, influences of one’s own feelings regarding their sexual orientation, perceived gender differences, discrimination, coping strategies and advice for other’s who may be struggling with their sexual orientation. The questions are outlined in Figure 5.1.

Procedure

At the end of Study 1 participant were given the opportunity to leave their email address if they were interested in answering some follow up questions. Participants were asked to ensure that the email address did not contain their name, in order to maintain their anonymity. A series of emails were sent to the participants who had provided their email address asking them to answer the questions and email them back. The email address was then matched back to the Study 1 results in order to obtain the age, gender and sexual orientation of the responding participant. The length of time to complete study 2 was approximately 15 minutes. The follow-up questions were estimated to take 20 minutes to
complete. Study 2 was available for 5 months from November 2013 to April 2014.

1. Have you ever been discriminated against on the basis of your non-heterosexual sexual orientation? If so, please describe the experience including the context of the discrimination (e.g. social, legal, family, religion).

2. Please describe your feelings (positive and/or negative) regarding your non-heterosexual sexual orientation.

3. What are some of the things that influence your feelings about your non-heterosexual sexual orientation?

4. Do you think it’s easier for women or men to endorse a non-heterosexual sexual orientation, and why?

5. Do you think there is more social stress (e.g. discrimination, prejudice, stigma) associated with being Gay, Lesbian, or Bisexual, and why? Alternatively, you may think there is equal social stress associated with being Gay, Lesbian, and Bisexual, and if so, why?

6. Do you think social support plays an important role when you are feeling stressed, anxious or depressed? Why/why not? How?

7. Please describe any of the things related to your non-heterosexual sexual orientation (e.g. prejudice, rejection, and stigma) that have contributed to you experiencing negative feelings (e.g. sad, angry, anxious, and stressed).

8. What things have helped you to cope with any feelings of depression, anxiety and/or stress?

9. What advice would you give to young people who are struggling with their sexual identity?

Figure 5.1. The semi-structured questions for Study 2

Results

Participant Demographics

A total of 456 participants provided their email address for participation.

Of those email addresses, 21 were invalid, leaving a total of 435 valid email
addresses. A total of 77 responded to the email (response rate 18%). Table 5.1 displays the participant demographics.

Table 5.1

Study 2 Participant Demographics

<table>
<thead>
<tr>
<th></th>
<th>Gay men</th>
<th>Bisexual men</th>
<th>Lesbian women</th>
<th>Bisexual women</th>
</tr>
</thead>
<tbody>
<tr>
<td>n</td>
<td>24</td>
<td>25</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>(% of N)</td>
<td>31%</td>
<td>32%</td>
<td>21%</td>
<td>16%</td>
</tr>
<tr>
<td>Age in years</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M (SD)</td>
<td>29.67 (12.47)</td>
<td>27.84 (8.95)</td>
<td>27.00 (8.25)</td>
<td>26.67 (6.47)</td>
</tr>
<tr>
<td>Range</td>
<td>18 - 50</td>
<td>18 – 52</td>
<td>18 - 44</td>
<td>19 – 40</td>
</tr>
</tbody>
</table>

Analysis

The data from Study 2 were entered into the qualitative statistical program NVivo in order to ascertain common themes among each of the sexual orientation groups. NVivo is a comprehensive qualitative data analysis software package designed for thematic analysis (Lapadat, 2010). It was used to identify themes that emerged from the participants responses to the nine follow up questions (an inductive approach). The groups were divided by sexual orientation (i.e., homosexual people and bisexual people) to compare similarities and differences between groups in terms of the themes. Close attention was paid to minority stressors and psychological distress in order to explore the findings from Study 1 in more detail.

Findings

Four major themes were identified in the analysis, which influenced psychological distress. The four themes included: (a) discrimination and support from peers, (b) the broader community, (c) family, and (d) high school. The
themes are presented and discussed according to two groups of participants: (a) homosexual people (gay men and lesbian women), and (b) bisexual people (bisexual men and bisexual women). Overall gender differences are included for the broader community and family themes.

**Peers.** Peers, including general friends, peers of the same sexual orientation and peers of different sexual orientations were all found to be important influences on participants' psychological distress. In some cases, peers acted as the source of distress through their acts of discrimination and social exclusion, while in other cases peers helped enhance the psychological wellbeing of participants through acceptance of their non-heterosexual sexual orientation and by providing them with general support. This section will look at general friends, heterosexual peers and the workplace, peers of the same sexual orientation and peers of different sexual orientation, age factors and relationship issues for both homosexuals and bisexuals.

**Homosexuals.**

**General friends.** General friends were seen as important for many of the homosexual participants. In many cases, friends were seen as important support figures, who accepted the person for who they were, irrespective of their sexual orientation. For some participants, this support and acceptance helped him/her accept their own sexual orientation and assisted in maintaining a positive frame of mind.

*Yes, a large part of my total acceptance for who I am comes from surrounding myself with people who can accept it. Regardless as to your own thoughts on sexuality, not feeling like you belong is terrible.*

*20 yr. Gay Man*
My main influence is the support and love that I feel from my friends and family. Knowing that I have this strong support network allows me to be comfortable with myself.

18 yr. old Gay Man

What really helps me is the acceptance and support of those around me, those close to me.

18 yr. old Lesbian Woman

Other influences are my friends, who are all continually supportive and encouraging. Their positivity has helped me to feel good about myself and remain happy with myself.

19 yr. old Lesbian Woman

Heterosexual peers and the workplace. A common theme among the homosexual participants was the direct discrimination and passive discrimination perpetrated by heterosexual peers, work colleagues and employers, and the consequential negative influence on psychological wellbeing. In some cases, these negative feelings including feeling detached, awkward (e.g., when dealing with reactions of some heterosexuals regarding the disclosure of their non-heterosexual sexual orientation) and feelings of isolation.

Females who aren't accustomed to being around anything but straight people walk on egg shells around me.

18 yr. old Lesbian Woman

The biggest problem for me was that a few of the girls who were in my social groups in general would be uncomfortable around me or refuse to talk to me because they were afraid that I would hit on them. Besides that
and the obnoxious jokes the social resistance made me want to fight and overcome, not curl up and die.

18 yr. old Lesbian Woman

It sometimes makes me feel detached from everyone, just slightly though, detached from some friends and their way of thinking, jokes and things they say to each other. I feel like sometimes they doubt whether to say something funny to me thinking I'll be offended. In some way I do want their to joke with me, it is what builds friendships after all and it shows that I trust these people and care and love them. However, I myself don't know what to expect, maybe I will get offended maybe I won't. It's kind of a double edged sword.

18 yr. old Gay Man

An ex employer, although he never said anything directly to or against me. He was openly homophobic against other staff and with some of the things he said. When I came out as homosexual i received a significantly reduced number of shifts. I initially ignored it as coincidence until I was informed by a more senior staff member that the reduced hours were a response to my sexuality. Though I had no proof, so it was impossible to confront him or take the issue to higher bodies.

18 yr. old Gay Man

Yes. In the workplace. I had a temp job with a branch of the [name omitted] company. They asked me to do some reception work for three weeks or so. At the time I was working in their disability programme. Two days after I was there I mentioned in conversation about my partner and the next morning I got a call saying I was not longer required cos I
laughed too loud. [The company], would not take it further and so they got away with it.

44 yr. old Lesbian Woman

Discrimination at work is something I am exposed to weekly. It is far more common for me to pull up a colleague on an inappropriate comment than in any other facet of my life - perhaps this is because at work I am dealing with a more diverse group of people. Offensive comments are often followed by "Can't you take a joke?!", "Oh, I didn't mean you, I meant the OTHER lesbians." Etc.

30 yr. old Lesbian Woman

I worked for four years with a very personable guy with the one failing that he repeatedly reminded me that I needed to change my ways or I would go to hell ... I believe my sexuality was one of a number of issues in my being forced to resign from my last job.

44 yr. old Gay Man

Support from people of the same sexual orientation. Support from people of the same sexual orientation (i.e. other homosexual people) or other non-heterosexual sexual orientations were identified as being important for a small number of the homosexual participants. However, this theme was not as strong as the positive influence of friends and the negative influence of discrimination from other's with different sexual orientations. This suggests that both positive and negative support and rejection from people of other has more weighting and influence on mental health than does interactions with same-sexual orientation peers.
The LGBT community is so helpful and supportive and the girls that I meet and have relationships with all have impacted my life so much.

21 yr. old Lesbian Woman

The LGBTI community is a huge support, simply being in a place where my sexual orientation is normalised makes a huge difference - just like people of the same profession might socialise. I also find support in being part of a cause to normalise all sexual orientations through mainstream society, almost like a hobby!

30 yr. old Lesbian Woman

Age. Age appeared to play a role in the extent to which peer exclusion or rejection influenced one’s own feelings regarding their sexual orientation as well as their psychological distress. Increased age appeared to act as a protective factors as many participants aged over 26 years were faced with the same discrimination, yet it did not seem to affect them in the same way it did the younger (26 years and under) participants. It may be that the older participants are more resilient and have a better understanding of the self and are more likely to surround themselves with positive people. The younger participants on the contrary, appear to still have fear regarding expectations of rejection and seem to be more influenced by the opinions of others.

I’ve come to understand that if I am rejected solely because of the fact that I am gay, then they are not my true friends and the friendship is not worth my effort to maintain. I have friends and colleagues that have distance themselves after I came out to them. It is sad, but that’s life.

38 yr. old Gay Man
There may have been times when things were more difficult with family or socially but that was when I was much younger. I choose to only surround myself with supportive people nowadays.

26 yr. old Gay Man

I am constantly surrounded by people for whom sexuality is unimportant: they're much more concerned about what kind of person I am in more meaningful ways.

32 yr. old Lesbian Woman

Realizing I was gay, I suddenly understood why I had felt different all my life. I could now be comfortable knowing who I was. 35 years later, I don’t really think about it. It’s just me and what my life has always been.

50 yr. old Gay Man

Back when I was still depressed, the only thing I wanted was a friend to talk to, there is probably no bigger pain than feeling alone with yourself, this is something many non-heterosexuals feel due to rejection. Rejection can be so lethal sometimes, if not most of the times.

18 yr. old Gay Man

Mainly coming out to people is a never ending process, and worrying about being judged, even though most people are ok with it. I also get quite anxious when people start talking about girls, when people ask me “Do you have a girlfriend yet?” or “Are you looking for a girlfriend?” I say no to both, but it makes me really anxious.

19 yr. old Gay Man
If I was more accepted I would not have to worry about scary things just to be myself. Not have to worry and be in fear. When I am called names it stresses me and also makes me sad and angry. If I would retaliate sometimes fights would break out and that is never an easy situation.

18 yr. old Lesbian Woman

But I think negativity towards my sexuality, feeling excluded from others because I'm 'different' (even though I'm just a person) does contribute a great deal [to negative feelings regarding sexual orientation].

18 yr. old Lesbian Woman

Relationships. A common theme among the homosexual participants was the frustration at the reduced number of potential partners available to gay men and lesbian women compared to heterosexuals in the community. Another common theme included concerns about not knowing if a person a participant found attractive had a non-heterosexual sexual orientation. However, a major difference between the homosexual men and homosexual women was the strong theme of not being able to have children seen among the gay men but not the lesbian women. A number of the gay men identified not being able to have children as a negative component of their sexual orientation and source of distress.

Being able to safely assume the person they're attracted to is attracted to their gender [is easier for heterosexuals]. They don't have to try and figure out if someone is gay without being offensive, they can flirt with whoever they want.

24 yr. old Lesbian Woman
I feel negative [about sexual orientation] because so few women date women.

24 yr. old Lesbian Woman

It is extremely depressing as a gay man, to look into your future and not see the possibility of having children (biological) with someone you love. Everything else pales in comparison to this. The thought of growing old and watching on as your heterosexual friends busy themselves with their families, leaving you isolated on the sidelines, or not having a child to love is heartbreaking. If I have ever been depressed about being gay, it is when I have stayed awake at night thinking I will grow old and die childless and alone. Other (slightly less dramatic) negative feelings are that it is much harder meeting potential partners, especially in rural areas, and when you do, trying to find someone who wants the same thing out of a relationship is harder still,

27 yr. old Gay Man

Sometimes I feel that being homosexual is frustrating. The pool of males available to me is small and if I develop a crush on a male he is normally straight. Having children seems like it would be very difficult in comparison to having children if I was straight. This is also frustrating.

23 yr. old Gay Man

It [feeling negative about sexual orientation] used to be regarding the idea about having a kid and being in a family. Surrogacy is so expensive and adoption is next to impossible.

25 yr. old Gay Man
I would love to have had kids though and that is still something I really miss.

44 yr. old Gay Man

Bisexuels.

General friends. Similar to the homosexual participants, support from friends was important for the bisexual participants and helped them accept and embrace their sexual orientation.

Yes, social support from my friends plays an important role. It is comforting to know that are people who know a lot about me but still like me; I'm not completely repulsive! But, I don’t have as much social support that I would like. Social pressures from friends who know make me feel good about it. When a friend affirms that it's OK to be bisexual I feel welcome and accepted. Social pressure from those who don't know make me feel anxious. When my other friends continue to use words like 'gay' and 'fag' to mean stupid or inferior it makes me feel unwanted, or like something is wrong with me for the way I am.

30 yr. old Bisexual Man

Friends have been a huge support. Their actions more so than their words. Not only are they genuinely interested in helping me, they aren’t fazed a bit when I talk with them about my relationships. They’re just as interested in knowing if I’m dating a guy as they are if I’m dating a girl... I’ve cried on my best friend’s shoulder plenty of times when I was really feeling down. Having that safe place of total acceptance means the world to me.

32 yr. old Bisexual Man
Yes, because I typically turn to my friends for support about what I am going through. If they were to reject me based on my sexual orientation, I would be very let down.

30 yr. old Bisexual Woman

I came out on facebook as a way to quickly announce it to everyone who I wasn't already close to and having private conversations with. The overflow of support and the speed at which those reactions came back was amazing. It helps a lot.

33 yr. old Bisexual Man

Heterosexual peers and the workplace. Heterosexual peers were the perpetrators of discrimination for a number of the bisexual participants. This was similar to the findings of the homosexual participants, and included work colleagues, acquaintances and heterosexual friends. A number of the bisexual participants were also fearful that their heterosexual colleagues would exclude and discrimination against the person based on their sexual orientation. In addition, a number of participants were fearful that they would lose their job if their employer found about their non-heterosexual sexual orientation and caused them a lot of distress.

I don't want my colleagues to know that I am queer, and since a majority of my social contact with with them, I feel trapped and unable to talk about my life. If I had somebody to talk to about my problems, they wouldn't feed themselves and become worse like they have.

28 yr. old Bisexual Man
I worry that I am unable to form friendships because I am too afraid of people finding out that I am queer. I worry that if I slip up, my career will be ruined and my opportunities for success and advancement will be taken from me. This definitely doesn't help my levels of stress and anxiety.

31 yr. old Bisexual Man

Yes, I have lost friends in the process of "coming out" and faced discrimination at my work place through co-workers treating me differently.

30 yr. old Bisexual Man

Not directly, but there was a period of time when my coworkers were making A LOT of homophobic jokes/slurs. I was not out at the time, but I ended up coming out to my manager because it reached a point where I felt uncomfortable being around anyone, for fear of where the conversation would turn.

32 yr. old Bisexual Man

The homophobia I experience casually among my male dominated hobbies and activities makes it extremely difficult to feel like anything I had to say would be accepted.

33 yr. old Bisexual Man

Social pressures from friends who know make me feel good about it. When a friend affirms that it's OK to be bisexual I feel welcome and accepted. Social pressure from those who don't know make me feel anxious. When my other friends continue to use words like 'gay' and 'fag'
to mean stupid or inferior it makes me feel unwanted, or like something is wrong with me for the way I am.

28 yr. old Bisexual Woman

Working in an environment where being of non-heterosexual orientation is at best a topic of hot gossip and at worst outright discriminated against by those in control of my working conditions is very hard, and it gives me some stress. I don't feel ashamed of who I am or who I love, but it's very hard to have that love be something that is seemingly supposed to make me feel ashamed due to the actions of others... I'm very afraid because of the stigmas regarding homosexuality in my workplace that identifying or "outing myself" would cost me business because I work with young girls. I don't believe that's valid in any way, but I remain in the closet partially for that reason.

29 yr. old Bisexual Woman

Support from people of the same sexual orientation. For a small number of participants, social support from peers of the same sexual orientation was important. However, this theme was not as strong as the positive influence of friends and the negative influence of discrimination from other’s with different sexual orientations. This suggests that both positive and negative support and rejection from people of other sexual orientations has more weighting and influence on mental health than does interactions with same-sexual orientation peers.

Nothing helps me as much as having other bisexual friends, of either gender, people who have the same struggles I do.

23 yr. old Bisexual Woman
Well, the obvious one is having a bisexual partner and being in a community of people with varying sexual orientations (mostly bisexual and pansexual). I feel like I’m not crazy for celebrating myself because I’m not alone.

34 yr. old Bisexual Woman

Exclusion from homosexual communities. A theme unique to bisexual participants was they faced discrimination, rejection and exclusion not only from the heterosexual community, but also from the homosexual community. The bisexual participants often reported that the homosexuals were the worse perpetrators of discrimination. This was quite surprising for the participants who thought such people would be allies. This knowledge of discrimination or concern about being recipients of such discrimination, left some participants fearful and caused many to conceal their sexual orientation.

Heterosexual people automatically assume your gay and gay people assume your straight. No one believes you or understands you and there is little support for you in either community. Bi-erasure is quite real and I didn't believe it until I saw it first hand.

28 yr. old Bisexual Woman

I have had fear that I would be discriminated against due to negative feelings both from heterosexual and homosexual people based on my bisexuality.

30 yr. old Bisexual Woman

I feel as though it impedes my ability to be myself around certain people.

A very important aspect of myself is hidden and I know that I may be
judged for it. I absolutely detest being bisexual. I wish that I could just choose to stop being attracted to women but I can't. Sometimes the thought of it brings me to tears. Knowing that not all people will be accepting of it makes me feel sad and anxious.

22 yr. old Bisexual Woman

It has been very confusing for me as the gay scene has labels and discriminates against certain types of people...some lesbians hate bisexual women and myself being bisexual I found this quite confronting.

35 yr. old Bisexual Woman

Because we're not monosexual, we're seen as deviant in that regard, and this can lead to us being out-grouped even by our fellow lesbian and gay allies.

21 yr. old Bisexual Woman

My feelings are really negative. I think it's made it a lot harder to relate to other people and for them to "see me" as I see myself. Being bisexual, I don't fit into the conventional image of masculinity. However, I am also not "gay enough" to fit in with gay culture. To be honest, it is really crushingly isolating and depressing, and I wish that I had a different sexual orientation. I wouldn't wish these circumstances on my worst enemy... I think what is most frustrating is that people who might be expected to be supportive of me, aren't. I have found that other non-heterosexual people are often my harshest critics. They might treat me like I'm not "gay enough". A common view is that because I'm "just" bisexual, I couldn't experience any real discrimination or prejudice, and I
am just making it up if I say that I have. (Or, I'm merely pretending to be bisexual because I'm "scared" to come out as gay.) It is particularly disappointing because I don't know who else to turn to and because it feels unfair.

**30 yr. Bisexual Man**

Well as a bisexual, I think that they get the most flack, because we have get against both sides of the spectrum. We are told that we don't exist and that we have to choose a side, or that we are just too afraid to come all the way out of the closet. It is a very frustrating situation, especially when dealing with people of non-heterosexual orientations. I would expect them to know that you don't choose your sexual preferences, but it is not always true.

**21 yr. old Bisexual Man**

Straight people were disgusted, and homosexual people accused me of being in denial about being gay. For some reason some people who are only attracted to one sex seem to have trouble accepting that one might be attracted to both. I often see the letters LGBT to describe the non-straight community. I think those are listed in order of acceptance. I plan to get in contact with the local GLBT organization but I'm afraid they won't accept me because I'm bi.

**28 yr. old Bisexual Man**

Male Bisexuals as we are also not accepted by the Male Gay Community.

**52 yr. old Bisexual Man**
I feel the most social stress is put on bisexual people. As one myself, I frequently run into misconceptions and misunderstandings about what it even is (people think I am promiscuous, that I am confused, that I’m afraid to just pick one). I feel unwelcome at lesbian-centered events and have heard that bisexual women are not welcome at the one lesbian bar in my city. It's especially hard for me to come to terms with my identity when I am effectively in the closet depending on the gender of my partner.

28 yr. old Bisexual Woman

Ironically most of the discrimination I've experienced has been from the LGBT community itself. I cannot count the number of homosexual males who have refused to consider dating me because I stick to my guns about being bisexual.

24. yr. old Bisexual Man

Notably, many of the homosexual participants also acknowledged that bisexuals are often discriminated against and excluded from the homosexual communities.

More and more I'm noticing that Bisexuals have it rough! I was shocked to hear a question about whether bisexual women should be allowed into a lesbian club recently, I was MORE shocked by the answer! It seems the old stigma about promiscuity and confusion among bisexuals is alive and well. Gay and lesbian people are more easily labelled and so less interesting perhaps.

30 yr. old Lesbian Woman
I'd probably say bisexual, as even the LGBT community sometimes discriminates towards them, some even think it isn't a sexuality, that they're just greedy or don't want to admit their true sexuality. Even I at some point thought about it too, and now realize how stupid I am. It just happens. People try to put sexuality in little boxes as if it is all black and white when it is clearly a group of shades showing itself in different forms, skeptical people will reject this idea, but I believe it is true.

18 yr. old Gay Man

Notably, not all bisexual participants felt discriminated by the homosexual community, with some participants acknowledging that the broader non-heterosexual community as a whole was an important source of social support.

Much as having other bisexual friends, of either gender, people who have the same struggles I do. Other queer friends - lesbians, gays, transgendered people, etc. - who understand my identity struggles are also helpful. Heck, tolerant straight friends are great too, but their lack of firsthand experience with the identity garbage I face makes queer friends just a little more helpful.

23 yr. old Bisexual Man

Social support plays an enormous role with me. To be completely honest I wouldn't have actually figured out that I was bisexual if it wasn't for my gay best friend. But all in all its my close friends that have been so very supportive of me during this. I love how they never treated me any different and they helped me realize that I actually was bi.

18 yr. old Bisexual Woman
Absolutely. My local LGBT+ Society serves me well - being around common-minded people and being thought of as "the norm" is a great relief.

21 yr. old Bisexual Woman

I found a sense of belonging in the LGBT community that I would not have experienced if I were straight. My whole life would be so radically different, and I don't think it would have been for the better, either.

20 yr. old Bisexual Man

I am surrounded by other queer people or queer allies that do not judge me in any way.

29 yr. old Bisexual Woman

As a lifelong member of the LGBT community, which most non-heterosexuals are (in or out of the closet), my orientation simply feels normal. I have no feelings one way or the other, it simply is.

22 yr. old Bisexual Man

Age. Unlike the homosexual participants, there were no strong age differences for the bisexual participants.

Relationships. Male bisexual participants found it difficult to find a romantic partner as they felt that heterosexual women believed that bisexual men were dirty and too feminine, while gay men thought bisexual men were indecisive and untrustworthy. On the contrary, bisexual women felt that heterosexual men like the idea of their bisexual women partner having sexual relations with other women, and lesbian women were not too bothered by the “bisexual” identity of women.
Another factor is that I feel it's difficult to have the kind of relationships (platonic or especially romantic) that I would like. I feel it is hard to "be myself" because I feel like I either have to act like a conventionally heterosexual person or a conventionally gay man. I am not particularly successful at trying to be someone else, so this usually puts me in an unfavorable position in the relationships.

30 yr. old Bisexual Man

Since coming out, the only discrimination I have been subjected to was directly related to relationships. None of the gay men I've been sexually intimate or in a relationship with have not taken issue with my attraction to women, but one of the straight women I have been with refused my advances due in part to feeling I would leave her for a relationship with another man. I have had difficulty getting into relationships with women to whom I am out about my bisexuality, but none have expressed that my sexuality was a concern. I get nervous coming out to women I'm attracted to, as I feel like I might be rejected out of hand for something I can't control.

23 yr. old Bisexual Man

It's really only heterosexual women [who discriminate]. They seem to consider men who would have sex with men as dirty, and dangerous. Perhaps they project their own insecurities as partners onto bisexual men when feeling insecure about how sexually satisfying a relationship they are able to provide for their partners. Heterosexual women (and some homosexual men as well) refusing to talk to me or date me if I identify as bisexual. In order to get a woman to agree to date me, I
literally have to step back into the closet for a month with her and hope
she doesn't react poorly when I break the truth that I only hid because she
would react poorly. I've really come to the point where my only response
is "eh, fuck you."

24 yr. old Bisexual Man

In my experience, most women my age think bisexual men are gross, or
otherwise undesirable. Bi guys are just not "manly" or "masculine"

37 yr. old Bisexual Man

In the case of a bisexual man, Heterosexual women may be hesitant to
embark on a relationship as they are scared that he is waiting to embrace
homosexuality.

18 yr. old Bisexual Man

Another common theme among bisexual male participants was the
practice of concealment of their non-heterosexual sexual orientation in order to
prevent personal discrimination. Interestingly, in Study 1, bisexual men were the
least likely to have revealed their sexual orientation to friends, peers, others and
family compared to the other three sexual orientation groups.

I have not been discriminated against directly as I am not out to most
people. The most I have really had to deal with is the off color remarks
about LGBT's that my father occasionally makes.

24 yr. old Bisexual Man

Not really [been discriminated against], I am not 'out'!

25 yr. old Bisexual Man
No (I haven’t been discriminated against), but that is because I’m very closeted. My wife does now, but she dismisses it as not real.

47yr. old Bisexual Man

I mostly stay in the closet because of negative reactions I've had in the past.

28 yr. old Bisexual Man

“I wouldn’t say that I am too discriminated against *personally* because I am pretty reluctant to reveal my sexual orientation to people... ”.

30 yr. old Bisexual Man

Broader community.

The broader community played an important role in the acceptance of, and feelings towards a participant’s bisexual orientation. The themes of broader community deemed to be important and which are discussed in the following section include the role of religion, societal reactions to non-heterosexual public displays of affection, legal discrimination, stereotypes, new generations, and the influence of media across homosexual and bisexual participants. The final section will look at gender differences within the broader community.

Homosexuals.

Religion. Religion had a major influence on psychological adjustment for the homosexual participants. The belief systems of religions and the interpretations of people that follow them, often led people questioning their sexuality, and lead to negative feelings regarding the self. The threat of “going to hell”, or being told “gay homosexuality is disgusting”, appeared to impact negatively on the mental health of a number of the homosexual participants.
When I went to college I thought it was going to be different. It was a very conservative Christian school but my parents said I had to go there if I wanted help paying for school. So I went and when I got there I had to sign a contract stating I would not engage in any activities going against the Bible including homosexuality.

21 yr. old Lesbian Woman

Several churches have told me that I’m going to hell.

18 yr. old Gay Woman

I have pushed religion away, after I went to a guess lecture at uni, where I was invited by a friend. The priest talking practically condemned lesbians and gay men to hell because of their ‘choice.’ My friend apologised many times, and said that he was out of line, but I refuse to have anything to do with an organisation run by people like him. Also religion was a big thing to me. I refused to accept that I was gay, but finally the day came where I had to accept it, and I also pushed religion aside, as I refuse to accept that any fair god would condemn LGBTIQ to hell.

19 yr. old Gay Man

Public displays of affection. A form of discrimination noted by a number of participants was the reaction of some people to public displays of affection. This ranged from glares from the public right up to comments suggesting the act was offensive.

Yes, I have been discriminated many times, mostly with peers or strangers in public settings. I would not be displaying PDA they would just assume my orientation and call me horrible names or sometimes shove me and laugh in my face.

18 yr. old Lesbian Woman
I was with my boyfriend in a park in the city, we saw a straight couple kissing...I told him ‘oh that is so sweet, I wish we were able to do this in an open space’ at that moment, he kissed me. And at that moment, the couple stopped kissing and stared at us and said it was disgusting.

27 yr. old Gay Man

Legal discrimination. Laws, especially marriage law, influenced participant’s psychological adjustment. In some cases, participants reported feeling degraded, isolated and as if they were second class citizens.

If I ever have negative feelings they are influenced by the government and other's opposition to equal marriage rights and things like graffiti attacks on pride march signage.

23 yr. old Gay Man

Discrimination by law. Everyone is entitled to their believes as individuals but discrimination has no place in governments and legislations. I am angered by it, especially when their personal believes politicians being the reason to disallow same-sex marriage.

38 yr. old Gay Man

Society here detest homosexuality, this is made worse by the legal system here. Being gay can actually score yourself a spot in prison. I feel alone, like I have always been. Discrimination, I feel like a second class citizen. Stripped off my civil rights, my right to exist, my right as a human being to love and be loved. I feel sad, lost, hopeless. I don’t know what to do with my life.

20 yr. old Gay Man
Legally discriminated against yes, in the sense that I can't marry my partner, it was only recently that a lot of discriminatory elements of Australian law were removed (e.g. validity of same-sex couples re. tax etc).

32 yr. old Lesbian Woman

If you feel supported, you are less anxious even if circumstances are effectively the same. This is one reason why marriage equality is so vital. It's like the Apology to the Stolen Generations. It's symbolic, it forms part of your relationship as an individual with your society.

49 yr. old Gay Man

Stereotypes. Stereotypes regarding gay men and lesbian women were still prevalent for many of the participants. Stereotypes associated with lesbian women included “man-haters” while gay men were seen to be “dirty” and associated with AIDS and paedophilia.

Gay men have to deal with an association between male homosexuality and paedophilia and a slightly more aggressive and violent homophobia where it occurs. Gay men also have a higher incidence of HIV and other STI's which can make people suspicious of them. Stigma that associates gay relationships with that of pedophilia, or bestiality make me feel angry. On the other hand, a lot of people don't seem to take female homosexuality very seriously. They are far more likely to have their feelings dismissed as "just a phase they're going through". I imagine this would be very annoying.

27 yr. old Gay Man
There probably is. Speaking as a male who isn’t the stereotypical gay man, people always say “You don’t act gay” or question me. One girl refused to believe that I’m gay. I went to coffee with her, and 3 hours later, I finally convinced her. She has gay friends, she believes them because they are flamboyant, but because I didn’t fit the stereotype, she had a hard time believing it. People question you, “Are you sure?” It’s annoying.

19 yr. old Gay Man

There are still misconceptions that gays are full of diseases.

25 yr. old Gay Man

Being a masculine...ish gay guy means that revealing my sexual identity to other is often met with, "Really?!?! Are you joking?" I like being the one to break stereotypes and making people think beyond the exaggerated portrayal.

18 yr. old Gay Man

I've heard people say all kinds of things ranging from "gay men raise their kids up to be gay" (which is merely stupid) to "gay men are paedophiles who adopt children so that they can abuse them" which is downright hurtful ... I really don't know. Gay men have to deal with an association between male homosexuality and paedophilia and a slightly more aggressive and violent homophobia where it occurs. Gay men also have a higher incidence of HIV and other STI's which can make people suspicious of them.

27 yr. old Gay Man
Interestingly, these negative stereotypes about gay men were also acknowledged by the bisexual participants.

*I think being gay is probably the worst, due to social stigma and the association with AIDS. Being lesbian makes you an "angry man-hater", but the bias is not nearly as damaging as being a gay male. Society basically feels it is better to be a masculinized female than a feminized male, so girly men tend to get it worse.*

**29 yr. old Bisexual Woman**

*For lesbian women, I think there is criticism that comes along with not being "available"/interested in men, and as a result there are negative stereotypes associated with being a lesbian (e.g., "ugly", "man-hating")... I suspect gay men have it worst of all, as the perceptions of male sexuality as dirty and aggressive get pushed onto it, and I think that there are still many people who blame AIDS on them.*

**34 yr. old Bisexual Man**

*New generations. A unique common theme among gay men was a sense of hope about future generation’s acceptance of homosexuality and bisexuality. A number of the participants felt that society was becoming more accepting of non-heterosexual sexual orientations especially younger generations.*

*On the whole, my friends are very supportive, my brother and sister are too. It seems young people have a much better understanding of sexuality, and are more inclined to listen.*

**19 yr. old Gay Man**

*The current generation is getting better and it really is ignorance that fuels the discrimination towards gay people.*

**18 yr. old Gay Man**
It seems to me that it's getting easier to be gay by the minute. People who oppose our 'choices' seem to be going quieter all the time. I think bisexuals have it a little harder than gays and lesbians. They're probably a much bigger percentage of the population than most people realize, yet they seem to be the most overlooked. I think there's a lot of pressure from society for them to 'pick a side.' I think watching the huge strides we've made as a community in the last 10 years alone have done a lot to make me feel pretty good.

29 yr. old Gay Man

The reactions of others to non-heterosexuals, either in my personal life or through the media. The fact that these are far more positive than ever before is the most heartening.

26 yr. old Gay Man

But societal changes in attitudes has rapidly improved in the last 10 years.

24 yr. old Gay Man

The developed modern world is more accepting of LGBTQI people than it was in the past, but there is still abundant ignorance which does make coming out for people of all genders an anxious and difficult experience.

27 yr. old Gay Man

The fact that the general community attitude has improved dramatically during my lifetime is a big plus. This is apparent in the media and day to day conversations with other people. There are still some pretty shrill
haters getting air time but my perception is that they are an increasingly marginalised minority.

44 yr. old Gay Man

The fact that I took the chance to leave my family and home country and come to Australia where homosexuality is no longer illegal and more and more people are starting to accept homosexuals. The fact that I don’t depend on anyone financially or emotionally.

38 yr. old Gay Man

The influence of the media. Media, including television shows, movies and associated celebrities, and social media were seen to be both a positive influence and a negative influence on people’s psychological wellbeing.

The perception held in mainstream news/media generally informs the opinions of my friends, which, I feel, also has a significant impact...I think it is now much more socially acceptable to be a non-heterosexual man than it was in the past, due mainly to visibility in the media.

19 yr. old Gay Man

Also, to a lesser extent the positive representation of homosexuals in the media. My family are big fans of the television show modern family. So seeing the positive way in which homosexual main characters are represented not only makes homosexuality seem more 'normal' but it also opens the door to positive family discussions about homosexuality.

18 yr. old Gay Man

The fact that the general community attitude has improved dramatically during my lifetime is a big plus. This is apparent in the media and day to day conversations with other people. There are still some pretty shrill
haters getting air time but my perception is that they are an increasingly marginalised minority.

44 yr. old Gay Man

I think it does. If the people and media are hostile towards you, you'll become more anxious. If they're supporting you, you'll feel better.

22 yr. old Lesbian Woman

Seeing straight peoples sexuality everywhere in the media is also unnerving.

24 yr. old Lesbian Woman

People in positions of power condemning my orientation and therefore me (religious figures, politicians, celebrities). People using words like 'fag' 'homo' in a derogatory fashion (I have no problems with these words - I use them myself, they are only a problem when they are used as hate speech).

26 yr. old Gay Man

Having said that, it is hard not to feel as though certain people in society discriminate against homosexuals when you hear them expressing their views in the media.

27 yr. old Gay Man

Bisexuals.

Religion. Similar to the homosexual participants, religion was seen as a form of discrimination and source of psychological distress.
I was raised as a Christian and I was bisexual. I figured that I was disgusting in the eyes of God.

**22 yr. old Bisexual Woman**

Sometimes anticipating potential discrimination gives me a lot of anxiety. For instance I feel resentful toward people at my church because I know they would discriminate against me if they knew I'm not straight... being at church knowing the congregation thinks I'm sinful for how I've accepted I am. That makes me feel sad and broken, like I am a flawed creation.

**28 yr. old Bisexual Man**

There's also the obvious issue of the majority of religious institutions which condemn LGBT people.

**18 yr. old Bisexual Man**

*Public displays of affection.* A form of discrimination noted by a number of the bisexual participants was the reaction of some people to minor public displays of affection. This ranged from glares from the public right up to comments suggesting the act was offensive. This was quite confronting for some participants and led to feelings of sadness.

*An instance of social discrimination I experienced recently occurred when I was out at a movie with my boyfriend. He gave me a kiss on the cheek and a man sitting behind us said "You boys better stop that shit in front of my kids." When we kissed later, he reiterated and continued to berate us. We responded and eventually he sent his wife to talk to the theater management. My sister went to speak with the management as well,* and
luckily, that family was the one showed out. However, the experience was rather jarring. It is a mark of the times that the disruptive family was the one shown out while my boyfriend and I were allowed to stay, and it is also a mark of the times that this is a rare event instead of a common one.

**23 yr. old Bisexual Man**

I generally dislike it [bisexuality] because of the discomfort it seems to cause others, and myself… I often feel myself suppress or apologise for my sexuality because of fearing I'll validate stereotypes about me.

**21 yr. old Bisexual Woman**

Other people’s opinion, my opinion, my gf [girlfriend’s] reluctance to hold hands in public because of reactions from others [influence negative feelings about sexuality]. This makes it hard for me to relax. I want to be who I am with my gf in public, hold hands and kiss etc. like hetero couples, but because my gf is fearful of other’s negative reactions we don’t do it.

**35 yr. old Bisexual Woman**

*Legal discrimination.* Similar to the homosexual participants, law, especially marriage law, influenced participants in many negative ways leaving some feeling degraded, isolated and as if they were second class citizens. A lot of the participants also did not feel protected by the law and thus at risk of discrimination based on their sexual identity.

Yes. Marriage laws in Australia are not equal, and there is violence and bigoted behaviour against those of non-heterosexual orientation.

**18 yr. old Bisexual Man**
Gays in the United States are constantly being discriminated against by our government. DOMA ensures that the equal protection and full faith and credit clauses of the US Constitution don't apply to us. Recently, my boyfriend and I got engaged, but as we live in Florida, we are prohibited from getting married or even having anything like marriage. I campaigned against Amendment 2 back in 2008 and had a terrible sense of bittersweetness when Amendment 2 passed but Barack Obama was elected president. Now, even if I go to another state and marry my boyfriend, the marriage won't be valid or recognized in Florida, despite EVERY OTHER MARRIAGE ANYWHERE being recognized, even if they wouldn't be performed by the state in question. Legally, I am discriminated against constantly.

23 yr. old Bisexual Man

Stereotypes. Societal stereotypes about bisexuality identified by bisexuals, included that bisexuality is a ‘transitional sexual identity’, bisexuals are “fake, untrustworthy, and not monogamous”. These negative stereotypes affected the ways many of the bisexuals viewed their own sexuality.

I also think bisexual women have more stress as society sees us as dirty, sexed up people who just have sex with anything. That we can’t make up our minds and the term "greedy" has been thrown around on some sites.

35 yr. old Bisexual Woman

There are so many stigmas that play into feeling anxious about my orientation. I am always nervous that I someone is going to judge me based on my orientation.

26 yr. old Bisexual Woman
For bisexuals, though, I do think there is a difference. From my perspective, bisexual women are sexualized against their will more than straight women or lesbians, but they are not treated as indecisive. I feel like bisexual men are often seen as indecisive, usually as gay men who lack the confidence and conviction to identify as such. That, or they are seen as depraved perverts whose sexual cravings extend beyond gender.

**23 yr. old Bisexual Man**

Mostly that I am in a relationship, but also because there is a stigma against bisexual people, people think they either don't exist or are really just gay or straight, or just promiscuous. In one sense there is a stigma against bisexuals because many people do not believe they exist, but at the same time it can be easier to hide this orientation by only having relationships with the opposite sex.

**29 yr. old Bisexual Man**

I feel anxious when I tell someone that I am not exclusively heterosexual, as people seem to think that this means that I am not monogamous.

**40 yr. old Bisexual Woman**

I have been told I have lying, faking, confused, a bad person, greedy, told I am not welcome in places, been called hurtful things, etc.

**28 yr. old Bisexual Man**

I feel like bisexual men are often seen as indecisive, usually as gay men who lack the confidence and conviction to identify as such. That, or they are seen as depraved perverts whose sexual cravings extend beyond gender.

**23 yr. old Bisexual Man**
I'm merely pretending to be bisexual because I'm "scared" to come out as gay.) It is particularly disappointing because I don't know who else to turn to and because it feels unfair ... I feel it is hard to "be myself" because I feel like I either have to act like a conventionally heterosexual person or a conventionally gay man. I am not particularly successful at trying to be someone else, so this usually puts me in an unfavorable position in the relationships.

30 yr. old Bisexual Man

Bisexuality has to be stated or explained. That it cannot be passively displayed makes being confidently out as bisexual a constant process of self-identification, enough that my bisexuality might eclipse more prominent and profound traits I possess. Either it gets erased, or it defines me.

23 yr. old Bisexual Man

The stereotypes regarding bisexuality were not only identified by the bisexual participants, but also recognised by the homosexual participants.

I think it is hard socially for people who are bi sexual. A common attitude seems to be that people believe 'bi' is a 'cop out'. It seems hard for people to believe that someone could genuinely enjoy both sexes. I do not know why this is.

23 yr. old Gay Man

I believe that there is more social stress being a bisexual. Many people in the modern western societies are starting to understand more about and are coming to terms with gay and lesbians due to more effort in research,
education, debate, protest, fight for rights etc. However, not so much for bisexuals. I think because bisexuals are attracted to both sexes, there are also under more pressure to choose and restrict themselves to only the opposite sex because they can.

38 yr. old Gay Man

I think bisexually get the most stress because not only are they discriminated in the heterosexual community but also in the gay community as well. They typical argument seems to be. "Oh bisexuals, they are greedy and can't pick a side."

18 yr. old Gay Man

Whilst bisexuals get prejudice from gay and lesbian because they are seen as 'confused' or going to ditch them when they find a suitable hetero partner.

27 yr. old Lesbian Woman

I can't imagine how difficult it would be to be truly bisexual. It confuses everyone. Bisexuality is the next frontier in sexual politics. It makes being gay look really simple.

49 yr. old Gay Man

New generation. As per the gay men, a number of the bisexual participants felt that new, younger generations were more accepting of non-heterosexual sexual orientations. This was particularly noticeable among the bisexual men.
I feel like young people have more of a handle on sexuality being more fluid or on a spectrum. I see a lot of hope in the next generations coming up to move forward quickly. And my advice is to be confident in yourself.

33 yr. old. Bisexual Man

No, I think there is less. Because the younger generations are growing up and coming into power, and they’re a helluva lot more open-minded and non-judgmental. The political landscape is changing, and the bigots have fewer and fewer easily influenced idiots to listen to their vitriol.

37 yr. old Bisexual Man

The influence of the media. Media, including news, television shows, movies, celebrities and social media were seen to be both a positive and negative influence of psychological adjustment. It was seen as a positive influence of wellbeing when accurately portraying bisexuality. However, when media depictions of bisexuality were incorrect they were seen as a source of psychological distress. These findings are similar to the homosexual participants, however specific to bisexuality.

Although I shy away from most mainstream media (I don't have a TV, go to movies, get magazines, listen to music radio) there are times when I can see that they get an accurate portrayal of bisexuality, and that makes me feel part of an "in" group. Other times they are so off with their portrayal that I wonder if queer rights really have advanced all that much.

29 yr. old Bisexual Woman
News stories from Russia/other places where non-heterosexuality is taboo, anti-gay celebrities tweeting about the great evils of homosexuality, asshole rednecks in my area, anti-gay legislation, and so forth, all contribute to negative feelings.

23 yr. old Bisexual Man

The news media and its reporting on discrimination against gays both in the US and abroad adds to my anxiety. Positive portrayals of bisexual men as normal or desirable make me feel more desirable and thus more empowered by my sexuality. Having friends who know I am bisexual and do not treat me differently also makes me feel better about my sexuality...

Seeing bisexuals treated as strong and brave in the media is inspiring too.

23 yr. old Bisexual Man

**Overall gender differences.** A strong theme across participant groups was the differences between societal perceptions of homosexual and bisexual women and homosexual and bisexual men. Many felt that sexual minority women were sexualized, in part due to pornography, as well as heterosexual men’s fantasies and desires, and was often more accepted than male homosexuality/bisexuality.

In addition, it was suggested that women are permitted to be more “gender fluid”. However, some participants felt that society misunderstood female homosexuality and bisexuality. Male expression of homosexuality and bisexuality in society was seen as disgusting and “non-masculine”. Another interesting point was that heterosexual women were seen to be able to support non-heterosexual people and were overall more supportive than heterosexual men. When a male heterosexual supported non-heterosexual person, especially
men, they were treated with discrimination and accusations that they themselves were gay.

Endorse? I think if you mean by that 'publicly say that "gay is okay"' then I think it's easier for heterosexual women than heterosexual men as there can sometimes be a "well you must be gay too" backlash that doesn't seem to happen as much with women. However, I think it is as equally difficult for homosexual men and women.

26 yr. old Bisexual Man

I think it's easier for women, because we're automatically viewed as kinder than men, so we're excepted to endorse things like this. However, if a male endorses it, everyone assumes he's gay.

22 yr. old Lesbian Woman

I think that it is easier for women to endorse it. Being a man and supporting gay rights or something similar often comes with accusations of being gay yourself. It is unfair and promotes a culture of non action or nonsupport amongst males.

18 yr. old Gay Man

Women because most straight women have an understanding and are intouch with the feelings of others, whereas most straight men by nature have common fantasies about lesbians and find other men's non heterosexual sexuality confronting and intimidating.

35 yr. old Bisexual Woman

It's definitely easier for women because there is less of a "gross out" factor involved, and a woman being with another woman doesn't
undermine a steadfast social role like gay men do (they are seen as less masculine). It seems like more violence I hear about in female news directed towards queer folk is towards men.

28 yr. old Bisexual Woman

Men are expected to be men and are considered less of a man if they're gay.

18 yr. old Lesbian Woman

More because of the whole social stigma of men having to be all manly and being gay is perceived as the complete opposite. Also the fact that lesbians are perceived as not serious and erotic i.e. porn, 'barsexuals'.

27 yr. old Bisexual Man

I would say that it is easier for women because there isn't as much stigma around a woman being 'masculine' and liking women. In our society femininity seems to be perceived pretty badly.

18 yr. old Lesbian Woman

Yes, because I believe that, as a man, people have preconceived expectations of you. For instance, being effeminate is not a desirable trait in men, by the benchmark of societal perception. However, for a woman to be girly or slightly butch, people think that is okay. However, I personally feel that in general, people just [cannot] stand imagining two men embracing each other passionately, let alone the sight of it.

20 yr. old Gay Man
We still think women are less than men, so when a gay man is gay. They
tend to judge him as becoming like a woman which is less than a „an. but
lesbians are seen as tough women better than other women cause they are
closer to being men. hehe.

27. Yr. old Gay Man

I feel this is because women are allowed to be more gender fluid and
since the women's cultural revolution in the late 1960's women have been
able to pick and choose more often how they dress, act, associate with, etc
more easily and with less judgement. Where men are judged harshly for
feminine qualities which are real or perceived.

28 yr. old Bisexual Man

Women (ostensibly at least) are allowed more options in gender
expression (pants, traditionally masculine jobs, etc.) and therefore tend to
be less discriminated against for deviations from traditional gender
norms.

23 yr. old Bisexual Man

Woman are socially allowed to be more emotional and are not seen as
threats as much as males. Males by social rule must dominate and not act
emotional. They must be alpha and being gay is seen as weak and
threatening.

22 yr. old Bisexual Woman

I say its likely the case - men are more threatening in a way that
challenges the heterosexual norm, gay women are just fun. Its an outrage.

30 yr. old Lesbian Woman
Family. A notable theme across homosexuals and bisexuals, and men and women was the importance of the family. For some, family members were a source of psychological distress and acted as perpetrators of discrimination, while for others the family was seen as an important support system which positively influenced their acceptance of their own non-heterosexual sexual orientation. The following section will look at actual discrimination (both immediate and long term), and support across homosexuals and bisexuals, and will also examine gender differences.

Homosexuals

Discrimination perpetrated by family. Many of the participants were discriminated against by family members immediately following the disclosure of their non-heterosexual sexual orientation. However, for many of the participants, this discrimination and prejudice remained long after for disclosure of the non-heterosexual sexual orientation.

[This was a father’s reaction to finding out he’s son was gay] People told me my dad was waiting for me outside the school (this was already odd since I used to go back home through the school bus), they said he had the maddest face anyone had seen a man have in looked at me trying to hide any emotion of anger and told me to get in the car. As I reached the car I saw my mother crying her heart out as if she had been told her son was some sort of wicked serial killer. I couldn't even greet her as I knew what was coming.

They had been called by the school and they told them everything, both were mad but some sort of hope in their eyes calmed them down, saying that they could probably fix me, they'd put me with a psychologist
(gay-to-straight camps is something unknown to them luckily). That truly broke my heart to pieces, but I decided to just go with it and negate any allegation of me being gay. I was fixed in the eyes of my parents.

**18 yr. old Gay Man**

Then next thing I know one of my friends told my parents about my relationship and my parents did not like it at all. They threw me out of the house tried to get my girlfriend kicked out school.

**21 yr. old Lesbian Woman**

Reactions from my parents has created some sort of negative feelings. When I came 17, they both replied with 'you're too young to know'. I had already known for several years, and being told that I didn't know this significant part of myself was upsetting. There is also the problem that it just isn't talked about in my family. My parents haven't told their friends, and that makes me feel as though I haven't been properly accepted as myself, especially when my parents tell their friends almost everything else about my life that I've shared with them. It becomes uncomfortable in my house when there is something gay mentioned in pop culture, and the channel on tv is changed when programs with gay content is played, which causes me to feel quite anxious about displaying my sexuality proudly in my own home.

**19 yr. old Lesbian Woman**

When Mum stopped talking to me, it was a bit strange and kind of lonely but it passed.

**36 yr. Lesbian Woman**
Yes. Immediately after coming out, my family stopped inviting me to holiday get-togethers involving region. Apparently, I wasn't 'whole' anymore.

22 yr. old Lesbian Woman

Yes. I told my father I was gay when I was about 16 yo. He told me he would have me locked up in a youth jail if I didn't leave my partner and see a psychiatrist.

44 yr. old Gay Man

My father and i were not on speaking terms for five years after i came out to him. he hinted aids would be fitting for me to get, and I didn't feel the need to forgive him for that until a great deal of time had passed.

41 yr. Gay Man

When i tried to talk to my parents about my fights with my boyfriend...they didn't want to hear it. i needed to talk to someone badly, just like my brothers do when they fight with wives...but no one was there for me.

27 yr. old Gay Man

Support from family. Family members were also seen as important support people for some of the participants. Such family members were seen to have accepted the person’s non-heterosexual sexual orientation and consequently provided ongoing support and guidance. This in turn, was seen to influence mental health in a positive manner. Such support and acceptance helped some of the participants accept themselves.

I think it was my parents open upbringing of me. Although it was not easy to come out to them they never rejected me or anything.

38 yr. Lesbian Woman
My family are also supportive and seem to love my partner more than me. That also positive feelings.

23 yr. old Gay Man

My main influence is the support and love that i feel from my friends and family. Knowing that i have this strong support network allows me to be comfortable with myself.

18 yr. old Gay Man

Bisexuals

Discrimination perpetrated by family. The bisexual participants reported similar experiences to the homosexual participants. A number of the participants reported being discriminated against by family immediately following disclosure of their bisexual sexual orientation, while others reported more long-lasting discrimination. Notably, however, the frequency by which this was mentioned was less than in the responses of the homosexual participants.

Yes, my family took strongly against the notion of me being bisexual, which came to a head when I had a same-sex partner. When I attempted to introduce her to the family, they took strong opposition and tried to break us apart.

21 yr. old Bisexual Woman

Yes. My family disagree with my orientation. Growing up with them they often made comments and used physical force to make me change.

22 yr. old Bisexual Man

My parents didn't take me coming out very well. They dressed up their concern as "we know that other people will treat you badly, and so I'm mourning the easier life you won't have because of them". In reality, the
only people who really discriminated was my mom, my dad, my stepmom, and my partner's parents.

29 yr. old Bisexual Man

For bisexual participants, concerns about reactions from family members due to their belief systems caused them to conceal their sexual orientation. This concealment was seen as a source of psychological distress, as participants felt that they were hiding an important component of themselves from family members due to fear of rejection. This included derogatory remarks about homosexuality and bisexuality made by family members (often parents) and was seen as a reason why many had not disclosed their sexual orientation to their family members. This theme was not prevalent among the homosexual participants.

In another a source of fear and shame and titillation. I've fully excepted my orientation now, but it isn't something that I share with anyone close to me (family), but I share freely with casual acquaintances.

47 yr. old Bisexual Man

I suspect I would likely face discrimination within my family if I were to out myself to them, however, and so I remain in the closet only with my family. I find it sad that there's something so basic about me that I have to be careful in broaching to others and that I have to keep from my family.

34 yr. Bisexual Man

Internally I should feel ambivalent to it, but I still sometimes wish I was straight so I didn't have to worry about what my family and my wife's family would think or do if they knew... Also my in-laws are very racist
and bigoted and knowing how they would lash out at my wife and I if they knew I’m bi makes me afraid for myself and my family.

28 yr. old Bisexual Man

I feel anxious when I tell someone that I am not exclusively heterosexual, as people seem to think that this means that I am not monogamous. This has caused me to lose many friends in the past, and may cause me to lose family support if my Dad finds out.

40 yr. old Bisexual Woman

The only real negative feelings I have experienced in regards to my sexual orientation have been my trepidation towards coming out to my family. I have alot of bigoted aunts and uncles and on occasion my parents so I do not know if I will ever come out to them and the thought of that makes me a bit sad.

24 yr. old Bisexual Man

The biggest thing probably is that I don't want to tell my parents. At one point in my life my parents thought that I was gay and my dad said "you'll get aids" and my mom said " I won't love you if you're gay." I really don't see my sexuality as any of my parents business and I didn't want to drive an even bigger wedge between us. However this did sorta strain my first relationship with a guy.

18 yr. old Bisexual Man

Support from family. Similar to the homosexual participants, support from family was seen as a positive influence on psychological adjustment for the bisexual participants.
I was angry and upset that I was the one that had to have these type of feelings. I felt alone. All of that went away once I opened up and came out officially and was accepted by my friends and family.

21 yr. old Bisexual Man

Family, friends, social circles are all positive influences on my orientation.

26 yr. old Bisexual Woman

I am a pretty lucky person. My family fully accept me.

20 yr. old Bisexual Man

**Differences between homosexuals and bisexuals.** Overall, themes from both groups were similar regarding family discrimination and support. However, immediate discrimination and long term discrimination from family members was far more prevalent among the homosexual groups compared to the bisexual group. On the contrary, concealment of identity from family and resulting psychological distress was a more common theme among the bisexual participants.

**Overall gender differences.** Discrimination from family members was a stronger theme among men compared to women. It is unclear if this is due to the smaller sample of women compared to men, or if it is more consistent with the cultural values (as identified in the broader community themes) associated with male homosexuality/bisexuality (e.g., disgusting, dirty etc.) compared to female homosexuality (e.g., sexy and it’s just a phase).

**School.** For a number of the participants high school was a difficult time. It was a source of discrimination and social exclusion by peers. The following
section looks at discrimination from heterosexual peers and authority figures experienced in school settings.

_Homosexuals._ For a number of the gay men and lesbian women, the perpetrators of discrimination included senior figures, including school counsellors, school psychologists, principals and teachers. For children and teenagers in high school, these authority figures were believed to be the educators, mediators and support figures, yet it was such people who were actively discriminating or ignoring acts of discrimination. A number of the participants were recipients of social exclusion and bullying from peers, as a result of disclosing their sexual orientation.

_When I was in high school the school counselor suggested I attend one of those conversion therapy churches, even though I was at the counselor because I was feeling depressed, my sexuality wasn't the problem but he made me feel like it was._

_21 yr. old Gay Man_

_The school's own (religious) psychologist -- sessions in which he called me a monster and I cried until he left me alone... It lead me to thinking of attempting suicide once, it was awful and I was at my lowest point, I thought it would be easier to just end it there rather than go on suffering. Yet something told me life would get better. I was angry, stressed, and depressed still._

_18 yr. old Gay Man_
Yes, I believe so. My high school principal tried to break up the Gay
Straight [on personal biases and one of my teachers has tried to convince
me that this was 'just a phase'.

18 yr. old Lesbian Woman

I attended catholic school up until college and was always told it was
wrong.

24 yr. old Lesbian Woman

Being the only gay man in my class was involuntarily made into a subject
to be ridiculed and laughed at by others. This made me feel uneasy as my
lecturer tend to do this often while my course-mates were happy to join
the fun and mock people like me. I feel helpless and voiceless at the same
too, because there are no other people like in me to defend ourselves.

20 yr. old Gay Man

I wore a stigma with all but a couple of my teachers [after coming out]
and I believe that despite my strong grades I had lost their respect and
protection.

27 yr. Old Gay Man

It [discrimination] started when I first came out in High school to my
friends. They were all not ok with my girlfriend and me and they cut me
out of our friend group and eventually it was just me and my girlfriend...

A lot of the prejudice that I have faced has caused me to get depressed.

21 yr. old Lesbian Woman
For years I was uncomfortable with my sexuality because of the way I was treated by my high school peers.

**21 yr. old Gay Man**

Back when I first decided to come out I was still in my last two years of high school... I wasn't intending to come out to everyone, just close friends and so I did. However, once that was done a couple of days later word got out and there was a complete outrage at my school, shock mostly as most said I didn't look like it. I lost all my friends in a matter of seconds and I felt my whole world falling to pieces in front of me, big chunks of life falling toward me now trying to crush me.

**18 yr. old Gay Man**

When I came out all of my friends (except two) didn't speak to me for weeks and when they finally did they each began hurling insults at me. I was alone for months at school, after school and even at home. I felt as though I had become something horrible and wherever I went at school I received jibes and nasty comments (apparently I was believed to be the only gay person in the world).

**27 yr. old Gay Man**

**Bisexuals.** Similar to the homosexual participants, some of the bisexual participants noted discrimination from authority figures and peers. However, such discrimination was less common among bisexuals compared to the homosexual participants. This may be a result of many of the participants choosing not to disclose the non-heterosexual component of their sexual identities and, therefore, being at a reduced risk of sexually based discrimination.
At high school when my girlfriend was in a fight with another girl who hated her for her orientation, a teacher saw the fight but ignored it completely. Nothing was done to help anyone.

22 yr. old Bisexual Woman

The mom (who knew about my girlfriend) of my best friend (at the time) did once tell my friend to stop touching me (I think she was playing with my hair - typical middle school girl stuff) and that made me sad, that she was judged for interacting with me.

29 yrs. Bisexual Woman

I was very depressed in high school... I think some of my depression was a result of having to suppress half of my sexuality and live as straight through high school. It's difficult to live a lie every day because society expects you to be something different from who or what you are.

24 yr. old Bisexual Man

The only time I thought negatively of my orientation was back in middle and sometimes high school. That was when I was harassed the most. I was angry and upset that I was the one that had to have these types of feelings. I felt alone.

21 yr. old Bisexual Man

Summary

An analysis of Study 2 data revealed four main themes. These themes included peers, the broader community, family and school. Support from friends of all sexual orientations was identified as having a positive influence on a
person’s opinions of their non-heterosexual sexual orientation and psychological wellbeing.

The broader community, including the media, people’s reactions to public displays of affection, the law and negative stereotypes were seen to be detrimental to a person’s psychological adjustment and experienced by all four groups. The types of stereotypes differed depending on the person’s sexual orientation and gender (e.g., gay men are paedophiles, and bisexual men are dirty and promiscuous). Similarly, the participants felt that male homosexuality was viewed quite negatively and being a non-heterosexual man was a threat to masculinity. However, for bisexual participants, negative stereotypes and discrimination came from the homosexual community too. It was also evident that many participants had experienced discriminatory events in high school perpetrated by fellow students and authority figures.

Homonegative and binegativity comments made by work colleagues and employers were seen as a source of distress. In addition, a number of the bisexual participants felt anxious about the possibility of being fired if their bisexual identity became salient to employers. The concealment of sexual identity was a common tool employed by bisexuals for avoiding discrimination. This theme did not appear to be relevant among the gay and lesbian participants.

Religious views and beliefs, as well as family rejection, were seen as important influences of negative feelings regarding one’s own sexual orientation and a sources of psychological distress. Despite all of their negative experiences, a number of the participants’ from both groups felt that younger generation were becoming increasingly more accepting of non-heterosexual sexual orientations.
CHAPTER 6  
DISCUSSION

The aims of the research reported in this research were to, (a) examine the utility of the minority stress model for explaining variance in depression and anxiety across sexual orientation and gender separately (i.e., gay men, bisexual men, lesbian women and bisexual women; Study 1), and (b) to better understanding how the findings of Study 1 are actually operationalised in the lived experiences of each of the different sexual orientation groups (Study 2). Multiple minority stressors were examined concurrently to see which minority stressor or combination of minority stressors best accounted for the variation in depression and anxiety in gay men, bisexual men, lesbian women and bisexual women. The research also included an investigation into the role of possible protective factors, including both intrapersonal resilience and interpersonal resilience factors (i.e., social support from significant other, family and friends). The research used a well-validated measure of depression and anxiety which included a range of items rather than using a single question to measure each of these components of psychological distress. The research also used validated measures to test the degree of minority stress instead of using a single item such as “have you been discriminated against on the basis of your sexual orientation?” Furthermore, the research allowed participants the opportunity to explain in their own words, how these stressors manifest in their daily lives, and the ways in which they contribute to their psychological adjustment. Finally, the research was open to people from a range of countries and included a large sample size and equal sample sizes for each of the four sexual minority groups in order to get
a widespread picture of the ways social stress and protective factors may influence the psychological adjustment of LGB people.

**Organisation of the Chapter**

This chapter discusses the findings from Study 1 and Study 2 and their contribution to the research area of sexual orientation, minority stress and psychological distress. The first section will review the aims and hypotheses of Study 1 and the aim of Study 2. The chapter discusses the group differences between the four groups (i.e., gay men, bisexual men, lesbian women and bisexual women) on measures of depression and anxiety, the minority stressors (discrimination, perceived stigma, personal homonegativity/binegativity, LGB affirmation, concealed from family and concealed from world) and the protective factors (intrapersonal resilience and social support from significant other, family and friends) from Study 1 and makes reference to Study 2 findings. This will be followed by a discussion of the utility of the minority stressors and protective factors for explaining variance in depression and anxiety for each of the four groups. It will also provide a summary of risk and protective factors of depression and anxiety for gay men, bisexual men, lesbian women and bisexual women respectively, and a summary of the similarities and differences between the four groups in terms of these factors. Implications for theory, research and treatment in the area of psychological distress in sexual minorities will be explored, as well as the limitations of the studies. It will provide recommendations for future research and will finish with a brief summary of the unique findings of the present research.
Aims and Hypotheses of Study 1 and Study 2

The following section will review the aim and hypotheses of Study 1 followed by the aim of Study 2.

**Study 1 aim.** The aim of Study 1 was to examine the utility of the minority stress model for explaining variance in depression and anxiety scores across different sexual orientation groups (i.e., gay men, bisexual men, lesbian women and bisexual women). The relationships between each of the minority stressors (discrimination, perceived stigma, personal homonegativity/binegativity, LGB affirmation, out to family, and out to world) and psychological distress (depression and anxiety) were explored in order to see which of the minority stressors, or combination of minority stressors, explained the greatest variance in depression and anxiety for gay men, bisexual men, lesbian women and bisexual women respectively. In addition, the study explored the role of resilience and social support from significant other, family, and friends, on the relationship between the minority stressors and two manifestations of psychological distress (i.e., depression and anxiety).

**Study 1 hypotheses.**

*Hypothesis 1.* It was predicted that minority stress (discrimination, perceived stigma, personal homonegativity/binegativity, and LGB affirmation [Higher scores are representative of less LGB affirmation]), would be positively associated with depression and anxiety, and out to world, and out to family would be negatively associated with depression and anxiety. This prediction was partially supported for gay men, bisexual men, lesbian women and bisexual women.
**Hypothesis 2.** It was predicted that resilience and social support from significant other, family, and friends would be negatively related to depression and anxiety. This prediction was supported for gay men and bisexual women, and partially supported for bisexual men and lesbian women.

**Hypothesis 3.** It was hypothesised that the addition of resilience and perceived social support (from significant other, family and friends) to the minority stress model would increase the ability of the model to explain variance in depression and anxiety. This prediction was supported for all four groups (i.e., gay men, bisexual men, lesbian women, and bisexual women).

**Hypothesis 4.** It was predicted that higher levels of perceived social support and higher levels of resilience would partially protect sexual minority individuals from developing psychological distress (depression and anxiety) stemming from their experience of minority stress. This prediction was partially supported for gay men, bisexual men, lesbian women and bisexual women.

**Study 2 aim.** The aim of Study 2 was to better understand how the findings from Study 1 were actually operationalized in the lived experiences of each of the different groups.

**Group Differences**

The following section will discuss Study 1 group differences on the mean scores for psychological distress (depression and anxiety), the minority stressors (discrimination, perceived stigma, personal homonegativity/binegativity, LGB affirmation, concealed from family and concealed from world) and the protective factors (resilience and social support from significant other, family and friends). It will incorporate the findings from Study 2 also, and link both the findings from both studies back to the current literature.
Psychological distress.

**Depression.** There were significant group differences in terms of depression scores (Study 1). Lesbian women reported lower levels of depression than bisexual men and women (Study 1). Gay men did not differ from any of the groups (Study 1). Other studies that have compared homosexual people to bisexual people show that the bisexual participants display higher levels of mental health problems than people who identify as gay or lesbian (Bostwick et al., 2010; Hughes et al., 2010; Jorm et al., 2002; McCabe, Hughes, & Boyd, 2004; McNair, Kavanagh, Agius, & Tong, 2005).

Other studies examining differences between sexual orientation groups within the one gender have showed mixed results. Some studies have found that bisexual women score significantly higher on measures of depression than their lesbian counterparts (Cox et al., 2008; Fredriksen-Goldsen, Hyun-Jun, Barkan, Muraco, & Hoy-Ellis, 2013; Hughes et al., 2010; Kerr & Mathy, 2003; Steele, Ross, Dobinson, Veldhuizen, & Tinmouth, 2009), while other studies comparing gay men to bisexual men, have found no difference between the two groups (Cox et al., 2008; Peterson et al., 1996; Peterson & Gerrity, 2006).

The problem, however, with many of these studies is that the participants were often separated by sexual orientation only (e.g., homosexual versus bisexual) or comparisons were made within one gender (homosexual women vs. bisexual women), rather than comparing groups by sexual orientation and gender simultaneously. By doing so, it is apparent that group differences in terms of depression exist only between lesbian women and bisexual people.

**Anxiety.** Bisexual women reported significantly higher levels of anxiety compared to gay men and lesbian women (Study 1). Bisexual men did not differ
from any of the groups (Study 1). Past research has demonstrated that bisexual women exhibit more anxiety than lesbian women (Hughes et al., 2010; Kerr & Mathy, 2003; Steele et al., 2009). This however, is the first study to my knowledge to compare levels of anxiety in all four groups concurrently, and highlights that in terms of anxiety, only bisexual women differ from gay men and lesbian women.

Overall, this study provides a more detailed account of where sexual minority group differences exist in terms of psychological distress and highlights the importance of separating the groups by both sexual orientation and gender.

**Minority stress.**

**Discrimination.** The lesbian and gay participants reported significantly higher levels of discrimination (i.e., prejudice events) than bisexual men and bisexual women (Study 1). These findings have been observed in a number of other studies (Bostwick, Boyd, Hughes, West, & McCabe, 2014; Choi, Paul, Ayala, Boylan, & Gregorich, 2013; Friedman & Leaper, 2010; Herek, 2009; Katz-Wise & Hyde, 2012; Pelullo, Di Giuseppe, & Angelillo, 2013). An explanation for these findings may be that the measure of discrimination used in Study 1 examined only discrimination perpetrated by the heterosexual population. Therefore, discrimination against bisexual people perpetrated by homosexual people may not have been sufficiently captured in Study 1. In Study 2, bisexual participants reported that they often experienced discrimination from homosexuals, including perceived exclusion from lesbian and gay communities, and verbal accusations that they are traitors to lesbian and gay social movements. Other studies have found discrimination perpetrated by gay and lesbian people against bisexual individuals, including stereotypes that bisexuals are dishonest,
promiscuous, or cheat on their partners and that bisexuality is a phase or a
transition and not a legitimate sexual identity (Dobinson, Macdonnell, Hampson,
Clipsham, & Chow, 2003; Pallotta-Chiarolli & Martin, 2009). This
discrimination from gay and lesbian communities has been shown to be more
debilitating to the mental health of bisexual people than discrimination from
heterosexual communities (Brewster & Moradi, 2010). Future studies of bisexual
people need to be mindful to include a measure of discrimination that captures
discrimination from both heterosexuals and homosexuals, in order to gain a more
accurate account of the ways this stressor may influence psychological
adjustment in bisexual people.

An alternate explanation for the differences between gay and lesbian
people and bisexual people in terms of discrimination may have to do with how
open the participants were about their sexual orientation to others. The gay and
lesbian participants in Study 1 were significantly more likely to have disclosed
their sexual orientation to others than the bisexual participants. The literature
suggests that the more “out” (i.e., less concealed) a person is about their
sexuality the more likely they are to face sexually oriented discrimination
(D’Augelli et al., 2001; D’Augelli, Pilkington, & Herschberger, 2002; Herek,
2009; Herek et al., 1999; Huebner, Rebchook, & Kegeles, 2004; Kuyper &
Fokkema, 2011; Selvidge, 2001; Waldo, 1999). In discussing the possible links
between identity and discrimination, Meyer (1995, p. 81) noted that “as gay men
and lesbians become more visible they increasingly become targets of anti-gay
violence, prejudice, and discrimination”. Many of the bisexual participants in
Study 2 identified that they chose to conceal their sexual identity from others as
a purposeful attempt to avoid acts of discrimination. Therefore, the concealment
of their identity may protect them from acts of discrimination based on a non-heterosexual identity and may explain why the bisexual participants reported lower levels of discrimination compared to the homosexual participants.

It is unclear if the differences between gay and lesbian people and bisexual people in terms of discrimination in Study 1 are reflective of the inability of the measure used in the current study to capture all types of discrimination, a result of the bisexual people being more concealed, or a combination of the two. It is recommended that future studies explore this in more detail, using measures that are able to capture discrimination perpetrated by homosexuals in order to get a more accurate account if, and why, group differences exist between gay and lesbian people and their bisexual counterparts.

**Perceived stigma.** The only group differences on perceived stigma in Study 1 were evidenced between gay men and bisexual women, with gay men reporting significantly higher levels of perceived stigma compared to their bisexual women counterparts. No other group differences were observed in Study 1. In Study 1 the gay men were more likely to have disclosed their sexual identity to others than the bisexual women and, therefore, may feel that they are more at risk for acts of discrimination. In addition, other studies have found sexual minority men, when compared to sexual minority women, reported more perceived stigma (Balsam & Mohr, 2007). Men often report higher levels of sexual orientation based victimization compared to women (Bontempo & D’Augelli, 2002; D’Augelli, 2006; Herek et al., 1999), possibly explaining why the gay men may expect or perceive more stigma. The differences may not have transferred over to bisexual men in Study 1 as they were far less likely to have
disclosed their sexual orientation to others and, therefore, perhaps felt they are at a reduced risk for possible discrimination.

**Personal homonegativity/binegativity.** Study 1 found gender differences in terms of personal homonegativity/binegativity. Gay men and bisexual men scored significantly higher on this factor, than lesbian women and bisexual women, suggesting that they hold more negative views about and feelings towards their non-heterosexual sexual orientation. This is consistent with other studies which have found that homosexual men and bisexual men exhibit higher levels of internalized homonegativity compared to lesbian women and bisexual women (Balsam & Mohr, 2007; Feinstein et al., 2012; Mohr & Fassinger, 2006; Rosario et al., 2001; Rosario, Schrimshaw, Hunter, & Gwadz, 2002). The increased levels of personal homonegativity/binegativity seen in gay men and bisexual men in Study 1 may be a reflection of the more negative societal values regarding male homosexuality/bisexuality than female homosexuality/bisexuality. For instance, a meta-analysis shows that in the United States and Canada, societal attitudes toward same-sex sexuality are less negative toward women than toward men (Kite & Whitley, 2003). This is consistent with the accounts of a number of participants in Study 2 where it was suggested that male same-sex sexual behaviour is considered to be “repulsive” and is far less acceptable in modern day culture.

In Study 2, the sexual minority women often described feeling that it was more socially acceptable to be a non-heterosexual woman due to the eroticism of same-sex sexual behaviours between women. On the contrary, many of the participants noted that male homosexuality was still plagued by inaccurate stereotypes, including, “all gay men have HIV”, and “male homosexuality is
disgusting”. Similarly, a common theme identified in Study 2 was the additional pressures placed on men to conform to traditional gender roles. This included the expectation that men need to be masculine, and that male homosexuality and male bisexuality are seen as threats to masculinity and therefore such males were “less of a man”. The participants felt women are permitted to be more gender fluid and therefore, do not experience this same level of gender related discrimination. It is therefore possible that the gender differences seen in Study 1 in terms of levels of personal homonegativity/binegativity mirror the increased demand that men experience to fit conventional gender roles compared with women, as well as the reduced acceptance for, and misconceptions about non-heterosexual men compared to non-heterosexual women (Balsam & Mohr, 2007). Future studies may want to include gender non-conformity as a possible minority stress factor and explore its association with other minority stressors and psychological distress. This may help explain why these gender differences exist in terms of personal homonegativity/binegativity.

**LGB affirmation.** The lesbian participants had significantly more LGB affirmation compared to the bisexual men (Study 1). Thus the lesbian participants were more likely to feel than their lesbian identity was an important and positive part of their being, and that being homosexual was normal and fulfilling compared to bisexual men. In Study 1, lesbian women were significantly more likely to have disclosed their sexual orientation to family and the world than bisexual men, suggesting that they are more open about and comfortable with their sexual identity. Bisexual men, on the contrary, were more likely to conceal their sexual orientation from others. This concealment of sexual identity may cause them to feel that their bisexual identity is an insignificant part
of their overall identity and may make it difficult for the individual to fully accept and embrace their non-heterosexual sexual identity.

Study 2 showed that many of the lesbian women had positive feelings regarding their sexual identity. Statements included, “I love who I am and being who I am”, “I am extremely happy with my orientation”, “I feel it has opened me up to a cultural group I would never have explored otherwise, and allowed me to properly be myself and express myself”, and “I love being a lesbian”. This level of comfort and acceptability of their sexual identity, may explain why lesbian women had lower levels of depression compared to the bisexual men. However, this link needs to be explored in future studies before any firm conclusions may be drawn.

**Degree of outness.** In Study 1, the gay men and lesbian women were more out to family and world including peers, work colleagues, employers, acquaintances and strangers than bisexual men and women, with bisexual men being the least likely to have disclosed their sexual orientation to others including family, peers, employers and acquaintances. Other studies have also found that bisexual people are less open (i.e., more concealed) about their sexual orientation than the gay and lesbian people (Balsam & Mohr, 2007; Costa, Pereira, & Leal, 2013; D’Augelli et al., 2005; Kuyper & Fokkema, 2011; Morris, Waldo, & Rothblum, 2001). However, Study 2 extended these findings as participants were permitted to explain in their own words the types of things that affected their decision whether to disclose their sexual orientation. It appeared that the threat of discrimination from heterosexual and homosexual participants made it difficult for a bisexual participant to be open about their sexual orientation. For example, one bisexual male participant noted, “I mostly stay in
the closet because of negative reactions I've had in the past”. Depending on the sex of their partner, bisexuals often reported that they can “pretend” that they are heterosexual when with a partner of the opposite sex, and homosexual when with a partner of the same sex. For example one participant stated, “I feel it is hard to ‘be myself’ because I feel like I either have to act like a conventionally heterosexual person or a conventionally gay man”, and another noted, “In order to get a woman to agree to date me, I literally have to step back into the closet for a month with her”. Therefore, it appears that the threat of discrimination based on a bisexual sexual orientation is preventing some bisexuals from disclosing their sexual identity to others.

**Protective factors.**

**Resilience.** In Study 1 there were no significant group differences in terms of level of intrapersonal resilience suggesting that this factor is equal across sexual minority groups. To the best of my knowledge this is the first study to compare resilience across gay men, bisexual men, lesbian women and bisexual women on a measure of intrapersonal resilience.

**Social support from significant other.** The lesbian women and bisexual women reported significantly higher levels of perceived social support from significant other compared to gay men and bisexual men in Study 1. This suggests that when compared to the gay and bisexual men, the lesbian and bisexual women were more likely to feel like they have a special person who is around them when in need, with which they can share joys and sorrows, who is a real source of comfort to them, and who cares about their feelings. There are well-known gender differences in the meaning of friendship. In general, women are more likely than men to value emotional expression and intimacy with
friends. Men, in contrast, are more likely to view friends as activity partners (Aukett, Ritchie, & Mills, 1988; Caldwell & Peplau, 1982). Thus women may be more likely to have an emotional connection to a person or person(s) whereas men do not tend to have as many of these relationships, therefore offering an explanation as to why the women in this research reported higher levels of perceived social support from significant other.

**Social support from family.** There was no difference regarding level of support from family between the four groups in Study 1. This is consistent with studies of sexual minorities where no group differences were found in terms of level of social support from family between sexual minority men and sexual minority women (Strohm, Cochran, & Mays, 2007). However, Study 1 extends these findings, as it separated the groups not only by gender but also sexual orientation, and suggests that gay men, bisexual men, lesbian women and bisexual women have equal levels of perceived social support from family.

**Social support from friends.** There were no differences between the groups in terms of perceived social support from friends In Study 1. These findings are inconsistent with another study in which it was found that bisexuels reported more negative support from friends (Jorm et al., 2002). The differences may be explained by the degree to which the participants were ‘out’ about their bisexual orientation. In the current research the bisexual participants often had not disclosed their sexual orientation to others and therefore may not experience this same degree of negative support seen in the Jorm et al. (2002) study. It is unclear, however if these differences are due to disclosure of sexual orientation, as the Jorm et al. study did not report if the negative support was sexually related (i.e., the bisexual participants received negative support regarding their bisexual
sexual orientation or because of other factors unrelated to sexual orientation). This may be an area of exploration in future studies.

**Summary.** Lesbian women had lower levels of both anxiety and depression than the bisexual women, and less depression than bisexual men. They were more likely to feel that their lesbian identity was an important and meaningful part of their identity compared to the bisexual men. The bisexual men and women reported significantly less discrimination than the gay men and lesbian women, but were less likely to have disclosed their sexual orientation to family, friends, work colleagues, and acquaintances. Gay men reported more perceived discrimination than bisexual women. Lesbian women and bisexual women reported less personal homonegativity/binegativity and more perceived social support from significant other than the gay and bisexual men. These group level differences in terms of variability on measures of psychological distress, minority stress, and the protective factors highlight the importance of separating each of the groups by gender and sexual orientation. While these comparisons provide an overview of how the groups differ in terms of each factor, the next section explores the importance of the minority stressors and protective factors in explaining variance in depression and anxiety for gay men, bisexual men, lesbian women and bisexual women, respectively.

**The Utility of the Minority Stress Model including Protective Factors**

Many studies that have examined the minority stress model, have examined only one minority stressor and its relationship with psychological distress rather than a number of minority stressors, and have failed to include possible protective factors. As such, Study 1 in the present research looked at the utility of the minority stress model (model 1) including six minority stressors
for explaining variance in depression and anxiety, and examined if the inclusion of protective factors (model 2) helped explain additional variance in depression and anxiety over and above the minority stressors.

For all four groups in Study 1, the minority stressors (model 1) significantly explained variance in depression and anxiety. Furthermore, the addition of the protective factors (model 2) significantly explained additional variance in depression and anxiety over and above the minority stressors for all four groups. Overall, the minority stressors and protective factors combined accounted for over 50% of the variance in depression for all four groups (i.e., gay men, bisexual men, lesbian women, and bisexual women). This highlights the importance of including protective factors when examining variation in depression and anxiety in LGB people.

In Study 1 the minority stress model with the inclusion of the protective factors was a strong predictor of depression, however, its predictive role in anxiety was not as strong for all four groups. This suggests that the minority stressors and protective factors are more predictive of depression than anxiety. Notably, the present research did not formally test if the model was more predictive of depression than anxiety in LGB people. Future studies are encouraged to formally test if the model is statistically better at predicting depression than anxiety in sexual minorities. If so, it is important to investigate what other factors may be better accounting for variance in anxiety in LGB people.

**Risk and protective factors.** While the minority stress model including the protective factors provides an overview of the ability of the model to explain variance in depression and anxiety, it is important to extend our knowledge by
developing an understanding of which minority stressor or protective factor, or combination of stressors and protective factors, best account for variance in depression and anxiety for each of the four groups separately. In addition, it is important to ascertain how each of these factors plays out in the daily lives of gay men, bisexual men, lesbian women and bisexual women. Therefore, the following section will discuss the unique predictors, including risk and protective factors, of depression and anxiety for gay men, bisexual men, lesbian women and bisexual women. It will finish with a discussion of the similarities and differences across groups in terms of these factors and what this means for theory.

**Gay men.** The unique predictors of depression and anxiety as per Study 1 are displayed in Figure 6.1 and 6.2, respectively.

**Risk factors.** Discrimination and personal homonegativity/binegativity were unique risk factors for depression over and above the other minority stressors in gay men, as was personal homonegativity/binegativity for anxiety in gay men (Study 1). Discrimination and personal homonegativity/binegativity have been shown to be unique predictors of psychological distress in other studies of gay men (e.g., Newcomb & Mustanski, 2010). For instance, in a longitudinal study of 74 bereaved gay men, there was a significant main effect of the minority stressors discrimination and internalized homonegativity on depressive symptoms at 1, 6, 13, and 18 months (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008). In the same study, perceived stigma and concealment from friends and world were positively associated with depression. However, when included with discrimination and internalized homonegativity they were not significant predictors. This research, however, extends these
findings by demonstrating that the discrimination and personal homonegativity/binegativity explain variance in depression even when included in a model with protective factors, highlighting the detrimental effect they have on psychological distress in gay men.

Figure 6.1. A model of the unique predictors of depression in gay men.

Protective factors. Resilience was a unique significant predictor for both depression and anxiety in gay men even in the presence of the minority stressors (Study 1). Higher levels of resilience were associated with lower levels of depression and anxiety. In addition, resilience partially mediated the relationship between personal homonegativity/binegativity and depression and personal homonegativity/binegativity and anxiety (Study 1). These findings suggest that gay men with higher resilience traits are less likely to report psychological distress even in the presence of personal homonegativity/binegativity. However,
in Study 2, social support from significant other, family and friends were not unique predictors, but were still identified as important elements.

**Figure 6.2.** A model of the unique predictors of anxiety in gay men.

**Bisexual men.** The unique predictors of depression and anxiety as per Study 1 are displayed in Figure 6.3 and 6.4, respectively.

**Risk factors.** Discrimination and personal homonegativity/binegativity were unique predictors of depression and anxiety in bisexual men, highlighting the detrimental effects both of these have on the psychological adjustment of bisexual men (Study 1). These findings are consistent with other studies which have found that discrimination and personal homonegativity/binegativity are associated with poorer psychological adjustment in bisexual men (Balsam et al., 2005; Frost & Meyer, 2009; Newcomb & Mustanski, 2010; Rosario et al., 2001). To the best of my knowledge, however, this is the first study that has examined a number of minority stressors concurrently in bisexual men to see which stressor, or combination of stressors best accounts for variance in depression and anxiety.
in bisexual men. It provides guidance for the development of prevention and intervention programs aimed at reducing depression and anxiety in bisexual men.

Figure 6.3. A model of the unique predictors of depression in bisexual men.

Protected factors. Resilience was an important protective factor, such that as level of resilience increased, depression and anxiety decreased (Study 1). In addition, resilience partially protected the bisexual men against the detrimental effects of discrimination and personal homonegativity/binegativity (Study 1). Therefore, increasing intrapersonal resilience in bisexual men may be particularly beneficial in combating the negative effects of discrimination and personal homonegativity/binegativity.

Of interest, social support from family was a unique predictor of depression, and appeared to reduce the effects of personal homonegativity/binegativity and depression. These results are consistent with
those reported by Sheets and Mohr (2009), who found that social support from family predicted depression in bisexual participants. Notably, however, their study was limited as the bisexual men and women were combined and comprised of 85% women. Given the large percentage of women it was unclear if the results were transferable to men. The present research examined the role of family support for bisexual men exclusively, and therefore highlights the positive effects social support from family has on psychological adjustment in bisexual men. Similarly, social support from family partially mediated the relationship between discrimination and depression and personal homonegativity/binegativity and depression. A number of the bisexual male participants in Study 2 noted that they are discriminated against, and excluded from both the gay and lesbian communities and the heterosexual community. Therefore, the bisexual men may rely heavily on the support of family when dealing with this discrimination.

*Figure 6.4.* A model of the unique predictors of anxiety in bisexual men.

*Lesbian women.* The unique predictors of depression and anxiety as per Study 1 are displayed in Figure 6.5 and 6.6, respectively.
Risk factors. Personal homonegativity/binegativity was a unique predictor of depression and anxiety for lesbian women (Study 1). This finding is consistent with a number of other studies (Frost & Meyer, 2009; Newcomb & Mustanski, 2010). This highlights the detrimental effects of negative feelings towards one’s own lesbian identity can have on mental health, and should be the focus of mental health promotion and treatment in lesbian women. Similarly, discrimination was another risk factor for anxiety in lesbian women (Study 1 and 2). Interventions examining ways of reducing the occurrence and impact of discrimination may be beneficial in reducing anxiety seen in lesbian women.
Another risk factor for depression and anxiety in lesbian women in Study 1 was the degree to which a lesbian woman was “out” to family members. Such that the less “out” (i.e. more concealed) the lesbian women were in regards to their sexual orientation to family members, the more likely they were to report higher levels of depression and anxiety. This is congruent with other studies which have found that the level of ‘outness’ (or concealment) is related to depression and anxiety in lesbian women (e.g., Balsam, Beauchaine, Mickey, & Rothblum, 2005). Discrimination is closely linked to disclosure of sexual orientation (Jorm et al. 2002). Therefore, it may be that some lesbian women are concealing their identity from family for fear that such people may discriminate against the individual on the basis of their lesbian sexual orientation. While this coping strategy may be effective at first, it may ultimately contribute to them being isolated from family members, and may strengthen negative stereotypes about the self and other sexual minorities (Meyer, 2003). Meyer suggested that
expressing feelings and disclosing significant features of one’s self with others (e.g., via admissions and exposés involved in personal or social affiliations) are key features in preserving psychological wellbeing (Pennebaker, 1995). In addition, hiding one’s own sexual minority attribute necessitates continuous alertness concerning the personal information one divulges to other people (Herek & Garnets, 2007). Therefore, this may lead to increased psychological distress through the constant need to be on guard around family members regarding their sexual orientation.

**Protective factors.** Resilience was a particularly important protective factor for both depression and anxiety in lesbian women (Study 1). However, of particular importance was that resilience fully mediated the relationship between level of “outness” to family and depression in lesbian women (Study 1). Therefore even if lesbian women are combatting the negative feelings associated with, and consequences of concealing their sexual identity from family, if they have a large degree of intrapersonal resilience characteristics, they are able to overcome this stressor. Notably, resilience did not mediated the relationship between anxiety and concealment, suggesting that the way resilience buffers the detrimental effects of concealment of identify from family is different across varying manifestations of psychological distress (i.e., depression and anxiety). Nonetheless, increasingly resilience in lesbian women presenting with anxiety and depression related to minority stressors may be particularly beneficial in protecting against the effects of minority stress of psychological distress.

**Bisexual women.** The unique predictors of depression and anxiety as per Study 1 are displayed in Figure 6.7 and 6.8, respectively.
Risk factors. Discrimination and negative feelings pertaining to one’s sexual orientation were also important risk factors for depression and anxiety in bisexual women (Study 1). These findings are consistent with other studies in which discrimination and personal homonegativity/binegativity have been found to be risk factors for mental health problems in bisexual women (Fredriksen-Goldsen et al., 2010; Frost & Meyer, 2009; Newcomb & Mustanski, 2010; Ross et al., 2010; Westrick, 2012). Similar to the gay men, bisexual men, and lesbian women, discrimination and personal homonegativity/binegativity should be the focus of mental health intervention programs.

Figure 6.7. A model of the unique predictors of depression in bisexual women.

LGB affirmation (i.e., the degree to which the bisexual women felt that their bisexual identity was a positive and important part of the self) was also
unique predictor of depression in bisexual women (Study 1). Surprisingly, this was positively associated with depression, suggesting that higher levels of LGB affirmation were associated with greater levels of depression. Perhaps if a bisexual woman feels that her bisexuality is an important part of her but is concealing her sexual identity, she may feel like she is suppressing an important part of the self and may in turn cause distress. This however, requires further investigation before solid conclusions may be drawn. It is recommended that future studies investigate this in more detail to see if these findings are replicated across different samples of bisexual women.

**Figure 6.8.** A model of the unique predictors of anxiety in bisexual women.

*Protective factors.* Social support from significant other and social support from family were unique predictors of depression in bisexual women (Study 1). Higher levels of perceived social support from a significant other and family were associated with lower levels of depression. They both partially
protected the bisexual women against the effects of discrimination and personal binegativity on depression (Study 1). This finding is consistent with other studies which have found that social support is a protective factor of mental health for bisexual women (Westrick, 2012). Therefore, even when faced with discrimination and dealing with ill feelings regarding their bisexual identity, if they feel support from significant other and family, bisexual women are less likely to experience depression.

Resilience was a unique predictor and negatively related to depression and anxiety (Study 1), suggesting that it is also an important protective factor for bisexual women. It also partially buffered the bisexual women against the effects of discrimination and personal homonegativity/binegativity on depression and anxiety. Therefore, in cases where bisexual women are dealing with discrimination and personal homonegativity/binegativity, it is recommended that their intrapersonal resilience factors are enhanced in order to prevent, or reduce the impact of these stressors on psychological distress.

To the best of my knowledge, this was the first study to examine the utility of the minority stress model in detail, including protective factors, for gay men, bisexual men, lesbian women and bisexual women separately. It provides an insight into the unique risk and protective factors for each group, and can help guide mental health promotions and intervention programs, and assist therapists working with these populations.

**Similarities and differences between the four groups**

The following section will review the similarities and differences between the four groups in terms of risk and protective factors.
**Personal homonegativity/binegativity.** Negative feelings pertaining to one’s own sexual orientation played a central role in explaining variance in depression and anxiety for gay men, bisexual men, lesbian women and bisexual women (Study 1). These feelings ranged from simply disliking their sexual orientation on the basis of it being a nuisance and limiting the chances of finding a romantic partner, to outright “not wanting to wish these circumstances [bisexuality] on their worst enemy”, and wishing that they could “stop being attracted to members of the same sex” (Study 2).

The positive association between internalised homonegativity/binegativity and psychological distress has been shown in a number of other studies (Frost & Meyer, 2009; Igartua et al., 2003; Lewis et al., 2003; Newcomb & Mustanski, 2010; Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Rosser, Bockting, Ross, Miner, & Coleman, 2008). The present research extends on this literature by showing that internalised homonegativity/binegativity is a unique predictor of psychological distress in LGB people even after controlling for other minority stressors, resilience and three types of perceived social support (Study 1).

As individuals develop a non-heterosexual sexual orientation (e.g., same sex sexual attractions), they recognise that the idealised values do not match their sexual orientation, leading many sexual minorities to internalise conditions of inferiority and negative attribution processes which in turn leads to internalised homonegativity/binegativity (Meyer, 1995). These negatives feelings regarding a non-heterosexual sexual orientation are thought not to be experienced by heterosexuals and may be a possible explanation as to why sexual minorities differ from their heterosexual counterparts. Future studies are encouraged to
investigate this further in order to gain a better understanding of why sexual minority people report higher levels of mental health issues compared to heterosexual people.

Study 2 allowed an insight into the types of factors than can lead to negative feelings regarding one’s non-heterosexual sexual orientation. These factors, included the uncomfortable reactions of others regarding their homosexuality/bisexuality which made the participants feel uncomfortable themselves, lack of partners, frustrations with not being able to get married, inaccurate media portrayals of homosexuality and bisexuality, and negative stereotypes. However, perhaps two of the strongest influences of views of one’s own sexual identity identified in Study 2 came from religious beliefs and values and family reactions to the disclosure of a non-heterosexual sexual orientation. The following section will review these influences in more detail.

Religion. A number of participants in Study 2 highlighted religious beliefs as contributing to negative feelings regarding their sexual orientation. For example participants noted, “I was raised as a Christian and I was bisexual, I figured that I was disgusting in the eyes of God”, and “being at church knowing the congregation thinks I’m sinful for how I’ve accepted I am; that makes me feel sad and broken, like I am a flawed creation”. A number of religious denominations have prejudiced action against sexual minorities, condemning homosexuality and bisexuality as sinful, excluding gay, lesbian and bisexuals from spiritual leadership positions and rejecting support for same-sex marriage (Barnes & Meyer, 2012). Other studies have found that non-affirming settings and conservative religious views have a significant effect in promoting internalized homonegativity and binegativity among lesbian, gay and bisexual
participants (Barnes & Meyer, 2012; Harris, Cook, & Kashubeck-West, 2008; Herek, Gillis, & Cogan, 2009; Shilo & Savaya, 2012; Wagner, Serafini, Rabkin, Remien, & Williams, 1994; Weis & Dain, 1979). However, not all studies have found that religion is a risk factor for mental health. A number of studies have found that multiple manifestations of religiosity have beneficial effects on mental health, including less depression and psychological distress (Chatters et al., 2008; Ellison, 1995; Ellison, Boardman, & Jackson, 2001; Hettler & Cohen, 1998; Van Olphen et al., 2003). Nonetheless, in the present research the battle between “what is right religiously”, versus the same-sexual sexual urges and desires appears to be detrimental to sexual minorities, and appears to hinder their wellbeing and psychological adjustment. Support needs to be made available so that LGB individuals can explore their turmoil and negative thoughts and feelings in a safe, non-judgemental environment.

**Family factors.** Family factors, including their opinions of and reactions to the disclosure of sexual orientation were identified as a factors that often shaped LGBs opinions regarding their own non-heterosexual sexual orientations. In the current study, parental reactions to the disclosure of the LGB individuals’ non-heterosexual sexual identity varied. This is consistent with other studies in which parents varied in their approval of their child’s sexual minority identity (Willoughby, Malik, & Lindahl, 2006). Participants who received support from parents and other family members when disclosing their sexual orientation viewed this as assisting in their own acceptance of their minority sexual orientation. For example, one participant noted, “my main influence is the support and love that I feel from my friends and family. Knowing that I have this strong support network allows me to be comfortable with myself”. Another said,
“my family are also supportive and seem to love my partner more than me. That also [influenced] positive feelings [about sexual orientation]”. Another participant noted, “I was angry and upset that I was the one that had to have these type of feelings. I felt alone. All of that went away once I opened up and came out officially and was accepted by my friends and family”.  

In contrast, negative family reactions to the disclosure of sexual orientation, often preceded an individual’s own feelings of shame, dislike and embarrassment regarding their sexual orientation and affected their psychological distress. For example, one participant in Study 2 noted, “reactions from my parents has created some sort of negative feelings [regarding sexual orientation]”. This is consistent with other studies that have found family rejection as a predictor of negative health outcomes, including elevated levels of suicidal ideation and attempts, depression, drug use and unprotected sex (Ryan et al., 2009). Thus it appears that sexual minority individuals have to grapple with the decision whether or not to tell their parents and other family members about their sexual orientation, and then must deal with the reaction (good or bad) which can affect their own feelings regarding their sexual identity, and may ultimately affect their mental health. The results and findings of this research in collaboration with past literature, highlights the important role family factors can play in influencing internalized homonegativity/binegativity and psychological distress. Therapists should be mindful of exploring the role of the family when working with LGB clients presenting with psychological distress.  

**Discrimination.** Irrespective of gender or sexual orientation discrimination had a negative impact on psychological adjustment in LGB people (Study 1 and Study 2). A number of other studies have found evidence
regarding the damaging consequences of sexual discrimination, victimization (e.g. hate-crimes), and harassment across a range of mental health outcomes including depression, psychological distress, anxiety, and well-being (Bontempo & D’Augelli, 2002; Cox et al., 2008; Herek et al., 1999; Meyer, 1995; Morrision, 2011; Riggle, Rostosky, & Horne 2010a,b; Sandford et al., 2003; Waldo, 1999). Furthermore, sexual orientation discriminatory experiences have been found to be more predictive of mental health variables than discrimination experiences that are unrelated to sexual orientation (Herek et al., 1999; Huebner et al. 2004; Mills et al. 2004; Moracco, Runyan, Bowling & Earp, 2007; Otis & Skinner, 1996). For many of the participants this discrimination was perpetrated by the heterosexual community, including via poor media portrayals of homosexuality/bisexuality, stereotypes, laws including marriage and adoption, employers, and public reactions to same-sex displays of affection.

Discrimination and victimisation at school had a negative impact of psychological adjustment for many of the participants. A number of the participants reported that they had been bullied by heterosexual peers on the basis of their sexual orientation. This is congruent with a large study done in the last decade, in which 91% of students reported hearing other students make negative comments based on sexual orientation (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004). In this same study, students harassed based on actual or perceived sexual orientation were more likely to seriously consider suicide, to make a plan for attempting suicide, more than twice as likely to report depression (feeling so sad and hopeless they stopped normal activities for two weeks), to use methamphetamines, or to use inhalants. Other studies have also shown positive associations between sexually
-oriented bullying and rates of suicide, depression and self-harm (Rivers & Cowie, 2006).

Discrimination in school was also perpetrated by authority figures, including teachers, school counsellors and other adult figures (Study 2). For example, on participant stated, “The school's own (religious) psychologist [in session] called me a monster and I cried until he left me alone… It led me to thinking of attempting suicide”. Other studies have found that authority figures victimise students on the basis of their non-heterosexual sexual orientation. For example, a large scale study investigation of sexually oriented discrimination in high schools ($n = 237,544$) found that 45% of the participants reported hearing teachers or staff making negative comments based on sexual orientation (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004). It is evident that better staff education around the effects of discrimination and harassment policies that include sexual orientation and gender are required (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004). In addition, it is recommended that teachers and staff are trained to intervene when they hear slurs and negative comments based on sexual orientation or gender presentation, albeit from a student or a fellow teacher (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004). Introducing curriculum that includes LGB people and information about sexual orientation may also assist in reducing the prejudice events seen in schools (California Safe Schools Coalition and the 4-H Center for Youth Development, 2004).

While many of the participants in the current research, irrespective of gender or sexual orientation, had experienced discrimination perpetrated by
heterosexual people, the bisexual participants experienced unique discrimination from both the heterosexual and homosexual communities (Study 2). Many of the participants in the current study had experienced discrimination from heterosexuals, including stereotypes that bisexuals are untrustworthy and dirty. These findings are consistent with other studies in which bisexuals have been shown to be surrounded by stigma including that bisexuals are untrustworthy, promiscuous, or cheat on their partners and that bisexuality is a phase or a transition (Bronn, 2001; Dobinson, Macdonnell, Hampson, Clipson & Chow, 2003; Pallotta-Chiarolli & Martin, 2009). This negative view of bisexuals from the heterosexual community has been seen in other studies. For example, in a large American study, heterosexual individuals expressed more negative feelings towards bisexual men and women than they did towards any other religious, racial, ethnic, political or sexual minority group (including gay men and lesbian women) behind only drug-injecting users (Herek, 2002). These negative attitudes towards bisexuality appear to extend to people’s willingness to engage in romantic/sexual activities with bisexual people. For example, a recent large study found that heterosexuals and lesbian women and gay men were less willing than bisexual people to engage in romantic/sexual activities with bisexual partners, and were less willing to be in a relationship with a bisexual partner than they were to have sex with or to date a bisexual person (Feinstein, Dyar, Bhatia, Latack, & Davila, 2014). These findings are congruent with those reported by participants in Study 2. For example, one bisexual man in Study 2 said, “heterosexual women (and some homosexual men as well) refuse to talk to me or date me if I identify as bisexual”.

However, it was not only discrimination perpetrated by the heterosexual community that was seen as an issue for bisexual participants, but also discrimination from the homosexual community (Study 2). This discrimination ranged from stereotypes and name calling to outright exclusion from homosexual gatherings. For example, one participant noted, “I have found that other non-heterosexual people are often my harshest critics… It is particularly disappointing because I don't know who else to turn to and because it feels unfair”. Another participant stated, “Ironically most of the discrimination I've experienced has been from the LGBT community itself”. These findings are consistent with other studies that have found that bisexual men and women report lack of validation, isolation, ostracism, negative attitudes, and stereotyping from homosexual communities (De Bruin & Arndt, 2010; Firestein, 1996; Hutchins & Ka'ahumanu, 1991). Interacting with these common social beliefs and the exclusion from both the heterosexual and homosexual communities can undermine a bisexual persons sense of self and can cause stress and may lead to poor mental health and emotional wellbeing among bisexual people (Bronn, 2001; Dobinson et al., 2003; Jorm et al., 2002; Oswalt, 2009; Ross, Dobinson, & Eady, 2010)

**Intrapersonal resilience.** Resilience appeared to be the most important protective factor for all four groups. While resilience per say is a cumulative effect of multiple intrapersonal and interpersonal resilience factors, it was the intrapersonal resilience factors that were the strongest protective predictor of depression and anxiety in all four groups (Study 1). These factors include having an easy going temperament, positive self-esteem, a sense of self-efficacy, internal locus of control, sense of humour, optimism, adaptability to change,
good ability for self-regulation, self-mastery, and good communication skills, good problem-solving skills, critical thinking, and ability to find meaning in challenge (Connor & Davidson, 2003). LGB people with higher levels of these factors appear to be partially protected against the detrimental effects of minority stressors on depression and anxiety. The findings of the present research are consistent with other studies which have shown that resilience lessens the susceptibility to a range of mental health problems including depression and anxiety (Bonnano, 2004; Bonnano, 2007; Connor & Davidson, 2003). Resilience also acted to reduce the impact of personal homonegativity/binegativity on the mental health of sexual minorities, supporting other studies which have found intrapersonal resilience (as measured by the CD-RISC) to buffer between perceived stress and depression (Catalano et al., 2011). The findings of the current research highlight the importance of intrapersonal resilience for buffering against minority stressors and acting its role as a protective factor of psychological distress. Future studies should investigate ways of improving intrapersonal resilience in gay men, bisexual men, lesbian women and bisexual women as this may help reduce some of the mental health disparities seen in this population compared to their heterosexual counterparts.

**Social support.** Social support from family was an important predictor of depression in bisexual men and women (Study 1). Notably, this perceived social support was not necessarily sexually related support as many of the bisexual participants were not “out” to their family (Study 1). Instead this support may have been general social support. Interestingly, general social support has been shown to be more predictive of depression than sexuality-specific support in bisexual people (Sheets & Mohr, 2009). Bisexual people may feel excluded from
the heterosexual and homosexual communities and thus turn to family as a source of support when faced with adversity. Perhaps future studies could differential between sexuality-based support from family and general support from family to see which has a greater influence on mental health in bisexual people. This would help us better understand how support from family benefits assists in the psychological adjustment of bisexual people.

Although not a unique predictor of depression or anxiety in gay men and lesbian women in Study 1, it is important not to underestimate the role of social support on mental health. Social support from significant other, family and friends, demonstrated strong associations with depression and anxiety for gay men and lesbian women in Study 1. In addition, many of the gay and lesbian participants in Study 2 noted the importance of having supportive relationships and the associated benefits. It may be that social support helps increase intrapersonal resiliency factors which then indirectly assists in the reduction of stress. Resilience and social support had strong correlations. Furthermore, hardiness, a key component of the measure used in the present study to test intrapersonal resiliency, has been found to be associated with social support (Hartley, 2013; Herzberg et al., 1999; McDowell & Newell, 1987; Sarason, Sarason, Shearin, & Pierce, 1987). Future studies are needed to explore these concepts by examining the role of social support on resilience and then subsequent impact on mental health.

Summary.

The unique findings of this research include the inclusion of resilience and three types of perceived social support which helped the minority stress model explain a larger percentage of the variance in depression for gay men,
bisexual men, lesbian women and bisexual women (Study 1). The research highlighted the importance of personal homonegativity/binegativity on psychological distress in sexual minorities, and the important role resilience may have in partially mitigating this relationship. It also reinforces the influence of discrimination on psychological distress. The types and sources of discrimination varied across gender and sexual orientation. Finally, perceived social support was a significant predictor of depression in bisexual men and women such that increased levels of perceived social support from family were associated with decreased levels of depression. There were differences across gender and sexual orientation in terms of psychological distress, minority stress and social support, highlighting the importance of separating the participants by gender and sexual orientation. This finding of this research supports the position of Fassinger and Arseneua (2007) who suggest that gender accounts for variability in experiences among sexual minority individuals above and beyond that accounted for by sexual orientations.

**Implications for Theory**

The minority stress model including both stressors and protective factors is a useful theoretical model for understanding variance in psychological distress in sexual minority populations. It is a reasonably robust model for explaining variance in depression for gay men and lesbian women, bisexual men and bisexual women. It did, however, seem less effective in explaining the variance in anxiety scores across the groups. The present study however, extends our knowledge of the minority stress model by showing that the ways in which the model explains variance in depression and anxiety differs for gay men, bisexual men, lesbian women, and bisexual women, in terms of unique stressors and
protective factors. This research highlights the ways in which personal and group level stressors and resources affect the mental health of sexual minority individuals.

**Clinical Implications**

The findings of the present study provide valuable information for professionals working with gay men, bisexual men, lesbian women and bisexual women. Areas of particular relevance to homosexuals and bisexuals, men and women, include strategies for overcoming discrimination, targeting the internalization of negative societal values regarding homosexuality and bisexuality, and focusing on and enhancing intrapersonal resiliency and social support to help alleviate psychological distress.

It is apparent that discrimination is still widespread in many societies and thus more action is needed to help reduce the occurrence and frequency of sexually based discrimination. In particular, discrimination against bisexuality is still very salient, and was an important predictor of depression and anxiety in bisexual people in the present research. It appears that bisexuality is still very much misunderstood and therefore education aimed at heterosexual and homosexuals about the legitimacy of bisexuality as a sexual orientation is greatly needed. Similarly, while there have been improvements in attitudes towards homosexuality and bisexuality in recent years (e.g., Riggle et al. 2010a), there appears to be a long way to go in terms of laws, and religious institutions and writings, fully embracing and accepting non-heterosexuals. Education and campaigns aimed at reducing discrimination and negative societal values regarding homosexuality and bisexuality, and changes to laws (e.g., marital laws) may help reduce the frequency of prejudice acts and in turn, assist in
closing the gap between non-heterosexual people and heterosexual people in terms of psychological distress.

There is a clear need for good quality interventions designed to decrease clients’ personal homonegativity/binegativity (Szymanski & Gupta, 2009). Szymanski suggested (2005) that mental health professionals should facilitate awareness of personal homonegativity/binegativity by teaching clients skills for confronting this stressor by asking about their own feeling about homosexuality, past experiences of discrimination, level of interactions with other LGBs, availability of support, self-disclosure to others and exploring the multiple identities of the LGB client (e.g., a woman, a mother, a father, a brother, a teacher, a role model). Interventions used to challenge automatic thoughts, modify core beliefs, increase coping skills, and to offer encouragement and support are thought to be particularly relevant.

Teaching LGB clients’ ways to respond positively to stress, adversity, and the challenges of living as a sexual minority, may assist in increasing resilience and reduce the risk of developing psychopathology when faced with adversity (i.e., minority stress). Interventions aimed at increasing intrapersonal resiliency factors include a range of modalities including relaxation, cognitive behavioural therapy, and psychoeducation (Steinhart & Dolbier, 2008). Relaxation techniques (e.g., deep muscle relaxation, guided imagery, mindfulness techniques), are designed to reduce the physiological stress response, consequently reducing the effects on psychological distress. Psychoeducation about stress management and positive self-talk can assist the individual in understanding the triggers, precipitants and effects of stress (Steinhart & Dolbier, 2008). In addition it may, be beneficial to provide an
empathic, safe environment and build a good therapeutic rapport, so that the client feels comfortable to disclose and reflect on their experiences, thoughts, and feelings (Steinhart & Dolbier, 2008). Cognitive-behavioural strategies aimed at identifying and changing maladaptive thinking (e.g. self-punishing) and behaviour (e.g. drug use) that can create and/or exacerbate stress may be useful. These techniques may be particularly relevant among LGB people considering the internalization and negative self-talk associated with personal homonegativity and binegativity.

In delivering these interventions, therapists are also encouraged to adopt a LGB affirmative practice. The purpose of this technique is to enhance the therapists’ existing treatment model (e.g. cognitive behavioural therapy; Davies, 1996). The LGB-affirmative psychotherapy practitioner “celebrates and advocates the validity of lesbian, gay and bisexual persons and their relationships” (Tozer & McClanahan, 1999, p. 736). According to King et al. (2007), clients’ experiences of LGB-affirmative therapy usually involve “therapy in which homosexuality and bisexuality are regarded positively, prejudice is avoided, the stress of externalised and internalised anti-homosexual bias is recognized, and there is sensitivity to [LGB] development, culture and lifestyles” (p. 32). Therapists utilising a LGB affirmative practice, adopt the view that homosexuality is a normal variant of sexual identity development, which, in turn, “affirms a lesbian, gay, or bisexual identity as an equally positive human experience and expression to heterosexual identity” (Davies 1996, p. 25). LGB affirmative practice also recognises the impact of societal pressures on psychological adjustment of sexual minorities (Lebolt, 1999; Langdridge, 2007).
While gay men, lesbian women, and bisexual men and women share some important risk factors for poor psychological adjustment and associated protective factors, professionals should be mindful not to take a “one size fits all” approach to working with sexual minorities. In addition, it is important that professional education in clinical psychology acknowledged the unique experiences of sexual minority individuals and highlight this to trainee psychologists. This is important as differences exist across both gender and sexual orientation domains. This research provides a more specific account of the types of risk and protective factors which mental health promotion, prevention and treatment may wish to target for gay men, bisexual men, lesbian women and bisexual women.

Limitations

There are a number of limitations that should be noted. This study used convenience sampling and an online format which had the potential for self-selection bias towards gay, lesbian and bisexual people who were more open about and comfortable with their sexual identity. This may have underestimated the impact of minority stressors on psychological distress (Koch & Emrey, 2001). However, in order to maximise diversity within this large sample of participants, we adopted several other kinds of data-collection strategies, such as promotion of the study at the university campus and in an Australian based LGB magazine called Q Magazine. Furthermore, an empirical analysis of online research concluded that the data provided by internet data are comparable to, and produces results consistent with that of more traditional paper and pencil measures, and do not appear to be tainted by false data or repeat responders (Gosling, Vaziere, Srivastava, & John, 2004)
Another limitation of the current study was the inclusion of only two gender options. It is becoming increasingly recognised that gender is non-binary and can encompass genders outside the traditional male female dichotomy (e.g., Corwin, 2009; Kennedy, 2013). While the researcher notes this limitation, in order to compare and contrast the results of this research to the mainstream literature, only men and women were included in this research. Similarly, the researcher acknowledges that there exists a wealth of various sexual orientations outside heterosexuality, homosexuality and bisexuality. While this study included an “other” option, we were particularly interested in the experiences of gay, lesbian and bisexual participants and therefore other options were excluded in the final analyses. It is strongly recommended that future studies include the experiences of other sexual orientations to see if the minority stress model applies accordingly.

The present study only included people who identified as gay, lesbian or bisexual. Other individuals may experience same-sex attractions or behaviour without identifying or labelling the self as LGB but may still feel the burden of sexually oriented discrimination. Secondly, sexual identity may be fluid, and the “personal meaning, function and impact of homosexuality or bisexuality may change for an individual over time” (Page et al., 2013, p. 11). This study aimed to compare people based on identity, attraction and behaviour, however when separated this way, the sample sizes were uneven (e.g., some groups had over 100 participants and others had less than 10 participants) which may have compromised the analysis and thus participants were only examined based on their sexual identity. Future studies may want to investigate if this LGB related
stress is solely related to sexual identity, or if it is indeed associated with any element of a non-heterosexual sexual orientation.

The current study did not control for age and therefore, differences between the groups may have been a result of age. It is recommended that future studies include age as a covariate when comparing groups on measures of minority stress, psychological distress, resilience and social support.

Finally, causation cannot be determined in cross-sectional research, so we cannot conclude that minority stress leads to poorer mental health or vice-versa. For instance, it may be that participants, who experienced greater levels of psychological distress, were more likely to perceive increased experiences of minority stress. Longitudinal studies may help elucidate the mechanisms that link minority stress to psychological distress.

**Future Research**

It is recommended that future research explores the impact of minority stress on a broader range of sexual minority identities (e.g., asexuality, pansexuality). In addition, studies may want to conduct a longitudinal examination of the effects of minority stress over a period of time. It is recommended that studies include a broad range of genders (e.g., transgender) and include gender non-conformity as a possible stressor impacting psychological adjustment. This may help to broaden our understanding of the processes involved in the mental health disparities seen in sexual minority populations. Finally, future studies are encouraged to explore the types of factors which contribute to internalized homonegativity/binegativity and enhance
resilience in sexual minority individuals, as both of these factors appear to strongly influence psychological distress in LGB populations.

Conclusion

A problem with studies of minority stress is that researchers have generally investigated only one minority stressor and the relationship of that stressor to mental health outcomes. Similarly, much of the research in sexuality and mental health has grouped people who identified as lesbian, gay or bisexual into one group assuming that their experiences of stress and psychological distress are consistent. Furthermore, bisexual people have often been excluded or collapsed into gay, lesbian or same-sex attracted categories ignoring possible mental health differences between the two groups similarly, many studies group men and women into one group ignoring possible gender differences. Understanding which sexual minority groups are at greater risk for adverse mental health outcomes and why, is crucial to the development and successful targeting of mental health promotion, prevention and treatment programs, and ultimately, to the improvement of mental health inequalities experienced by sexual minorities. Not all LGB people experience the same levels or types of stressors, nor do they present the same in response to stress exposure.

This research averted these limitations by examining six different minority stressors and the influence on two different manifestations of psychological distress in gay men, bisexual men, lesbian women and bisexual women. This research went beyond simple correlational studies and provided a more complex picture of the associations between minority stressors, protective factors and psychological distress in sexual minorities. It expanded our knowledge of the minority stress model and its impact on psychological distress,
and provided guidance for therapists working with this population. It also offered recommendations for the improvement of research rigor whilst also providing treatment guidance that is suitable for this population.

To the best of my knowledge, this is the first study to explore the minority stress model in its entirety. It offered valuable insight into some of the processes that may be involved in the mental health disparities seen in sexual minorities compared to their heterosexual counterparts. It offered risk and protective factors of depression and anxiety in gay men, bisexual men, lesbian women and bisexual women.
REFERENCES


California Safe Schools Coalition and 4-H Center for Youth Development (2004). *Consequences of harassment based on actual or perceived sexual orientation and gender non-conformity and steps for making schools safer.* Davis: University of California.


(Eds.). *The lives of lesbians, gays, and bisexuals: Children to adults.* (pp. 113-151). Fort Worth, TX: Harcourt Brace.


sensitivity as potential mechanisms. *Journal of Consulting and Clinical Psychology, 80*(5), 917-927.


Uchino, B. N. (2009). Understanding the links between social support and physical health: A lifespan perspective with emphasis on the separability of perceived and received support. *Perspectives in Psychological Science, 4*, 236-255.


APPENDICES

Appendix 1

Human Ethics Research Approval

Memorandum

To: Prof Marita Mc Cabe
School of Psychology

cc: Miss Katherine June Ebacioni

From: Deakin University Human Research Ethics Committee (DUHREC)

Date: 10 January, 2013

Subject: 2012-315
Sexual orientation and psychological stress - the role of minority stress

Please quote this project number in all future communications

The application for this project was considered at the DU-HREC meeting held on 10/12/2012.

Approval has been given for Miss Katherine June Ebacioni, under the supervision of Prof Marita Mc Cabe, School of Psychology, to undertake this project from 10/01/2013 to 10/01/2017.

The approval given by the Deakin University Human Research Ethics Committee is given only for the project and for the period as stated in the approval. It is your responsibility to contact the Human Research Ethics Unit immediately should any of the following occur:

- Serious or unexpected adverse effects on the participants
- Any proposed changes in the protocol, including extensions of time.
- Any events which might affect the continuing ethical acceptability of the project.
- The project is discontinued before the expected date of completion.
- Modifications are requested by other HRECs.

In addition you will be required to report on the progress of your project at least once every year and at the conclusion of the project. Failure to report as required will result in suspension of your approval to proceed with the project.

DUHREC may need to audit this project as part of the requirements for monitoring set out in the National Statement on Ethical Conduct in Human Research (2007).

Human Research Ethics Unit
research-ethics@deakin.edu.au
Telephone: 03 9251 7123
Appendix 2

Q Magazine Advertisement

**PARTICIPANTS WANTED**

*Do you identify as GLB and are 18+?*

If so, you may be interested in participating in a Deakin University study exploring the role of social stress (e.g., discrimination, prejudice) on psychological wellbeing.

*It's online, anonymous, and takes around 20-30 minutes.*

For more info or to participate please visit

WWW.SEXUALORIENTATIONSTUDY.NET
Appendix 3

Recruitment Flyer

SEXUAL ORIENTATION STUDY
Participants Wanted

Are you attracted to members of the same sex or both sexes? Have you engaged in sexual relations with a member (s) of the same sex or both sexes? Do you identify as Gay, Lesbian or Bisexual?

If you answered yes to any of the above questions and are above 18 years of age, you may be interested in participating in a Deakin University study exploring sexual orientation, stress and psychological distress.

The study involves completing an anonymous online questionnaire which will take approximately 30 minutes, which can be carried out in your own time and in your own environment.

For more information or to participate please visit:

www.sexualorientationstudy.net
Appendix 4

Plain Language Statement and Consent Form

PLAIN LANGUAGE STATEMENT AND CONSENT FORM

To the participant,

Plain Language Statement

Date: 01/01/2013

Full Project Title: Sexual Orientation and Psychological Distress: The Role of Minority Stress

Principal Researcher: Professor Marita McCabe

Associate Researcher(s): Miss Katherine Ebacioni

Purpose and Background

The term 'sexual minority' refers broadly to individuals with a sexual orientation that is non-heterosexual (i.e. sexual attractions to the same sex/both sexes, engaging in same sex/both sex sexual behaviours, and/or individuals self-identifying as homosexual or bisexual). Research is increasingly documenting that sexual minority individuals are at an elevated risk for a range of mental health problems. When compared to their exclusively heterosexual counterparts, sexual minority individuals have been found to exhibit higher rates of depression, anxiety, and suicide. Despite the consensus among health professionals that homosexuality/bisexuality is not a mental illness much of the social stigma surrounding homosexuality/bisexuality is still salient in many societies. It is this social stigma that is now seen as a possible explanation for the increased prevalence of mental illness among sexual minorities. It is believed that sexual minority individuals are faced with unique, chronic stressors that are above and beyond daily stressors faced by non-minority individuals. These stressors are thought to accrue over time causing chronic stress, and depending on an individual's personal resources (e.g. social support and resilience) may affect an individual's mental health. The following study will examine the role of this stress of the psychological wellbeing of people endorsing a non-heterosexual identity, a non-heterosexual attraction and/or people who have engaged in non-heterosexual sexual behaviours.

Funding

This research is funded totally by Deakin University.
**Procedures**

Participation in this project will involve completing a series of brief online questionnaires. Together, these will take approximately 30 minutes to complete.

Questionnaire items will be related to a number of areas, including demographic information, attitudes and beliefs about sexuality, experiences of discrimination, and expectations of prejudice based on sexual orientation, social support and resilience, and questions about mood. This can be carried out in your own time in your own environment.

Upon completion of the questionnaires you will be asked if you would like to participate in a follow up online interview in order to further explore particular themes that emerge. If you are interested you will be asked to supply an email address that does not include your full name at the end of the questionnaire.

**Possible Benefits**

The current project may benefit participants who may learn about the process of psychological research. Furthermore, it is hoped that this study will benefit members of the community by increasing the understanding of the role of social stress on the mental health of sexual minority individuals. Examination of this relationship will allow more effective intervention, prevention, and treatment programs to be developed and employed in future. However, we cannot guarantee or promise that you will receive any benefits from this project.

**Possible Risks**

It is not expected that participation in this study will result in any feelings of psychological distress or discomfort. However, if completing these questionnaires raises any issues of concern please contact your General Practitioner, Gay and Lesbian Counselling and Community Services of Australia 1800 184 527, beyondblue 1300 224 636, or Lifeline 13 11 14.

**Privacy, Confidentiality and Disclosure of Information**

No identifying information such as your name or address will be collected. Storage of data will adhere to the University regulations and kept in secure storage for six years following publication, after which the data will be disposed of in a confidential manner. Electronic information will be stored in password-protected files on a computer and hard copies will be stored in a locked filing cabinet at Deakin University, which will only be accessible by the Principal and Associate researchers.

In any publication, information will be provided in such a way that you cannot be identified. Individual participants will not be identifiable in such a publication, as the data is only analysed in group form and consequently only group data will be reported.

**Results of Project**

No identifiable individual data will be summarised or documented. A summary of group findings will be available upon completion of the study. If you would like to
be informed of the aggregate research findings, you may contact Katherine Ebacioni via email at, kebacion@deakin.edu.au.

**Participation is Voluntary**

Participation in any research project is voluntary. **If you do not wish to take part you are not obliged to.** Your decision whether to take part or not to take part, or to take part and then withdraw, will not affect your relationship with Deakin University. Once you have read this information and agreed to participate, please tick the “I consent” box.

If you decide to take part and later change your mind, you may withdraw from the study at any time before the questionnaires have been submitted by closing your browser window.

**Print/Download This Form**

If you would like to print or download a copy of this form please click below:

- [Print form](#)
- [Download form](#)

**Complaints**

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about your rights as a research participant, then you may contact:

The Manager  
Office of Research Integrity  
Deakin University  
221 Burwood Highway  
Burwood, Victoria 3125  
Telephone: 03 9251 7129  
Fax: 03 9244 6581  
Email : research-ethics@deakin.edu

Please quote project number 2012-315

**Further Information, Queries or Any Problems**

If you require further information, wish to withdraw your participation or if you have any problems concerning this project, you can contact the principal researcher.

The researcher responsible for this project is:

Katherine Ebacioni  
School of Psychology  
Deakin University  
221 Burwood Highway  
Burwood, 3125.  
Email: kebacion@deakin.edu.au  
Ph: 0408 086 878
To the participant,

<table>
<thead>
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<th>Consent Form</th>
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<tr>
<td>Date: 1 January 2013</td>
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<tr>
<td>Full Project Title: Psychological distress in sexual minorities: the role of minority stress.</td>
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<td>Reference Number: 2012 - 315</td>
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I have read, and I understand the attached *Plain Language Statement*. I have had an opportunity to ask questions and I am satisfied with the answers I have received. I freely agree to participate in this project according to the conditions in the *Plain Language Statement*. I will be able to revisit the Plain Language Statement and Consent webpage whenever I desire. I understand that the researcher has agreed not to reveal my identity and personal details, including where information about this project is published, or presented in any public form. By clicking “I Consent”, you are agreeing with the statements.
Appendix 5.1

Demographic Questions

1. What is your age (please type) _______

2. Are you female or male? (please select)
   a) Male
   b) Female

3. Please select your current employment status:
   Full-time
   Part-time
   Casual
   Student
   Retired

4. What is your highest education level? Please select one:
   a) Primary school
   b) Secondary school
   c) Occupational certificate of diploma
   d) University bachelor's degree
   e) University postgraduate degree

5. Please select your income before tax in USD:
   a) Under $25 000
   b) $ 25 000 – 49 999
   c) $ 50 000 – 74 999
   d) $ 75 000 – 99 999
   e) 100 000 +

6. Please select your current relationship status:
   a) Single (never married)
   b) Married/living with partner
   c) Dating exclusively
   d) Dating but not exclusively
   e) Separated/Divorced
   f) Widowed

7. Please type your religion: ______________

8. Please type your ethnicity/race ______________
Appendix 5.2
Sexual Orientation Questions

SEXUAL ORIENTATION

1. With what sexual orientation do you currently most identify yourself?
   a. Exclusively heterosexual
   c. Mostly heterosexual
   b. Gay or Lesbian
   c. Bisexual
   e. Other: _________________________________
   f. Don’t know or not sure

2. What is the gender of the people that you currently feel sexually attracted to?
   a. I am not sexually attracted to anyone
   b. I am sexually attracted to only males
   c. I am mostly sexually attracted to males
   d. I am sexually attracted to only females
   e. I am sexually attracted to mostly females
   d. I am sexually attracted to both males and females

3. What is the gender of the people that you have ever felt sexually attracted to?
   a. I am not sexually attracted to anyone
   b. I am sexually attracted to only males
   c. I am mostly sexually attracted to males
   d. I am sexually attracted to only females
   e. I am sexually attracted to mostly females
   d. I am sexually attracted to both males and females

4. What is the gender of the people that you have ever had any physically intimate/sexual contact with at any time in your life?
   a. I have never had physically intimate or sexual contact with anyone
   b. I have had physically intimate or sexual contact with only males
   c. I have had physically intimate or sexual contact with mostly males
   d. I have had physically intimate or sexual contact with only females
   e. I have had physically intimate or sexual contact with mostly females
   f. I have had physically intimate or sexual contact with both males and females
Appendix 5.3

Depression Anxiety Stress Scales

Instructions:

Please read each statement and select a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement. *The rating scale is as follows:*

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<th>Scale:</th>
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<tr>
<td>0</td>
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<td>Did not apply to me</td>
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Items:
1. I found it hard to wind down.
2. I was aware of dryness of my mouth.
3. I couldn't seem to experience any positive feeling at all.
4. I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absence of physical exertion).
5. I found it difficult to work up the initiative to do things.
6. I tended to over-react to situations.
7. I experienced trembling (e.g., in the hands).
8. I felt that I was using a lot of nervous energy.
9. I was worried about situations in which I might panic and make a fool of myself.
10. I felt that I had nothing to look forward to.
11. I found myself getting agitated.
12. I found it difficult to relax.
13. I felt down-hearted and blue.
14. I was intolerant of anything that kept me from getting on with what I was doing.
15. I felt I was close to panic.
16. I was unable to become enthusiastic about anything.
17. I felt I wasn't worth much as a person.
18. I felt that I was rather touchy.
19. I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).
20. I felt scared without any good reason.
21. I felt that life was meaningless.
Appendix 5.4

Multidimensional Scale of Perceived Social Support Scale

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<th>1</th>
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<th>Strongly disagree</th>
<th>Mildly disagree</th>
<th>Neutral</th>
<th>Mildly agree</th>
<th>Strongly Agree</th>
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<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

1. There is a special person who is around when I am in need
2. There is a special person with whom I can share my joys and sorrow.
3. My family really tries to help me
4. I get the emotional help and support I need from my family
5. I have a special person who is a real source of comfort to me
6. My friends really try to help me
7. I can count on my friends when things go wrong
8. I can talk about my problems with my family
9. I have friends with whom I can share my joys and sorrows
10. There is a special person in my life who cares about my feelings
11. My family is willing to help me make decisions
12. I can talk about my problems with friends
Appendix 5.5

Schedule of Heterosexist Events

Directions: Please think carefully about your life as you answer the questions below. For each question, read the question and circle the number that best describes events in YOUR ENTIRE LIFE, using these rules:

Select 1 if this has NEVER happened to you
Select 2 if this has happened ONCE IN A WHILE (less than 10% of the time)
Select 3 if this has happened SOMETIMES (10% - 25% of the time)
Select 4 if this has happened A LOT (26% - 49% of the time)
Select 5 if this has happened MOST OF THE TIME (50% - 70% of the time)
Select 6 if this has happened ALMOST ALL OF THE TIME (more than 70% of the time)

1. How many times have you been treated unfairly by teachers and professors because you are perceived as, or are lesbian, gay, or bisexual?

2. How many times have you been treated unfairly by your employers, bosses and supervisors because you are perceived as, or are are lesbian, gay, or bisexual?

3. How many times have you been treated unfairly by your coworkers, fellow students and colleagues because you are perceived as, or are lesbian, gay, or bisexual?

4. How many times have you been treated unfairly by people in service jobs (store clerks, waiters, bartenders, waitresses, back tellers, mechanics and others) you are perceived as, or are lesbian, gay, or bisexual?

5. How many times have you been treated unfairly by strangers because you are perceived as, or are lesbian, gay, or bisexual?

6. How many times have you been treated unfairly by people in helping jobs (by doctors, nurses, psychiatrists, case workers, dentists, school counsellors, therapists, paediatricians, school principals, gynaecologists and others) you are perceived as, or are lesbian, gay, or bisexual?

7. How many times have you been treated unfairly by neighbours because you are perceived as, or are lesbian, gay, or bisexual?

8. How many times were you denied a raise, a promotion, tenure, a good assignment, a job or other such thing at work that you deserved because you have been are perceived as or are lesbian, gay, or bisexual?
9. How many times have you been treated unfairly by your family because you you are perceived as, or are lesbian, gay, or bisexual?

10. How many times have people failed to show you the respect you deserve you are perceived as, or are lesbian, gay, or bisexual?

11. How many times have you wanted to tell someone off for being heterosexist or homophobic?

12. How many times have you been really angry about something heterosexist or homophobic that was done to you?

13. How many times were you forced to take drastic steps (such as filing a grievance, filing a lawsuit, quitting your job, moving away, and other actions) to deal with some heterosexist thing that was done to you?

14. How many times have you been called a derogatory name referring to your non-heterosexual sexual orientation?

15. How many times have you gotten into an argument or a fight about something heterosexist that was done or said to you or done to somebody else?

16. How many times have you been made fun of, picked on, pushed, shoved, hit, or threatened with harm because you are lesbian, gay, or bisexual?

17. How many times have you heard people making heterosexist jokes, or degrading homosexual jokes?

18. How different would your life be now if you HAD NOT BEEN treated in a heterosexist, homophobic, and unfair way? (Please select)

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Same as now</td>
<td>A little different</td>
<td>Different in a few ways</td>
<td>Different in a lot of ways</td>
<td>Different in most ways</td>
<td>Totally different</td>
</tr>
</tbody>
</table>
Appendix 5.6

Stigma Consciousness Questionnaire for Gay Men and Lesbians

Directions: Please select the number that best describes your level of agreement to each item using the scale below

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Somewhat Disagree</td>
<td>Neither agree or disagree</td>
<td>Somewhat agree</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

1. Stereotypes about gay, lesbian and bisexuals have not affected me personally

2. I never worry that my behaviours will be viewed as stereotypical of gay, lesbians or bisexuals

3. When interacting with heterosexuals who know of my sexual orientation, I feel like they interpret all my behaviours in terms of the fact that I am gay, lesbian, or bisexual.

4. Most heterosexuals do not judge gay, lesbian or bisexuals on the basis of their sexual preference

5. My being gay, lesbian, or bisexual does not influence how gay, lesbian, or bisexual people act with me.

6. I almost never think about the fact that I am homosexual when I interact with heterosexuals.

7. My sexual orientation does not influence how people act with me

8. Most heterosexuals have a lot more homophobic thoughts than they express.

9. I often think that heterosexuals are unfairly accused of being homophobic

10. Most heterosexuals have problems viewing gay, lesbian and bisexual people as equals
Appendix 5.7

Internalized Homonegativity Inventory

Directions: The following statements deal with emotions and thoughts related to being gay, lesbian or bisexual. Using the scale below, please give your honest rating about the degree to which you agree or disagree with each statement.

<table>
<thead>
<tr>
<th>strongly disagree</th>
<th>moderately disagree</th>
<th>slightly disagree</th>
<th>slightly agree</th>
<th>moderately agree</th>
<th>strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

1. I believe being gay/lesbian/bisexual is an important part of me.
2. I believe it is OK for people to be attracted to the same sex in an emotional way, but it’s not OK for them to have sex with each other.
3. When I think of being gay/lesbian/bisexual or perceived as gay/lesbian/bisexual, I feel depressed.
4. I believe that it is morally wrong for people to have sex with people of the same sex.
5. I feel ashamed of being gay/lesbian/bisexual.
6. I am thankful for my non-heterosexual sexual orientation.
7. When I think about my attraction towards people of the same sex, I feel unhappy.
8. I believe that more gay, lesbian and/or bisexual people should be shown in TV shows, movies, and commercials.
9. I see my homosexuality/bisexuality as a gift.
10. When people around me talk about homosexuality/bisexuality, I get nervous.
11. I wish I could control my feelings of attraction toward people of the same sex.
12. In general, I believe that homosexuality/bisexuality is as fulfilling as heterosexuality.
13. I am disturbed when people can tell or think I’m gay/lesbian or bisexual.
14. In general, I believe that gay, lesbian and bisexual people are more immoral than straight people.
15. Sometimes I get upset when I think about being attracted to members of the same sex.
16. In my opinion, homosexuality/bisexuality is harmful to the order of society.
17. Sometimes I feel that I might be better off dead than gay/lesbian/bisexual or perceived as gay/lesbian/bisexual due to my non-heterosexual attractions and/or sexual behaviours.
19. I believe it is morally wrong for people of the same sex to be attracted to each other.
20. I sometimes feel that my homosexuality/bisexuality, or in the case of heterosexuals, my same-sex attraction/behaviour is embarrassing.
21. I am proud to be gay/lesbian/bisexual or perceived as gay/lesbian/bisexual.
22. I believe that public schools should teach that homosexuality/bisexuality is normal.
23. I believe it is unfair that I am attracted to members of the same sex instead of the only the opposite sex.
Appendix 5.8

Outness Inventory

Use the following rating scale to indicate how open you are about your non-heterosexual sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

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

<table>
<thead>
<tr>
<th>1. mother</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. father</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>3. siblings (sisters, brothers)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>4. extended family/relatives</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>5. my <strong>new</strong> straight friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>6. my work peers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>7. my work supervisor(s)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>8. members of my religious community (e.g., church, temple)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>9. leaders of my religious community (e.g., church, temple)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>10. strangers, new acquaintances</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>11. my <strong>old</strong> heterosexual friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix 5.9
The Connor-Davidson Resilience Scale

For the following sentences (item 1-25), please use the following 5-point scale to indicate how you felt over the past month. If a particular situation has not occurred recently, answer accordingly to how you think you would have felt.

<table>
<thead>
<tr>
<th>Item</th>
<th>Not true at all</th>
<th>Rarely true</th>
<th>Sometimes true</th>
<th>Often true</th>
<th>True nearly all the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am able to adapt when changes occur</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I have at least one close and secure relationship which helps me when I am stressed.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. When there are not clear solutions to my problems, sometimes fate or God can help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I can deal with whatever comes my way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Past success gives me confidence in dealing with new challenges and difficulties</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I try to see the humorous side of things when I am faced with problems</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. Having to cope with stress can make me stronger</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I tend to bounce back after illness, injury, or other hardships.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Good or bad, I believe that most things happen for a reason</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I give my best efforts, no matter what the outcome may be</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I believe I can achieve my goals, even if there are obstacles</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. Even when things look hopeless, I don’t give up.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. During times of stress/crisis, I know where to turn for help.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. Under pressure, I stay focused and think clearly</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>15. I prefer to take the lead in solving problems, rather than letting others make all of the decisions.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>16. I am not easily discouraged by failure,</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>17. I think of myself as a strong person when dealing with life’s challenges and difficulties.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>18. I can make unpopular or difficult decisions that affect other people, if it is necessary</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>19. I am able to handle unpleasant or painful feelings like sadness, fear and anger</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>20. In dealing with life’s problems, sometimes you have to act on a hunch, without knowing why.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>21. I have a strong sense of purpose in life.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>22. I feel in control of my life</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>23. I like challenges</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>24. I have a strong sense of purpose in life.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>25. I take pride in my accomplishments.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
Appendix 5.10
Invitation for Follow-up Study

Sexual Orientation and Psychological Distress: The role of Minority Stress

Follow up study

If you are interested in participating in a follow up online interview please provide your email address. To ensure that you remain anonymous please provide an email address does not include your full name. At a future date you will receive an email with a series of questions. The questions will include similar themes to those in the online questionnaires.

EMAIL ADDRESS: _____________________________________________
Follow-up Email and Study 2 Questions

**Sexual Orientation Study**

**Follow-up questions**

Thank you very much for completing the Deakin University online sexual orientation survey and providing your email address for the follow-up questions.

The follow-up portion of the study involves completing 9 short questions (see questions below). If you would still like to participate in the anonymous follow-up study, could you please answer the 9 questions and email your responses back to sexualorientationstudy2@gmail.com (you can cut and paste the questions and your answers into a reply email). In order to maintain your anonymity, please do not include your name in the answers. This email address has been set up specifically for this study and will be deleted (along with your email) at the end of the study.

Participation in any research project is voluntary. If you do not wish to complete the follow-up questions you are not obliged to. By replying and providing answers to this email you are indicating your consent to participate in the follow-up study.

Your participation is greatly appreciated.

Thanks very much for your time

Kind regards,

Katherine Ebacioni  
School of Psychology  
Deakin University  
221 Burwood Highway  
Burwood, VIC 3125.  
Email: kebacion@deakin.edu.au
FOLLOW-UP STUDY QUESTIONS

1. Have you ever been discriminated against on the basis of your sexual orientation? If so, please describe the experience including the context of the discrimination (e.g., social, legal, family, religion).

2. Please describe your feelings (positive and/or negative) regarding your non-heterosexual sexual orientation.

3. What are some of the things that influence your feelings about your non-heterosexual sexual orientation?

4. Do you think it’s easier for women or men to endorse a non-heterosexual sexual orientation, and why?

5. Do you ever hide your sexual orientation from people? If so from whom, and why?

6. Do you think there is more social stressors (e.g., discrimination, prejudice stigma) associated with being Gay/Lesbian or Bisexual, and why?

7. Do you think social support plays an important role when you are feeling stressed, anxious or depressed? Why/why not?

8. What things have helped you to cope with feelings of depression, anxiety and stress?

9. Please describe the things related to your sexual orientation (e.g., prejudice, rejection, and stigma) that have contributed to you experiencing negative feelings (e.g., sad, angry, anxious, and stressed).

10. What advice would you give to young people who are struggling with their sexual identity?