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Peer Victimization and Identity Development in Lesbian, Gay, Bisexual Youth: The Moderating Role of Family Resources

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PEER VICTIMIZATION AND IDENTITY DEVELOPMENT IN LESBIAN, GAY,
BISEXUAL YOUTH:
THE MODERATING ROLE OF FAMILY RESOURCES

By

Hoa Thi Lam

A THESIS

Submitted to the Faculty
of the University of Miami
in partial fulfillment of the requirements for
the degree of Master of Science

Coral Gables, Florida

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PEER VICTIMIZATION AND IDENTITY DEVELOPMENT IN LESBIAN, GAY,
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Peer Victimization and Identity Development in
Lesbian, Gay, Bisexual Youth: The Moderating Role of
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This study examined peer victimization (general and sexuality-specific victimization) and family resources (general family resources and sexuality-specific support) and their associations with sexual identity development in sexual minority youth. A multi-ethnic sample of 171 youth, ranging from in age 14 to 26 years, was recruited (mean age = 19.5 years). Descriptive information was collected regarding peer victimization (overt, relational, reputational, cyber, and sexuality related victimization) rates in the sample. Additionally, a model was tested using structural equation modeling that examined general family resources and sexuality-specific family support as a potential moderator of the relationships between a) general peer victimization and LGB identity, and b) sexuality-specific victimization and LGB identity. Key findings indicated LGB individuals who experienced sexuality-specific victimization, but had sexuality-specific support from family members, had a more positive sense of identity. General family resources was not found to buffer the relationship between general peer victimization and negative identity development in the full model. Sexuality support may be especially relevant to identity development among LGB youth. Implications for research and clinical intervention with regard to sexuality-specific support are discussed.

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Chapter 1: Introduction

Establishing a coherent sense of identity is presumed essential for adaptive psychosocial functioning and healthy interpersonal relationships (Erickson, 1968) and is a fundamental task of adolescence (Meuus, 2011). Identity development is a complex and dynamic process, requiring self-organization and integration of characteristics unique to an individual, such as gender, sexuality, beliefs, and values, and also is influenced by interactions with others such as family, peers, and society as a whole (Erickson, 1968). Although identity development is well studied in heterosexual youth, limited research is focused on identity development in sexual minority youth.

Adolescence is a critical period for identity development in general, and sexual identity development in particular (Perrin, 2002). Sexual identity development is conceptualized as a dynamic process whereby individuals become aware of their sexual attractions and then integrate this awareness into self-identity by self-labeling or disclosing to others (Mohr and Fassinger, 2000). For many lesbian, gay, or bisexual (LGB) youth, sexual identity development is an essential component of their overall sense of self, perhaps more so than for heterosexual youth (Eliason, 1996). Sexual identity development may be particularly relevant for LGB youth because they may face stigma for deviating from heterosexual norms of sexual development, which may adversely affect their psychosocial development (Mohr and Kendra, 2011).

Developing a positive sense of identity may be more challenging for LGB youth because of the unique social climate in which their identity is developing. Several studies

show LGB youth to have increased risk of exposure to societal prejudice, marginalization, and stigma as compared to their heterosexual peers (Marshall et al., 2011; Meyer, 2003). Some of the negative forms of societal biases that LGB youth and adults have been shown to be exposed to include rejection, verbal and physical harassment/violence, isolation within their homes, schools, and religious organizations, and cyber victimization (Center for Population Options, 1992). According to Meyer (2005), LGB individuals may internalize negative societal attitudes, which may lead to identity difficulties, such as having negative attitudes towards homosexuality, discomfort in disclosing one's sexuality to others, and a lowered sense of self-worth. Although limited empirical evidence regarding LGB identity exists, Willoughby, Doty, and Malik (2010) found that for young LGB individuals (ages 14-25), reports of victimization were associated with having a negative LGB identity, which was associated with internalizing problems, such as anxiety and depression. This study will examine peer victimization (overt, relational, reputational, and cyber) and sexuality-specific victimization and their associations with sexual identity development in sexual minority youth.

Exposure to prejudice and stigma may not lead to identity difficulty for all LGB youth, however, and recognizing and understanding some of the protective factors that may buffer the negative impact of external stressors on identity development is an important area of study. For LGB individuals, perceptions of social support from families and peers may impart a sense of validation and overt acceptance of their LGB status, which can buffer the potentially harmful effects of a negative social climate. Specifically, researchers have found parental support to be an important promoter of adaptive psychosocial development during adolescence and beyond (Arnett, 2000;

Hoffman, Ushpiz, & Levy-Shiff, 1988 ; Meadows, Brown, & Elder, 2006). Although several studies show parental support generally to be associated with more adaptive functioning for LGB youth and young adults (studies included individuals ranging in ages 14-25 years), such as an affirmed LGB identity, greater self-esteem, lower depressive symptoms and suicidal ideation (Rosario, Schrimshaw, and Hunter, 2008; Ryan et al., 2009; Savin-Williams, 1989a; Shilo & Savaya, 2011), few have tested this construct specifically as a moderator of social stress. Furthermore, given that sexual minority youth may face challenges of dealing with stigma related to their sexual orientation, assessment of sexuality-specific support seems particularly important. Sexuality-specific support for sexuality-related stress might offer additional psychological benefits as well as emotional support in navigating sexual identity issues. Doty, Willoughby, Lindahl, and Malik (2010) found that greater levels of sexuality-specific support was associated with decreased emotional distress and attenuated the negative effects of sexuality related stress on emotional distress, while non-sexuality related support had no effect in a sample of young adults ranging in ages 18-21 years. This study test supportive family resources, both general family support and sexuality-specific support, as a moderator of the relationship between victimization and identity development.

One of the primary aims of the present study was to describe rates of overt, relational, reputational, cyber, and sexuality-specific victimization, as there is limited data on victimization rates in LGB youth. A second aim was to examine the relationship between peer victimization and identity development in sexual minority youth. A third aim was to examine the relationship between family resources, non-sexuality specific family resources and sexuality-specific support, and identity development. A fourth and

final aim was to examine family resources, non-sexuality specific family resources and sexuality-specific support, as a moderator of the relationship between a) general peer victimization and identity development and b) sexuality-specific victimization and identity development.

The literature review is divided into four sections. First, the literature examining sexual identity development, including sexual minority models and the importance of sexual identity development, is discussed. Second, literature and research on peer victimization and links to mental health and identity development, is reviewed. Third, research on family resources and its associations to mental health outcomes and identity development, is presented. Finally, the proposed model is described and explained.

Sexual Identity Development

Sexual minority identity models. Identity development in lesbian, gay, and bisexual (LGB) youth is thought to be a challenging, complex, and life-long process. Developing a sense of identity during adolescence requires the integration of multiple domains, and several models have been proposed over the years to understand identity issues in LGB youth.

Historically, models of sexual identity development in LGB youth proposed that identity development occurred in progressive stages or phases (Cass, 1984; Marcia, 1966; Troiden, 1988). Stage models of sexual minority development suggested that identity development was an orderly process where individuals progressed through a sequence of developmental stages, beginning with awareness of, and gradually growing to, acceptance of their sexual orientation (Cass, 1984; Marcia, 1966; Troiden, 1988).

More recent research, however, indicates that not all individuals experience all of the stages at a defined time or progress in the same linear trajectory (Floyd and Stein, 2002; Rosario, Schrimshaw, and Hunter, 2008). For example, Rosario et al. (2008) found that sexual identity formation (defined as increased awareness of sexual orientation, questioning one's sexual orientation, and exploration through engaging in sexual acts) and sexual identity integration (acceptance and commitment of sexual orientation) may co-occur, rather than one following the other. Rosario and colleagues (2008) also examined identity integration in terms of achievement gradation within various milestones, and they grouped individuals into "low," "middling", or "high" identity integration. Identity integration was classified by four indicators including level of involvement in LGB-related social activities, positive attitudes toward homosexuality/bisexuality, comfort with others knowing about his/her homosexuality/bisexuality, and disclosure of sexuality to others (Rosario et al., 2008). They found a wide range of developmental patterns within identity integration, rather than an invariant sequence followed by all. Floyd and Stein (2002) also found evidence for multiple patterns of identity formation development, rather than one linear trajectory. While some individuals' identity development paralleled a stage-like model, other individuals exhibited more varied patterns of development. For example, they found significant variability when LGB individuals reached certain milestones such as engaging in sexual activity, disclosure to others, and immersion in LGB related activities, and also variability in the order in which they occurred. These studies suggest that identity development may not follow a hierarchical and linear stage progression as initially

proposed. Rather, these studies suggest that there appear to be multiple developmental trajectories through which identity is formed.

Mohr and Fassinger (2000) offer a notable shift from the traditional stage model of sexual identity development and they take a dimensional approach and conceptualize sexual identity as multifaceted and multidimensional. In particular, they study sexual identity development through identity constructs that are uniquely related to LGB experiences. The dimensions included in their model are: internalized homonegativity (negative feelings towards one's own LGB identity), concealment motivation (concern with and motivation in protecting one's LGB identity private), acceptance concerns (preoccupation with others accepting one's LGB identity), difficult process (difficulty in developing and understanding one's own LGB identity), identity uncertainty (uncertainty in one's sexual orientation identity), and identity superiority (belief that LGB people are superior to heterosexual people). Mohr and Fassinger's model offers a more comprehensive assessment of identity than had previously been available though it encompasses several components of identity development used by the earlier stage models. Moreover, it allows examination of each component separately, as well as together as a whole. These dimensions may change depending on context and time, allowing for a more accurate/dynamic approach to identify development. The present study follows the work of Mohr & Fassinger (2000) and utilizes their multidimensional concept of identity.

Importance of sexual identity development. Extensive research has linked identity development to psychosocial adjustment and mental health outcomes, making it an important construct to understand. In a comprehensive review paper, Meuss (2011)

examined 14 longitudinal studies of adolescent identity development from the past decade. Consistently, studies showed that adolescents with greater commitment to their identity had better adjustment, more positive personality profiles, and better success in school (Meuss, 2011). Although studies are fewer in number, research on sexual identity development in sexual minority youth also shows links with psychological outcomes. Rosario, Schrimshaw, and Hunter (2011) reported that LGB youths (aged 14-21 years) with more integrated identity experienced fewer depressive and anxious symptoms, fewer conduct problems, and greater self-esteem. In other words, LGB youth and young adults who were self-accepting of their sexual identity and open to others regarding their sexual identity reported fewer maladaptive symptoms and exhibited greater self-confidence. Hershberger and D'Augelli (1995) also found self-acceptance of LGB status to be a strong predictor of mental health outcomes for LGB youth.

With respect to the specific model of LGB identity to be used in this study, recent research shows associations with important outcomes. Mohr and Kendra (2011) found links between key dimensions of LGB identity and psychosocial functioning. Of note, acceptance concerns, concealment motivation, identity uncertainty, internalized homonegativity, difficult process and identity superiority subscales were all significantly and negatively correlated with self-esteem and satisfaction with life. Furthermore, most of the subscales, with the exception of identity superiority, were positively correlated with depression symptoms and feelings of guilt.

Although there is a growing body of research that links positive identity with adaptive outcomes, little is known about what factors might promote, or alternatively, hinder, healthy identity development for LGB youth. In one of the few studies to date to

address this issue, Rosario, Schrimshaw, and Hunter (2011) found that LGB youth and young adults who reported higher levels of negative social interactions (e.g., being ignored, treated unfairly, and easily manipulated by others) struggled with accepting and committing to their LGB identity. Further, these individuals had limited involvement in LGB related activities, struggled with coming out to others, and had difficulty finding benefits of being LGB.

In contrast, positive and supportive social relationships were linked with positive identity for LGB youth. Rosario et al. (2011) found that LGB youth who had supportive friends and family reported greater identity development. These individuals were further along in the process of accepting their sexuality, more appreciative of being LGB, more active in LGB related activities, and more likely to disclose their sexual orientation status to others. Although the results from Rosario and colleagues (2011) are an important start, this is the only study that could be found in the literature that examined correlates of identity development in LGB youth. In addition, no study could be found that examined factors associated with a multi-dimensional conceptualization of identity such as that proposed by Mohr & Fassinger (2000). The present study examines interrelationships among stressful social experiences (victimization) and multiple dimensions of LGB identity.

Peer Victimization

Adolescence is a critical period for social development, marked by significant changes in peer relationships. Increased peer interactions and development of close friends contribute to how youth view themselves and how they view and understand others (La Greca & Harrison, 2005; Paul & Cillessen, 2007). Further, research has

shown links between peer relationships and mental health outcomes for young adults. In the past two decades, increasing attention has been paid to peer victimization, which is defined as the experience of being the target of peers' aggressive behavior (Hawker & Boulton, 2000). Substantial research has documented how peer victimization can adversely affect adolescent functioning (La Greca & Harrison, 2005; Prinstein, Boergers, and Vernberg, 2001).

Definition. Peer victimization can include physical as well as verbal aggression. Research initially identified two main types of victimization, overt and relational peer victimization. Overt victimization refers to acts intended to inflict physical harm on another or threats of harm (Crick & Bigbee, 1998). Relational victimization is characterized by acts that intend to damage and inflict social harm within peer relationships, such as intentionally excluding a peer from social events or friendship withdrawal (Crick & Bigbee, 1998). Subsequent research suggested another distinct form of peer victimization, reputational victimization, which was initially grouped with relational peer victimization, but more recent research indicates it to be a construct worthy of study in its own right. Reputational victimization involves spreading rumors or gossiping about a peer (De Los Reyes & Prinstein, 2004). Cyber victimization, which refers to the harassment of others through the use of the internet, social networking sites, phones, or texting, is another growing concern for youth, given the recent rise in online use and accessibility to social media through mobile devices (Lenhart et al., 2011). Specifically, use of social networking sites (SNSs) has increased dramatically within the last five years and appears to be the primary form of communication among youth and young adults (Lenhart et al., 2011). While communication through SNSs are thought to

promote friendship development, Lenhart et al. (2011) documented that 88% of adolescents are exposed to aversive experiences through SNSs.

Peer victimization and mental health. Children and adolescents who are victimized by their peers may internalize these negative social interactions, causing distress and feelings of depression, loneliness, or low self-esteem (La Greca & Harrison, 2005; Prinstein, Boergers, & Vernberg, 2001). Data from several studies show that any form of victimization can be detrimental to socio-emotional functioning among youth (Prinstein et al, 2001; Wang et al., 2010). Overt and relational victimization have been consistently linked to youth adjustment outcomes, including social anxiety and depression (La Greca & Harrison, 2005; Prinstein, Boergers, & Vernberg, 2001), as well as fear of negative evaluation, social avoidance, loneliness and physiological symptoms (Storch, Brassard, & Masia-Warner, 2003). Ybarra, Alexander, and Mitchell (2005) found that males who were cyber victimized reported increased levels of depressive symptoms. Dempsey, Sulkowski, Nichols, and Storch (2009) reported that cyber victimization was associated with social anxiety symptoms, though not depression. In addition, Landoll et al. (2013) examined overt, relational, and cyber victimization specific to SNSs, and found that cyber victimization uniquely predicted symptoms of social anxiety and depression among adolescent youth.

Prevalence in LGB samples. In LGB populations, victimization through verbal or physical harassment has been reported as the most common type of bias-related violence, as compared to property damage or vandalism, (Hershberger & D'Augelli, 1995). Research also suggests that LGB youth experience significantly more victimization than their heterosexual peers and that these adverse experiences contribute

to negative adjustment outcomes (Bontempo & D'Augelli, 2002; Fedewa & Ahn, 2011; GLSEN, 2009). In 2001, a national survey of adults (ages 25 – 74) in the United States revealed that LGB adults reported greater levels of perceived sexuality-related discrimination in their lifetime and also in daily interactions as compared to heterosexual adults (Mays & Cochran, 2001). D'Augelli and colleagues (2002) found that 59% of the LGB youth in their study (ages 14-21) were verbally harassed, 11% experienced physical aggression, including being physically attacked or had objects thrown at them, and 5% were sexually assaulted due to their sexual orientation during high school. Furthermore, a 2009 report by the Gay, Lesbian, and Straight Education Network (GLSEN) reported that nearly 85 % of LGBT students were verbally harassed and about 40 % were physically harassed due to their sexual orientation. Given the rise of internet use among adolescents and young adults, cyber victimization, harassment in electronic form, including use of phones (texting), social media sites, and/or email, may also be occurring for LGB youth, though relatively little data exists on this topic. One recent study by Hinduja and Patchin (2011) found that 36% of LGBT youth reported experiencing cyber victimization/bullying compared to 20% heterosexual youth. Although more data are becoming available, to date, relatively little is known about the prevalence rates of the traditional forms of victimization (i.e., overt, relational, reputational), cyber and sexuality-specific victimization in LGB youth and young adults.

Peer victimization and sexual identity development. Several research studies link victimization to a multitude of negative mental health outcomes in LGB youth and young adults. Specifically, sexual minority youth who experience victimization have been found to be at greater risk for poorer physical and psychological outcomes,

including risky health behaviors, anxiety and depression, suicidality, and poor school performance (D'Augelli & Pilkington, 2002; Fedewa & Ahn, 2011; Hershberger and D'Augelli, 1995; Marshal et al., 2011; Savin-Williams, 1994; Willoughby, Doty, & Malik, 2010). Although victimization has been linked to poor mental health outcomes in many studies, the effect of victimization on identity development specifically is lacking, especially for LGB youth. Yet, it seems likely that youth exposed to negative messages about the self as a result of victimization could be vulnerable to identity struggles. Youth may come to appraise themselves critically, believing that they have low self-worth and perhaps be uncertain of who they are, all of which contribute to negative identity development.

Only one study could be found that examined links between peer victimization and identity issues in LGB youth. Rosario, Schrimshaw, and Hunter (2008) found that LGB adolescents and young adults (aged 14-21 years) reporting negative social interactions and concerns about victimization struggled with accepting and committing to their LGB identity. The authors hypothesize that destructive interactions may cause youth to assess themselves as not worthy or accepting of themselves, which can affect their identity development. While Rosario et al. (2008)'s research made important initial strides in documenting links between negative social interactions and victimization on identity development, more research is needed to examine specific types of victimization and their effect on identity development. In fact, not a single study could be found that examined the impact of the four main types of peer victimization and sexuality-specific victimization on LGB youth. Examining the different forms of victimization on identity is an important component of the present study. Furthermore, Rosario et al. (2008) failed

to examine potential mediators/moderators of negative social interactions on identity development. Another purpose of the current study is to explore family support as a moderator of victimization and identity development.

Family Resources

Definition. Family relationships are among the most important relationships for adolescent development. Family systems theory views the family as a complex, interdependent system where all members influence one another (Cox & Paley, 1997). The field of family systems is interested in how families make meaning of events, communicate and problem solve, and adapt to adversity (Heatherington & Lavner, 2008). Although family resources have been operationalized in various ways, two of the more commonly identified dimensions are cohesion and communication. Satisfaction with the family system, not just overall reported levels of cohesion and communication, also has been theorized as another important construct related to healthy family functioning. In addition to the above general elements of family functioning, the present study also assessed sexuality-specific support as a moderator of the relationship between peer victimization and identity concerns. For sexual minority youth, who are at risk for discrimination related to their sexual orientation, sexuality-specific support may offer additional emotional support in encouraging positive sexual identity development. The following sections will go into greater detail regarding the constructs used to operationalize family resources in the present study. Additionally, research on these constructs and its associations with mental health outcomes and identity development, is discussed.

Cohesion. Cohesion is one of the more commonly studied dimensions of family level characteristics. Cohesion is defined as the level of emotional support and closeness between family members (Olson, 2011). Olson (2011) proposed a circumplex model suggesting a curvilinear relationship between cohesion, flexibility, and healthy family functioning, though this relationship has yet to be replicated in more diverse or clinical settings, or in larger samples. Most studies suggest that the relationship between cohesion and healthy family functioning is linear (Franklin & Streeter, 1993; Hampson, Hulgus, & Beavers, 1991).

Family cohesion has been shown in multiple studies to be related to psychological functioning of family members (Olson, 2011), including adolescents (Amerikaner, Monks, Wolfe, and Thomas, 1994, Cumsille & Epstein, 1994, Farrell & Barnes, 1993; Ryan et al., 2010). In a study of 699 families (each family included an adolescent between 13 and 16 years of age and at least one biological or surrogate parent), Farrell and Barnes (1993) found that cohesion was linearly related to positive outcomes, including dimensions of psychological functioning such as greater self-esteem and low depressive/anxiety symptoms, as well as adaptive behavior, such as less deviance/misconduct and higher grade point average (Farrell & Barnes, 1993). In addition, in a study of adolescents (grades 7 – 12), Resnick et al. (1997) found that an adolescent's perceived closeness to, level of care/love by, and satisfaction with their relationships with their parents and family members was inversely related to emotional distress, suicidality, and drug and alcohol use.

Cohesion and identity development. It is only very recently, however, that attempts have been made to understand associations between specific familial constructs,

such as cohesion, and identity processes. In one of the rare studies to address this issue, Mullis, Brailsford, and Mullis (2003) found that in a study of 151 undergraduate males and females (ages 18-25), perceptions of family cohesion were positively correlated with identity commitment for Caucasians and male participants, but not for African Americans or females. In other words, Caucasian male college students who reported greater levels of cohesion within their families reported a more positive sense of identity (affirmed beliefs and values). Even more sparse are data examining these constructs in sexual minority youth. To date no study could be found that examined links between dimensions of family resources and identity development in an LGB sample and this is an important aim of the present study.

Communication. Communication is defined as the process by which family members exchange information, ideas, and feelings through verbal and non-verbal interactions and has been found to be related to healthy family functioning in general (Craddock, 2001; Olson, 2011), and adolescent emotional well-being, in particular. Moreover, Olson (2011) stated that communication facilitates problem solving within the family, which can positively alter perceived cohesion and adaptability. Farrell and Barnes (1993) found that families exhibiting more open communication between family members were perceived to have better quality parent-adolescent relationships. In addition, in a sample of Dutch adolescents (ages 13-17), Jackson et al. (1998) found that family communication was positively correlated with self-esteem, well-being, and ability to cope with various interpersonal stressors.

Communication and identity development. Although links have been found between family communication and mental health outcomes, more research is needed to

ascertain how communication may shape identity processes in adolescence. Healthy and effective communication between family members may foster sensitivity to others' thoughts or ideas, as well as facilitate autonomy for an individual, helping to establish a clearer sense of personal identity. Schwartz et al. (2008) found that changes in family functioning, as measured by communication and parenting practices, were related to identity confusion and risky health behaviors (i.e., cigarette smoking, sexual behavior, and alcohol use). Bhushan and Shirali (1992) found that adolescent males from India (ages 18-24), who reported more openness with their parents and reported fewer problems with communication, had a greater sense of personal identity development. Moreover, adolescents who reported greater family communication also adapted better to various developmental stressors of adolescence. In line with this view, this study aims to examine if LGB youth and young adults who perceive greater communication within their families, may have a more affirmed sense of identity.

Satisfaction. Satisfaction, although less well studied, has also been theorized to be an important component of family functioning (Olson, 2011). Satisfaction is defined as a family member's current happiness with their family system, with regard to family cohesion, flexibility, and communication (Olson, 2011). Satisfaction is closely related to cohesion and communication, in that it measures the family member's current fulfillment with the family's degree of closeness and openness among family members. Amerikaner et al. (1994) found that youth who had more cohesive families and perceived greater communication with their parents expressed greater global satisfaction with their families.

Satisfaction and mental health. Individuals who feel closer to their families and feel supported by their families, may have a better sense of self, though relatively few studies have examined this directly. In a study of 93 families and adolescents in a clinical setting, Cumsille and Epstein (1994) found that adolescents' reported degree of satisfaction with cohesiveness and adaptability within their families, predicted lower depressive symptoms, over and above perceived levels of cohesion and family support. The authors proposed that the adolescent's subjective cognitive appraisal of family functioning may be more important than their perception of closeness within their families. In addition, in a study among 120 South African youth (ages 15-20), researchers found that suicidal youth expressed significantly lower levels of family satisfaction than youth who were not suicidal (Pillay & Wassenaar, 1997). Satisfaction appears to be important for mental health outcomes in LGB youth, however, limited research has examined satisfaction and how it relates to identity development in LGB youth. This study will simultaneously examine satisfaction, cohesion, communication, and support, and the association with identity development in LGB youth.

Support. Family support is related to well-being generally for youth (Arnett, 2000; Hoffman, Ushpiz, & Levy-Shiff, 1988; Meadows, Brown, & Elder, 2006). Hershberger and D'Augelli (1995) found that high levels of family support and acceptance attenuated the negative effects of verbal victimization on mental health for LGB youth (aged 15-21 years). However, if victimization involved property damage or physical attacks, family support did not appear to buffer the relationship between victimization and mental health.

Support and identity development. Literature also highlights the importance of family support for identity development for LGB samples. A number of studies show family support and acceptance to be associated with self-acceptance of sexual orientation in sexual minority youth (Rosario, Schrimshaw, and Hunter, 2011; Ryan et al., 2010, Savin-Williams, 1989a; Shilo & Savaya, 2011). LGB adolescents from more supportive families also tend to fare better psychologically in the face of adversity (Ryan et al., 2010). Shilo and Savaya (2011) found family acceptance and support to be associated with higher rates of self-acceptance of sexual orientation among a sample of 461 LGB youth (ages 15-23). Rosario and colleagues (2008) found that LGB youth with supportive and accepting families achieved greater levels of LGB identity integration. In a study with 210 bisexual young adults, Sheets and Mohr (2009) found that acceptance from family members was negatively associated with internalized binegativity. In a similar vein, Willoughby et al. (2011) reported that LGB youth who experienced familial rejection had a more negative LGB identity, which also was associated with internalizing problems. In sum, the above studies indicate that LGB youth whose parents are accepting and supportive of their LGB status are more comfortable with being lesbian, gay, or bisexual, more comfortable telling others about their sexual orientation, have more positive feelings towards being lesbian, gay, or bisexual and are less vulnerable to negative effects of some form of victimization from their social world. This study will be among the first to simultaneously examine family cohesion, communication, satisfaction, and support with family relations in the same study and how they relate to identity development in LGB youth.

Sexuality-related social support. In addition to global dimensions of social support and acceptance from families, LGB youth may also benefit from sexuality-specific support for coping with stress or issues surrounding their sexuality. LGB youth may need and seek additional emotional support and advice from families and peers regarding problems specifically related to their sexuality. Savin-Williams (2001) reported that while LGB youth often receive higher levels of support in areas not related to their sexuality, support is often lacking in sexuality specific domains.

Sexuality-related social support and identity development. In one of the few studies to examine sexuality-specific support in this way, Doty, Willoughby, Lindahl, and Malik (2010) found that greater levels of sexuality-specific support was associated with decreased emotional distress, including lower levels of social stress, anxiety symptoms, depression symptoms, greater sense of adequacy, and greater self-esteem. Sexuality-specific support was also found to buffer the negative effects of sexuality related stress on emotional functioning, while non-sexuality specific support did not attenuate the negative effects. This study aims to examine the relationship between sexuality-related social support and identity development.

Limited empirical research has examined both general family resources and sexuality-specific familial support in LGB youth, and its relationship to LGB identity development. Furthermore, no studies to date have examined these types of support together as potential protective factors against, or moderators of, adverse experiences such as victimization and LGB identity development. The present study aims to address these gaps by first examining the direct associations of family resources, general and sexuality-related support, with identity development in sexual minority youth. Further,

this study will test each family resource as a potential buffer of the negative effects victimization on identity development.

THE PRESENT STUDY

This study had two primary goals. The first goal of the study was descriptive. Given that so little is known about victimization of LGB young people, this study examined prevalence rates of peer victimization in a sample of LGB youth. Types of peer victimization that were assessed included: overt, relational, reputational, cyber victimization via SNSs, and sexuality-specific victimization. A second goal of the study was to better understand the relationships between peer victimization (both general and sexuality-specific), family resources (general family resources and sexuality-specific support), and LGB identity development. As seen in Figure 1 and 2, the proposed model examined the impact of peer victimization on negative LGB identity development. Both non-sexuality and sexuality specific forms of peer victimization were expected to be related to LGB identity difficulty. In addition, as seen in Figure 1 and 2, general family resources (cohesion, communication, satisfaction, and general social support), as well as sexuality-specific support from family members, were expected to be inversely related to negative LGB identity development. Furthermore, general family resources and sexuality-specific support from family members were expected to moderate the relationship between peer victimization (non-sexuality and sexuality-specific) and negative LGB identity (Figure 1 & 2). The specific aims and hypotheses of the study were as follows:

Study Aim #1: Examine rates of peer victimization subtypes types among LGB youth. The prevalence of overt, relational, reputational, cyber victimization via social networking sites, and sexuality-specific victimization were examined for the sample as a whole, as well as by gender and sexual orientation.

Study Aim #2: Examine the relationship between peer victimization and identity development in LGB youth. It was hypothesized that LGB youth who report higher rates of general and sexuality-specific victimization would report negative LGB identity, with negative LGB identity defined by greater rejection of their own LGB identity, more concern with keeping their LGB identity private, greater preoccupation with others accepting their LGB identity, and having overall difficulty in developing an LGB identity.

Study Aim #3: Examine the relationship between family resources, both non-sexuality specific family resources and sexuality-specific family support, and identity development in LGB youth. It was hypothesized that LGB youth who receive greater general family resources for other types of problems and family support for sexuality related stress would report less identity difficulties. Furthermore, it was hypothesized that sexuality-specific support would have a stronger relationship with identity development than general familial support.

Study Aim #4: Examine if family resources, including both general family resources as well as sexuality-specific support, moderate the relationship between victimization and identity development.

4a. It was hypothesized that close family relationships and general family support would attenuate the relationship specifically between general peer victimization (overt, relational, reputational, and cyber) and negative LGB identity, while sexuality-specific would not.

4b. Similarly, it was theorized that sexuality-specific support would buffer the relationship specifically between sexuality-specific victimization and negative LGB identity, while general family resources would not.

Chapter 2: Methods

Participants

One hundred and seventy-one LGB adolescents and young adults participated in the current study. Participants self-identified as gay (47%), lesbian (31%), and bisexual (21%). Fifty-six percent were male and forty-four percent were female. Participants ranged in age from 14 – 26 years ($M= 19.50$, $SD = 2.64$). Participants represented a diverse range of ethnicities, including White, Non-Hispanic (36%), White, Hispanic (37%), Black (21%), Asian (2%), and Other/Mixed (4%) reflecting the surrounding community. Participants also represented a wide range of school years, including middle school (6th – 8th) (2%), high school (9th – 12th) (46%), college (13th – 15th) (41%), and post college/graduate school (16th -17th) (11%). All youth in the study had disclosed their sexual orientation to at least one parent.

Procedure

Institutional Review Board approval of the study was secured. Participants in this study were recruited as part of a larger longitudinal study examining family relationships of LGB young people. Fliers were distributed throughout the community encouraging LGB youth to participate. Participants were also recruited through community organizations that serve LGB young adults, high school and university Gay-Straight Alliances, LGB organizations, high school counselors, and through peer recruitment. Participants were required to be out to at least one parent.

Data collection occurred over four time points, once every six months across a two year time period. Data was only used from the first time point. Written informed consent was obtained from participants over the age of 18, and written assents were

collected from participants aged 17 and younger. Participants completed a series of questionnaires to assess sexual-minority status, peer victimization, cyber victimization, sexuality-specific victimization, family resources, family support, and LGB identity development. Participants completed the forms in person in a laboratory setting at the University of Miami, at remote data collection sites, by mail, or online. Youth and parents were each compensated \$50 for study participation at each time point. All participants completing the study protocol were offered four free counseling sessions with clinically trained research staff.

Demographic Information. Participants completed a background information packet collecting information such as age, gender, grade, ethnicity, time since disclosure, and sexual orientation. Participants disclosed their sexual orientation on a single item: “How do you describe your sexual orientation: Gay, Lesbian, Bisexual?”. Gender was included as a control variable in the analyses.

Measures

Three measures of victimization are included in this study: Revised Peer Experiences Questionnaire (RPEQ), Social Networking-Peer Experiences Questionnaire (SN-PEQ), and Measure of Gay-Related Stress - Violence and Harassment Subscale (MOGS)

Peer victimization. The Revised-Peer Experiences Questionnaire (RPEQ; De Los Reyes & Prinstein, 2004; Prinstein, Boergers, & Vernberg, 2001), a 18 item measure, was used to assess participants’ victimization experiences in the past six months. The RPEQ is a revision of the PEQ, which was originally developed by Vernberg, Jacobs, and Hershberger (1999) to assess youths’ experiences of aggression and victimization among

peers in a school setting. The original version assessed mostly overt forms of aggression and victimization. The revised measure included additional items to assess indirect forms of aggression and victimization (i.e., relational, reputational) as well as prosocial behavior among peers. For the purposes of this study, the three subscales measuring different forms victimization (i.e. overt, relational, reputational) were used (9 items).

The three subscales assessed the following three types of victimization: overt (3 items; e.g., *A peer hit, kicked, or pushed me in a mean way*); relational (3 items; e.g., *Some peers left me out of an activity or conversation that I really wanted to be included in*); and reputational (3 items; e.g., *A peer tried to damage my social reputation by spreading rumors about me*). The questionnaire asked participants to rate the frequency of victimization experienced over the past six months. The participants rated the items on a 5-point Likert scale ranging from never (1), once or twice (2), a few times (3), about once a week (4), to a few times a week (5). Scores were obtained by averaging items within each subscale. The RPEQ has a stable factor structure (Prinstein et al. 2001) and adequate internal consistency was found in the present study (α s range from .82 to .88).

Cyber victimization. Participants completed the Social Networking-Peer Experiences Questionnaire (SN-PEQ; Landoll, La Greca & Lai, 2013), which is a 10 item measure designed to assess participants' level of cyber victimization experiences, including aggression/victimization via social networking sites by peers. The participants rated the occurrence of each item over the past six months, ranging from never (0), once (1), twice (2), three to four times (3), to five or more times (4). The items were recoded to obtain a 1 to 5 point Likert scale to be consistent with the RPEQ. The items include

statements such as *A peer spread rumors about me or revealed secrets I had told them using public posts on a social networking site*. A total score is obtained by obtaining the mean for the 10 items. The SN-PEQ demonstrated strong factorial invariance and a single-factor structure (Landoll et al., 2013) and adequate reliability was found in the present study ($\alpha = .86$).

Sexuality-Specific Victimization. Participants' experience of victimization due to sexual orientation was measured using the Measure of Gay-Related Stress (MOGS), a self-report measure of sexuality related stressors (Lewis et al., 2001). The MOGS is comprised of 10 subscales, though the present study focused on just one, the Violence and Harassment subscale (also referred to as sexuality-specific victimization). The Violence and Harassment subscale assessed the frequency count of exposure to sexuality-specific victimization experiences within the last year. The subscale consists of 7 items, including statements such as *Physical assault due to my sexual orientation* or *Threat of violence due to my sexual orientation*.

Participants were asked to identify the types of harassment that had occurred for them in the past year. A total sum score was computed and thus total scores ranged from 0 – 7. Greater scores indicated greater exposure to sexuality-specific peer victimization. Consistent with previous studies supporting reliability and validity (Lewis, 2001; Doty et al, 2010), internal consistency for the Violence and Harassment scale in the present study was adequate ($\alpha = .85$).

Two measures were used to assess family resources: Family Adaptability and Cohesion Evaluation Scale and Social Support Behaviors Scale.

Family Closeness. Participants completed the Family Adaptability and Cohesion Evaluation Scale (FACES- IV; Olson 2011), a 62 item measure designed to measure multiple dimensions of family functioning. Three separate scales from the FACES-IV measure were used for this study. The scales included: Family Cohesion (7 items; e.g., *Family members feel very close to each other*), Family Communication Scale (10 items; e.g., *Family members can calmly discuss problems with each other*), and Family Satisfaction Scales (10 items; *Satisfied with the degree of closeness between family members*).

Items are rated on a 5-point Likert scale, from Strongly Disagree (1) to Strongly Agree (5). The items are summed to obtain one total score for each subscale. The FACES-IV is a widely used measure of family functioning with established validity and reliability (Olson, 2011). In the present study, reliability was good for all 3 scales (α ranged from .81 to .93.)

Social Support Behavior Scale. Participants completed a modified version of the Social Support Behaviors Scale (SSB; Vaux, Riedel, & Stewart, 1987). The original SSB (a 45 item measure) asked participants to suppose they had some kind of problem. Then, the participants were asked to rate family and friends on their likelihood of providing various types of support (e.g., would comfort me, give me advice, try to cheer me up) (Vaux et al. 1987). The original SSB included five different subscales, Emotional Support, Advice/Guidance, Financial Assistance, Practical Assistance, and Socializing.

The SSB was later adapted to more specifically measure perceived support for sexuality related stress as compared to perceived support for problems unrelated to sexuality (Doty et al., 2010). This modified version of the SSB kept intact all of the

original items but also replicated each item to address support specifically related to sexual orientation. In other words, participants first reported on support for *Some kind of problem related to your sexuality and* next, they report on support received for *Some kind of problem that was NOT related to your sexuality*. Only the Emotional Support (i.e. 10 items) and Advice/Guidance subscales (i.e. 12 items) of the SSB were used in the current study. The Emotional Support scaled included items such as *Family would listen if I needed to talk about my feelings*. The Advice/Guidance scale included items such as *Family would suggest how I could find out more about a situation*.

Items are rated on a 5 point Likert scale, from “No Family Members Would Do This” (1) to “Most Family Members Would Certainly Do This (5). Two total scores are calculated, one for support related to problems unrelated to sexuality and one for support related to problems related to sexuality. Items are summed from both the Emotional Support and Advice/Guidance scales to obtain Total scores, with higher scores indicating greater support from family members for both non-sexuality specific and sexuality specific problems. Internal consistency was very good for both scales (alphas ranged from .96-.98).

LGB Identity. Participants completed the Lesbian, Gay, and Bisexual Identity Scale (LGBIS; Mohr & Fassinger, 2000), a 27 item measure designed to assess LGB identity. The measure includes six subscales. Mohr and Fassinger (2000) conducted a second-order factor analysis, however, which suggested that four of the subscales, Internalized Homonegativity, Concealment Motivation, Acceptance Concerns, and Difficult Process, load on a single, second-order factor. This second order factor, identified as the Negative LGB Identity composite, *reflects the degree to which*

individuals have overall difficulties related to their sexual orientation identity (Mohr and Fassinger, 2000; Information Sheet). Only the four subscales that comprise the Negative LGB Identity composite were used in this study.

The Internalized Homonegativity subscale measures rejection of one's LGB identity by internalizing negative societal beliefs regarding LGB identity (5 items; e.g., *I would rather be straight if I could*). The Concealment Motivation subscale measures concern and motivation to protect one's privacy as an LGB individual (6 items; e.g., *I think very carefully before coming out to someone*). The Acceptance Concerns subscale measures preoccupation with being stigmatized as a LGB person (5 items; e.g., *I can't feel comfortable knowing that others judge me negatively for my sexual orientation*). The Difficult Process subscale measures difficulty in self-acceptance of LGB identity development (5 items; e.g., *Admitting to myself that I'm an LGB person has been a very painful process*).

Items are rated on a 7-point Likert scale, from Disagree Strongly (1) to Agree Strongly (7). A Negative LGB Identity composite score was used in the current study; this is an average of scores on the internalized homonegativity/bi-negativity, concealment motivation, acceptance concerns, and difficult process subscales (Mohr & Fassinger, 2000). All of these subscales measure dimensions of LGB identity that include negative beliefs and feelings related to one's sexual orientation. Higher scores indicate a more negative LGB identity. Evidence of good validity and reliability was established (Mohr & Kendra, 2011) and good internal reliability was found in the present study ($\alpha = .85$).

Chapter 3: Results

Analytic Plan

The results are separated into six sections. First, descriptive analyses were provided and discussed, followed by specific study aim results, and exploratory analyses. Study aims 1- 4 required analyzing a measurement model and structural model, which is described below.

Measurement model

A measurement model of two factors was tested before testing the prediction model using structural equation modeling. A confirmatory factor analysis (CFA) was conducted. One factor of peer victimization with four indicators and one factor of general family resources with five indicators, were included.

Structural model

The structural model tested is depicted in Figure 2 with rectangles indicating observed variables and ovals indicating the latent variables resulting from the measurement model. Estimated parameters of primary interest included the path coefficients assessing direct and moderation effects. These effects were estimated using full information maximum likelihood.

Descriptive Analyses

Skewness and kurtosis for all variables were within acceptable limits (skew = ≤ 3 , kurtosis = ≤ 10). Observed variable means, standard deviations, minimums, and maximums are reported in Table 1. The participants generally reported being close with

family members, able to communicate effectively, and being satisfied with their family system. Consistent with Doty et al. (2010), LGB youth and young adults in our sample perceived greater levels of non-sexuality specific support than sexuality-specific support, $t(170) = -9.30, p < .001$.

To examine inter-relationships among the study variables, Pearson product moment correlations were computed. First, the relationships between demographic variables, including age, gender, time since disclosure, and the dependent variable, Negative LGB Identity, were examined. Only one significant result was found. Gender was found to be negatively correlated with negative LGB identity ($r = -.76$). Males endorsed experiencing greater difficulty in developing a positive identity than females.

Second, the relationship between peer victimization and dimensions of negative LGB identity was examined and these correlations are presented in Table 2. An inspection of the correlations reveals two interesting findings. For one, all forms of victimization were significantly correlated with one specific dimension of the LGB identity. Specifically, overt, relational, reputational, cyber victimization, and LGB-specific violence and harassment were all related to acceptance concerns. In all cases, greater victimization was associated with greater concerns about being accepted by others. Table 2 also shows that relational victimization and sexuality-specific victimization were both significantly correlated with internalized homonegativity. In other words, the more relational victimization and the more sexuality-specific violence and harassment that were reported, the more the participants reported negative feelings towards their own LGB identity.

Third, correlations between family resources variables and dimensions of negative LGB identity are presented in Table 3. It is interesting to note that report of quality of family resources on the FACES-IV (i.e. cohesion, communication, satisfaction) as well as report of general (not sexuality-specific) support from the family were unrelated to any of the LGB identity variables. Only sexuality-specific family support was associated with LGB identity and it was associated with four of the five LGBIS subscales, with sexuality-specific support being inversely related to homonegativity, concealment motivation, difficult process, and overall negative LGB identity difficulty.

Fourth, inter-relationships among the peer victimization variables and family resources were examined and these correlations are summarized Table 4. As predicted, victimization and supportive family resources were negatively associated such that closer supportive family relationships were associated with less victimization. The results were found for most family resources, with the exception of sexuality-specific support. Overt, relational, reputational, and cyber victimization were all negatively related to family resources, including cohesion, communication, satisfaction, and non-sexuality related support ($r = -.23$ to $-.38$).

Study Aim #1: Examine prevalence rates of peer victimization within LGB youth.

Descriptive statistics on prevalence rates of peer victimization are provided in Table 5 (RPEQ), Table 6 (SN-PEQ), and Table 7 (MOGS) to examine rates of victimization overall, as well as across gender and sexual orientation groups.

Overview of Victimization Data

The first major goal of the study was descriptive and given the paucity of data on victimization rates for LGB youth, these data are reported in detail in Tables 5, 6, and 7.

The data are discussed in greater detail below, but an overview is provided here. Overall, mean rates of traditional forms of victimization (overt, relational, and reputational), as well as cyber victimization and sexuality-specific victimization, were comparable to other studies using community samples (not specific to LGB youth). As seen in Table 5 and similar to De Los Reyes and Prinstein (2004), most of the present sample reported experiencing overt, relational, or reputational victimization between “not at all” to “once or twice” within the past six months. Table 6 shows that, on average, LGB youth in the current sample endorsed experiencing cyber victimization via SNSs between “not at all” to “one time” within the last six months, which is similar to results from an ethnically diverse community sample of 216 youth and young adults (mean age = 19 years) (Landoll et al., 2013). As seen in Table 7, on average, participants endorsed experiencing two to three instances of LGB-related violence or harassment within the last year, which is similar to other studies (Willoughby et al., 2010). Mean values for LGB identity variables (Table 1) correspond to means reported by Mohr and Kendra (2011), which involved a sample of 654 undergraduate and graduates students, indicating that reports of LGB identity difficulty in the present sample were similar to those found in other studies.

RPEQ Prevalence Rates

For the RPEQ data in Table 5, responses are reported in percentages for overt, relational, reputational, and cyber victimization using the descriptive scale of the measure. The qualitative descriptors included never (total RPEQ mean values between 0-1), once or twice (total RPEQ mean values between 1.01 – 2), a few times (total RPEQ mean values between 2.01 – 3), once/week (total RPEQ mean values between 3.01 – 4), few times/week (total RPEQ mean values between 4.01 – 5).

Fifteen percent of the sample experienced overt victimization a few times or more within the past six months. The majority of LGB youth and young adults in our sample endorsed being relationally victimized, with nearly 70% experiencing this type of victimization one or more times within the past six months. Furthermore, of those who experienced relational victimization, 28 % of LGB youth in this sample experienced relational victimization a few times or more within the past six months. Just over half (53%) of the sample also experienced being the victim of reputational aggression at least one time in the past six months and about 26% experienced reputational victimization a few times or more within the past six months. For those participants reporting some form of victimization, a majority reported the victimization to occur once or twice or a few times a week. Less than 10% of the sample reported being victimized on a regular basis (i.e. one time per week or more).

Cyber Victimization via SNSs Prevalence Rates

Rates of cyber victimization occurring primarily through social networking sites are assessed by the Social Networking-Peer Experiences Questionnaire (SN-PEQ). Results are provided in Table 6. Overall, 86% of the sample reported at least one aversive experience through a social networking site within the past six months. Of those who had experienced any cyber victimization 82% reported it to be a once or twice occurrence, while 2% experienced cyber victimization three or more times within the last six months.

Sexuality-Specific Peer Victimization Prevalence Rates

Sexuality-specific peer victimization rates are calculated using the Measure of Gay Related Stress Violence and Harassment Scale (MOGS). Prevalence data are

provided in Table 7. Overall, 74 % of the sample endorsed experiencing at least one occurrence of victimization due to sexual orientation within the past year. While most individuals reported experiencing just one or two occurrences of sexuality-specific victimization, 38% reported three or more events, and 13% of individuals reported experiencing seven events of gay-related victimization (the maximum) within the last year.

In order to examine whether there were any group differences based on gender or sexual orientation on any of the peer victimization subtypes, two one-way MANOVAs were conducted, one for gender and one for sexual orientation with overt, reputational, relational, cyber, and sexuality-specific victimization as the dependent variables. A significant difference was found for gender, ($F(5, 105) = 2.69, p < .05, \eta^2 = .11$). Specifically, for sexuality-specific victimization (MOGS), males ($M = 2.95, SD = .27$) reported being victimized more often than females ($M = 1.63, SD = .32$). The overall group difference for sexual orientation was not significant ($F(10, 208) = 1.67, p = 0.09, \eta^2 = .07$).

For aims 2-4, the measurement and structural model are described below. The specific hypotheses and results will follow accordingly under each aim. The results are based on the full moderation model.

Measurement Model

Structural Equation Modeling (SEM) was used to examine the fit of the model presented in Figures 1 and 2. Latent variables are represented by ovals, while observed variables are represented in squares. Two predictors of peer victimization were included

in the model, general peer victimization (measured by the RPEQ and SN-PEQ) and sexuality-specific victimization (measured by the MOGS Violence and Harassment Scale). A separate confirmatory factor analysis was conducted for the general peer victimization and general family resources latent variable. Indicator loadings were examined to determine if the selected scales were appropriate and significant representations of the latent variable.

A latent variable model specified overt, relational, reputational, and cyber victimization via social networking sites as indicators of general peer victimization. All observed variables were found to be significant indicators of the peer victimization latent variable at $\alpha = .05$ (all p -values < 0.001 .) Standardized loadings were greater than 0.40 for all indicators (loadings ranged from 0.68 – 0.86). Unstandardized, standardized path coefficients, and standard errors are presented in Table 8.

A latent variable model specified cohesion, communication, satisfaction, and non-sexuality specific support as indicators of general family resources. Minor modifications were made to the latent variable to improve model fit indices. Residual variances were correlated between satisfaction and communication. Families with greater communication generally reported greater satisfaction with family members, thus justifying this correlation. Unstandardized, standardized path coefficients and standard errors are presented in Table 8.

Model fit was examined using the Chi-Square Test of Model Fit, the Comparative Fit Index (CFI), the Root Mean Square Error of Approximation (RMSEA), and the Standardized Root Mean Square Residual (SRMR) at model fit indices.

Compared to the baseline model, the current model incorporated the measurement aspects

which yielded good fit to the data, $\chi^2 (18) = 41.767, p < .05$; RMSEA = 0.08; CFI = 0.97; SRMR = 0.07. The measurement model had good fit and the paths specified were significant, as well.

Structural Model

Model fit was examined by comparing AIC/BIC values of the baseline model and current moderation model. Compared to the baseline model, the full model incorporating the measurement aspects had better fit due to lower AIC/BIC value (Akaike information criterion (AIC) = 6713.02; Bayesian information criterion (BIC) = 6837.00).

Unstandardized path coefficients and standard errors are presented in Table 9.

Additionally, because gender was found to be a significant correlate of the Negative LGB Identity composite, gender was included in the model to control for this relationship.

Study Aim #2: Examine the relationship between peer victimization and identity development in LGB youth. It was hypothesized that LGB youth who report higher rates of general and sexuality-specific victimization would report greater negative LGB identity.

As seen in Figure 3, the results indicated that there was not a significant main effect between general peer victimization and negative LGB identity ($b = .16, p = ns$). Sexuality-specific victimization, though, was significantly related to greater negative LGB identity ($b = .30, p < .05$) (see Figure 3). Contrary to our hypothesis, general peer victimization was not associated with negative LGB identity, however sexuality-specific victimization was positively associated with negative LGB identity.

Study Aim #3: Examine the relationship between supportive family resources and identity development in LGB youth. It was hypothesized that LGB youth who have general family resources for non-sexuality related problems and sexuality-specific support would report less LGB identity difficulties. Furthermore, it was hypothesized that sexuality-specific support would have a stronger relationship with LGB identity development than general family support.

As seen in Figure 3, the results were contrary to the hypotheses. General family resources significantly and positively predicted negative LGB identity ($b = .26, p < .05$), while controlling for all other variables in the model. Further, there was not a significant main effect found between sexuality-specific family support and negative LGB identity ($b = -.00, p = ns$). Exploratory analyses were conducted to further examine the relationship between general family resources and identity development, as the result is contradictory to results from prior studies (Rosario, Schrimshaw, and Hunter, 2011; Ryan et al., 2010, Savin-Williams, 1989a; Shilo & Savaya, 2011). Results are presented at the end of this section.

Study Aim #4: Examine if family resources moderate the relationship between victimization and identity development. It was hypothesized that general family support would attenuate the relationship specifically between general peer victimization (overt, relational, reputational, and cyber) and negative LGB identity, while sexuality-specific would not. Similarly, it was theorized that sexuality-specific support would specifically buffer the relationship between sexuality-specific victimization and negative LGB identity, while general family resources would not.

Four interaction effects were examined in this model, specifically examining the interaction between a) general family resources and general peer victimization, b) general family resources and sexuality-specific victimization, c) sexuality-specific support and general peer victimization, and d) sexuality-specific support and sexuality-specific victimization, and its relationship with negative LGB identity development. Only one of the four interactions achieved significance. Sexuality-specific support from family members buffered the negative impact of sexuality-specific victimization on negative LGB identity ($b = -.003, p < .05$). Follow-up post hoc regression analyses were conducted to better understand the significant interaction between sexuality-specific support and sexuality-specific victimization. A hierarchical regression analysis was conducted to test the main and buffering effects of sexuality support on negative LGB identity, while controlling for general family resources and gender. Table 10 shows results from the hierarchical linear regression analysis testing main and stress-buffering effects of sexuality-specific support on youth's negative LGB identity; asterisks are used to indicate statistical significance. In step 1, gender was entered as control variable. In step 2, general family resources variables were entered as an independent variable. In step 3, sexuality-specific support was entered as an independent variable. In step 4, sexuality-specific victimization was entered as an independent variable. In step 5, the interaction between general family resources and sexuality-specific victimization was entered. In step 6, the interaction term between sexuality-specific support and sexuality-specific victimization was entered.

The results of step 1 indicated that the variance accounted for by gender was significant, $R^2 = .03, F(1,148) = 5.03, p = .026$, indicating that males tended to have

higher scores in negative LGB identity. The results of step 2 showed that a change in variance accounted for by general family resources was not significant, R^2 change = .03, $F(5,144) = 1.89$, $p = n.s.$ The results of step 3 indicated that sexuality-specific support accounted for a significant proportion of negative LGB identity, after controlling for gender and general family resources, R^2 change = .05, $F(6,143) = 3.00$, $p = .009$. The results of step 4 indicated that sexuality-specific victimization did not account for a significant proportion of variance in negative LGB identity, over and above the effects of gender, general family resources, and sexuality-specific support, R^2 change = .02, $F(7,142) = 3.14$, $p = .004$. The results of step 5 indicated that the interaction term between general family resources and sexuality-specific victimization did not account for a significant proportion of variance in negative LGB identity development, R^2 change = .01, $F(11,138) = 2.04$, $p = .029$. The results of step 6 indicated that the interaction term between sexuality-specific support and sexuality-specific victimization accounted for a significant proportion of negative LGB identity, after controlling for all other variables in the model, R^2 change = .03, $F(12, 137) = 2.35$, $p = .009$. Thus, sexuality-specific support was a significant moderator of the relationship between sexuality-specific victimization and negative LGB identity. The full model accounted for 17% of the variance in negative LGB identity.

Additional post-hoc analyses examined the relationship between sexuality-specific violence and harassment and negative LGB identity development at high and low levels of sexuality-specific support (i.e., 1 standard deviation above and below the mean). When sexuality support was low, increased sexuality-specific violence and harassment was associated with greater negative LGB identity development, $t(137) = 2.84$, $p = .005$

(two-tailed). When sexuality support was high, sexuality-specific violence and harassment was not significantly related to negative LGB identity, $t(137) = -0.56, p = n.s.$ (two-tailed). This interaction is depicted in Fig. 4. As hypothesized, increased availability of sexuality-specific support attenuated the link between LGB youth's experiences of sexuality-specific victimization and negative LGB identity development.

Exploratory Analyses

Exploratory analyses were conducted to examine the relationship between general family resources and negative LGB identity in LGB youth. Prior studies have well-documented the importance of family support and resources in the development of LGB youth (Rosario, Schrimshaw, and Hunter, 2011; Ryan et al., 2010, Savin-Williams, 1989a; Shilo & Savaya, 2011). In the current study, contradictory results were found where general family resources were positively related to negative LGB identity. Additionally, zero-order correlations supported that general family resources were inversely related to the frequency of general peer victimization in the current sample ($r = -.19 - .38, p < .05$). Thus, a separate structural moderation model was conducted examining the relationship between general peer victimization, general family resources, and negative LGB identity development.

Structural equation modeling (SEM) was used to assess the model fit. To assess model fit, AIC/BIC values of the baseline model were compared to the current moderation model. Compared to the baseline model, the full model incorporating the measurement aspects had better fit due to lower AIC/BIC value (Akaike information criterion (AIC) = 6136.41; Bayesian information criterion (BIC) = 62.36.95).

Additionally, because gender was found to be a significant correlate of the Negative LGB Identity composite, gender was included in the model to control for this relationship.

Results indicated that general family resources buffered the negative impact of general peer victimization on negative LGB identity development ($b = -.239, p < .05$). These results add to the existing literature of the importance of positive family relationships.

Chapter 4: Discussion

Several studies suggest that lesbian, gay, and bisexual youth face unique challenges in developing a positive sense of identity due to increased risk of exposure to discrimination and societal prejudice from peers, family, and others. LGB individuals may internalize negative societal attitudes, which may lead to identity difficulties (Meyer, 2005). To date, however, there are very few studies that examine different types of victimization experienced by LGB youth. The current study is among the first to simultaneously examine links between general and sexuality-specific victimization and LGB identity development among LGB youth. Furthermore, few studies have examined factors that may buffer the effects of victimization on LGB identity development. This study provides initial evidence for the possible moderating role of social support as links were found between sexuality-specific support, sexuality-specific victimization, and LGB identity development.

Descriptive Findings

This study had two major goals. The first goal of this study was to examine prevalence rates of overt, relational, reputational, cyber victimization via social networking sites, and sexuality-specific victimization among the sample as a whole, as well as examining rates by gender and sexual orientation group.

Overt victimization is characterized as actions intended to inflict physical harm or threats of harm on another (Crick & Bigbee, 1998), and 27 % of the participants experienced this one or more times within the past six months, while of those, 15% of participants experienced this a few times or more within the past six months. This

estimate falls in between the rates of victimization reported by three other studies in the literature that have assessed overt victimization. Compared to a nationally representative sample of adolescents (sample = 7,508; mean age = 14.2 years), Wang and colleagues (2010) reported that about 13 % of adolescent youth reported experiencing physical victimization at least one time or more. D'Augelli and colleagues (2002) reported a lower estimate in a sample of 350 lesbian, gay, and bisexual youth lesbian, gay, and bisexual youths (ages 14-21 years) where 11 % of the sample reported being physically assaulted at least one time or more. Furthermore, D'Augelli and colleagues (2002) reported that 4-7% of individuals experienced different forms of overt victimization (i.e. threats of violence, physically assaulted with an object) three times or more within the last year. On the other hand, in a 2009 report by the Gay, Lesbian, and Straight Education Network (GLSEN), about 40% of LGBT youth were reportedly physically harassed at some point in the past year and 12.9% reported that this harassment occurred often or frequently within the past year. . Additionally, 19% of LGBT youth reported ever being physically assaulted, while 5.5 % reported that this harassment occurred often or frequently in the past year.

Differences among these studies could be attributed to slight variations in the operationalization of overt victimization. The current study operationalized overt victimization as including acts of physical harm *and* verbal threats of physical harm on an individual. All three comparative studies operationalized overt victimization as exclusively involving physical acts of harm/assault (e.g., hitting, punching or kicking), but did not include verbal threats of physical harm. Wang and colleagues (2010) used a more global definition of physical victimization, which included less severe (e.g., shoved,

pushed) to more severe forms of physical harm (e.g., punched, kicked). D'Augelli and colleagues (2002) included reports of physical harm that were considered physical assaults, which involved more severe forms of physical harm (e.g., punched, kicked, or injured with a weapon). Interestingly, GLSEN (2009) further differentiated physical harm into two categories, physical harassment (e.g., shoved, pushed) and physical assault (e.g., punched, kicked). The current study's inclusion of verbal threats of harm as well as the inclusion of any level of physical harm (e.g., shoved, punched) may explain the slightly higher prevalence rate of overt victimization.

Relational victimization is characterized by acts that intend to damage and inflict social harm within peer relationships, such as intentionally excluding a peer from social events (Crick & Bigbee, 1998), and nearly 70% of LGB youth and young adults in our sample endorsed being relationally victimized one or more times within the past six months, while of those, 28% endorsed being relationally victimized a few times or more within the last six months. Another form of verbal victimization is reputational victimization, which is defined by spreading rumors or gossiping about a peer (De Los Reyes & Prinstein, 2004). About half (53%) of the sample experienced being the victim of reputational aggression at least one time in the past six months, while of those, 26% endorsed being a victim of reputational victimization a few times or more within the last six months.

The current sample experienced significantly greater rates of relational and reputational victimization when compared with the general population of younger adolescents. Wang and colleagues (2010) reported that 26% of youth reported being social excluded and 32% of youth reported being victims of rumor spreading at least one

time in the past few months. In two separate community samples of lesbian, gay, and bisexual youth, 55% and 85% of youth experienced being verbally assaulted, which included verbal threats, social exclusion, and rumor spreading at least once within the last year (D'Augelli et al., 2002; GLSEN, 2009). The current study results are more consistent with these LGB samples. However, GLSEN (2009) and D'Augelli and colleagues (2002) reported greater rates of repeated relational and reputational victimization with 40 – 54 % of their sample experiencing these forms of victimization often or frequently in the past year. Relational and reputational victimization clearly is a salient stressor LGB youth face, as over half of each LGB sample experienced these forms of peer victimization.

With regard to cyber victimization via SNS, which includes the harassment of others through the use of the social networking sites, 86% of LGB youth in our sample reported being cyber victimized through social networking sites at least once within the past six months, while 18% experienced cyber victimization two or more times within the last six months. Although comparison data are hard to come by, these reports may be higher than found elsewhere. Hinduja and Patchin (2011) reported that in a sample of 184 youth who identified as not heterosexual, compared to 3,954 youth who identified as heterosexual, 36 % of LGBT youth compared to 20% of heterosexual youth in this study reported experiencing any form of cyber bullying/victimization. Similarly, GLSEN reported that about 53% of LGBT youth reported being harassed online (14.6 % experienced it often or frequently) compared to 15% of non-LGBT youth.

LGB youth may turn to the internet to express their LGB identity in a safer space, seek social support, and access health information that is not readily available elsewhere (GLSEN, 2011). GLSEN (2011) found that LGBT youth spend about 45 minutes more than non-LGBT youth online. While there are a host of online outlets, social networking sites, such as Facebook, are often used to express LGB identity. Due to its public nature and accessibility, however, use of social networking sites may increase one's risk for cyber victimization.

Lastly, nearly two-thirds of our sample (74%) endorsed experiencing at least one occurrence of victimization specifically due to sexual orientation within the past year. While most individuals reported experiencing just one or two occurrences of sexuality-specific victimization, 38% reported three or more events, and 13% of individuals reported experiencing seven events of sexuality-related victimization (the maximum on the scale) within the last year. For sexuality-specific victimization, males reported being victimized more often than females, which is consistent with findings from other LGB samples (Willoughby et al., 2010). There was no overall group differences noted for sexual orientation groups.

The current study is among the first to identify and quantify prevalence rates of overt, reputational, relational, and cyber victimization via SNS among a LGB sample including youth in high school and higher education. It is difficult to know how representative these data are, however, as no comparable data could be found.

Most of the studies of peer victimization to date involve general community samples of middle school and high school students. The present study is the first to include LGB young adults in higher education, as 41 % of the youth were in college.

Rankin and colleagues (2010) found that academic and social climates in higher education are often unwelcoming towards LGBT staff and students, with 23% of LGBT students and staff members, compared to 12% of their heterosexual counterparts, reporting experiencing victimization. Present study findings support the importance of focusing on peer victimization in higher education and the need to improve these social environments.

Peer Victimization and LGB Identity Development

The second goal of this study was to examine the relationships between peer victimization (general and sexuality-specific), family resources (general family resources and sexuality-specific support), and LGB identity development.

Findings indicated that sexuality-specific victimization was significantly related to greater negative LGB identity, while general peer victimization was not – at least when all the types of victimization were simultaneously controlled. Further examination of the different types of traditional forms of victimization revealed that relational victimization was strongly correlated with acceptance concerns ($r = .28, p < .01$). This finding adds to an important body of literature, albeit small, examining factors that hinder positive identity development in LGB individuals (Rosario et al., 2011; Willoughby et al., 2010).

Negative and unpleasant peer relationships can contribute to how youth view themselves, (La Greca & Harrison, 2005; Paul & Cillessen, 2007), thus contributing to negative identity development. For LGB people, sexuality-related victimization is a unique source of stress (D'Augelli et al., 2002; Meyer, 2003; Willoughby et al., 2010). Sexuality-related victimization may be homophobic in nature and therefore, the messages directly target sexual identity development. For many LGB youth, sexual identity

development is an essential component of their overall sense of self (Eliason, 1996). Adverse experiences that target sexual identity may highlight or prime any existing internal struggle with self-acceptance of one's sexuality and therefore be a source for greater negative identity development.

This study provides evidence that LGB youth who are victims of adverse negative peer interactions may begin to internalize the negative messages, which may affect positive identity development. It appears that when faced with sexuality-specific victimization, some LGB youth may adopt the negative views presented by their peers through sexuality-specific victimization (e.g., being LGB is unacceptable), leading to feelings of low-self worth or low self-acceptance. In addition, experiencing sexuality-specific victimization may shape one's desire to keep their LGB status private from peers and family, potentially straining their ability to openly and comfortably come out as an LGB person. Taken together, sexuality-specific victimization may contribute to one's uncertainty of who they are, perhaps detrimentally influencing their identity development process.

General Family Resources, Sexuality-Specific Support and LGB Identity Development

In the present study, it was surprising to find that general family resources were positively associated with negative LGB identity development while controlling for all other variables, yet LGB youth in the current study were out to at least one parent, and indicated cohesive family relationships overall. Previous research has suggested that close and supportive family relationships have a significant impact on self-acceptance and identity development among adolescents in general (e.g., Mullis et al., 2003;

Schwartz et al., 2008). However, with specific respect to LGB youth, the data are more nuanced. For example, Mullins & Murdock (2007) and Shilo & Savaya (2001) both found family support to be unrelated to self-acceptance of sexual orientation among LGB young people. Both studies did, however, find that family support was related to emotional functioning. Thus, general support from families may be important for general well-being for LGB youth, but less critical to their sense of identity as it specifically relates to their sexuality. It is also possible that individuals with a negative LGB identity may seek more support from their family members. Thus, these individuals may rate their family as more supportive. Future research should include multiple informants of social support to elucidate this relationship. Contrary to the hypotheses, a significant main effect was not found between sexuality-specific family support and negative LGB identity- at least when controlling for all other variables. Further examination of zero-order correlations revealed that sexuality-specific support was strongly and inversely related to internalized homophobia, concealment motivation, and difficult process variables comprising the negative LGB identity composite ($r = -.17$ - $-.22$, $p < .05$). Specific forms of sexuality-support have been found to be remarkably significant for LGB youth. Ryan and colleagues (2009) found family acceptance of sexual orientation to be linked with lower rates of depression and suicide risk. Shilo and Savaya (2011) found that family acceptance of sexual orientation was strongly and positively predictive of youth self-acceptance. Furthermore, Bregman, Lindahl, and Malik (2012) found that parental acceptance of sexual orientation and sexuality-specific support to cope with sexuality-related problems was associated with positive LGB identity. However,

sexuality-specific support was not directly associated with LGB identity in the present study.

The discrepant findings could be due to differences in the operationalization of sexuality-specific support. One form of sexuality-specific support, discussed primarily in the studies mentioned above, is family acceptance of sexual orientation. Another form of sexuality-specific support is providing emotional support or advice in order to cope with sexuality related stressors. Although no direct association was found between sexuality-specific support and identity development in the present study, sexuality-specific support was found to buffer the effects of harassment from peers and this finding is discussed next.

Peer Victimization and LGB Identity: The Moderating Role of Sexuality-Specific Support

The present study found sexuality-specific support to buffer the relationship between sexuality-specific victimization and negative LGB identity development. In contrast, non-sexuality specific support did not attenuate the relationship between sexuality related victimization and negative LGB identity development. The results suggest that sexuality-specific support from family members may play a protective role in diminishing the negative effects of sexuality-specific victimization on LGB identity development. Cohen and Wills (1985) posited that chronic and persistent stressors may strain one's ability to problem solve and cope effectively, which can lead to appraising a situation as threatening, making one more vulnerable to maladaptation. Cohen and Wills (1985) also theorized that stress buffering effects will occur only when the support offered matches the needs of the stressful event. Applied to the current study, Cohen and

Willis's theory would suggest that while sexuality-specific support from family members should mitigate the effects of sexuality-specific stressors, general support from family members should not. Indeed, this is precisely what was found.

It appears that sexuality-specific support from family members alleviates some of the stress caused by sexuality related victimization, thereby potentially weakening its negative effect on LGB identity development. Sexuality-specific support may lead to a change in appraisals of stressful situations by boosting self-efficacy in coping with a stressor and increasing positive affect, making one less vulnerable to the adverse effects of future victimization instances. Also, having a family that is supportive, accepting, and validating of one's sexuality, may make one less likely to internalize threats from others. In contrast, non-sexuality related familial resources did not appear to buffer stress related to victimization due to sexuality because the support does not match the needs of the stress caused by sexuality-related harassment. Doty and colleagues (2010) found a similar effect between sexuality-specific support, sexuality stress and emotional functioning. Sexuality-specific support was found to buffer the negative effects of sexuality related stress on emotional functioning, while non-sexuality specific support did not attenuate the negative effects.

Functional social support typically includes emotional support and guidance for coping with stress (Cohen & Wills, 1985). Findings from the present study suggest that sexuality-specific support may provide this type of functional service, whereby family members directly promote emotional resilience or provide specific advice for coping with sexuality related victimization. For example, emotion support items measured in this study included "If I had some kind of problem related to my sexuality, my family would

comfort me if I was upset, orwould show me that they understood how I was feeling”. Guidance for coping items measured in this study included “If I had a some kind of problem related to my sexuality, my family would give me advice about what to do, orwould help me decide what to do”. With this support, LGB youth and adolescents may feel a greater sense of control over stressful situations and a greater sense of strength and less vulnerability, thus weakening the harmful effects of sexuality-related victimization on identity development.

The buffering role of sexuality-specific support also makes sense in the context of family systems theory. Family systems theory posits that families are complex, dynamic, and transactional (Cox & Paley, 1997). Families with predictable patterns of interactions and those who adopt adaptive family rules, such as providing sexuality support to a LGB family member when needed, will reduce the negative effects of outside stressors. Families with close and supportive relationships may be more likely to provide the necessary support related to sexuality. Family cohesiveness and consistent validation from family members may provide LGB youth with a source of strength and resilience. This is a strong foundation and adaptive family system that will promote greater self-acceptance among LGB youth.

Limitations

This study offers a contribution to the literature on victimization, social support, and sexuality identity development in LGB young people. However, there are several limitations of the study. One important limitation is that the LGB sample in the study may not be representative of the true population of LGB young people. While our study

attempted to recruit through numerous outlets, most of our participants were recruited through community or university-based organizations that serve sexual minority youth. Recruiting a representative sample has proven to be challenge for LGB research in general. Individuals in the early stages of the coming out process may not yet be connected to community or university-based organizations or may not interested or willing to participate in research, and therefore Are less likely to participate in research.

A second limitation of the study is small sample size. Larger samples sizes are ideal for structural equation modeling analysis (Muthen & Muthen, 1998). In addition, while the sample size was sufficient to detect a medium to large effect at power = .80 (Cohen, 1992), a larger sample would allow for greater confidence in the results and detection of small effects. Additionally, a larger sample would allow for examination of potential differences in family resources available for diverse ethnic groups, differences in identity development for gender, sexual orientation, and across developmental stages.

A third limitation is the cross-sectional nature of the study, and therefore, causality and directionality cannot be deduced. This study proposed that victimization may lead to greater identity struggles, however, the opposite could also be examined. It is possible that LGB individuals who have identity difficulties, may perceive neutral events or comments as discriminatory or put themselves in more risky or vulnerable situations. Future longitudinal research methods will help to identify causal nature of relationships among these study variables.

A final limitation is the study's reliance on self-report data for all variables. Youth's subjective ratings on peer victimization, sexuality-specific victimization, and

family resources were not corroborated with reports from family, parents, or peers. Future studies utilizing reports from several resources will help clarify effects.

Implications

The findings from the present study have several implications for clinical, research, and policy work with sexual minority youth and their families. Findings indicated that individuals experiencing harassment and violence related to their sexuality may have difficulty developing a positive sense of identity. These individuals may struggle with their identity, including experiencing negative feelings towards one's sexual identity, keeping their LGB identity private, becoming preoccupied with how others view one's LGB identity, and difficulty with self-acceptance of one's LGB identity. Professionals working with LGB youth and young adults should investigate behavioral indicators of these sexual identity dimensions. Results also stress the importance of identifying the presence of harassment and violence, as well as other potential stressors that may be harmful to positive identity development. Public policies also need to be improved to help reduce the frequency of harassment and violence due to sexual orientation.

Findings also indicated that sexuality-specific support from family is a significant protective resource for LGB youth and young adults. This study highlights the need for specifying the types of social support available for LGB youth. Interventions helping families of sexual minority youth could target skills in providing social support that is developmentally appropriate and useful in coping with the unique stressors LGB youth face, which may foster positive identity development as well as closer familial relationships.

Results of this study also emphasize the need for family-centered approaches to intervention with sexual minority youth (e.g., Willoughby & Doty, 2010). Interventions that help parents improve their communication and behaviors to demonstrate support for their youth's sexuality is crucial in promoting positive identity development. For example, sexuality-related social support may be expressed by providing a safe and comfortable space for their child to freely talk about their friends and love-interests while listening empathically, providing transportation to a LGBTQ related event, hosting an event with their child's sexual minority friends, or volunteering at community organizations that serve LGBTQ youth. There are a range of behaviors parents can perform to demonstrate their support to promote healthy identity development in LGB youth.

Sexuality-specific support from family members may not be available to all LGB youth. Therefore, the current study also highlights the need for further investigation of other contextual factors that may buffer the deleterious effects of victimization on identity development. Support from peers may be particularly important to examine since peer relations are especially salient during these years and have important implications for adolescents' adjustment (e.g., La Greca & Harrison, 2005). Several studies of lesbian, gay, and bisexual youth have documented the importance of peers in their lives (e.g., D'Augelli, 1991, Savin-Williams, 1990). For example, in a sample of 300 lesbian, gay, and bisexual youth (ages 14-23), youths reported that the most salient aspect of their sense of self was having friends of the same sex (Savin-Williams, 1990). With regard to sexuality-specific support, sexual minority friends were rated as providing more sexuality-specific support than parents or heterosexual friends, and heterosexual

friends were rated as providing more sexuality-specific support than parents (Doty et al., 2010). Thus, future directions indicate examining support from peers. Other supports from colleagues/coworkers, school/work environment, and availability of school/work resources are other potential factors that may prove vital in positive identity development.

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Table 1.

Sample Size, Means, Standard Deviations, and Minimum/Maximum of Study Observed Variables

Variable	<i>n</i>	M	SD	Min	Max
<i>Family Resources Variables</i>					
Family Adaptability and Cohesion Scale (FACES-IV)					
Cohesion	169	24.24	7.15	7.00	35.00
Communication	168	31.52	9.61	10.00	50.00
Satisfaction	168	29.87	10.16	10.00	50.00
Social Support Behavior (SSB)					
Sexuality-Specific Support	171	69.79	26.40	22.00	110.00
Non-Sexuality Specific Support	171	85.07	24.00	22.00	110.00
<i>Peer Victimization Variables</i>					
Revised Peer Experiences Questionnaire (RPEQ)					
Overt	131	1.34	0.71	1.00	4.33
Relational	131	1.79	0.80	1.00	4.67
Reputational	131	1.73	0.98	1.00	5.00
Social Networking - Peer Experiences Questionnaire (SN-PEQ)	129	1.55	0.59	1.00	4.10
Measure of Gay Related Stress Violence and Harassment Frequency (Sum) (MOGS)	152	2.36	2.32	0	7.00
<i>LGB Identity Variable (LGBIS)</i>					
Internalized Homonegativity/Binegativity	170	1.95	1.08	1.00	6.00
Concealment Motivation	170	4.11	1.32	1.00	7.00
Acceptance Concerns	170	2.88	1.34	1.00	6.00
Difficult Process	170	3.16	1.43	1.00	7.00
Negative LGB Identity Composite	170	3.02	0.98	1.30	5.63

Note. FACES-IV, Family Adaptability and Cohesion Evaluation Scale, 4th Edition; SSB, Social Support Behavior Scale; RPEQ, Revised Peer Experiences Questionnaire; SN-PEQ, Social Networking - Peer Experiences Questionnaire; MOGS, Measure of Gay Related Stress Violence and Harassment Scale.

Table 2.

Pearson's r Correlation Between Peer Victimization Variables and LGBIS Variables

	1	2	3	4	5	6	7	8	9	10
1. Overt (RPEQ)	-									
2. Relational (RPEQ)	.573**	-								
3. Reputational (RPEQ)	.730**	.591**	-							
4. Cyber – Social Networking (SN-PEQ)	.698**	.536**	.699**	-						
5. Sexuality-Specific Violence and Harassment (MOGS)	.076	.130	.239*	.220*	-					
6. Internalized Homonegativity (LGBIS)	.162	.178*	.134	.107	.179*	-				
7. Concealment Motivation(LGBIS)	.039	.102	.056	.079	.093	.258**	-			
8. Acceptance Concerns (LGBIS)	.180*	.285**	.271**	.239**	.264**	.438**	.565**	-		
9. Difficult Process (LGBIS)	.009	.166	.047	.060	.091	.444**	.384**	.507**	-	
10. Negative LGB Composite Score	.118	.232**	.159	.154	.200*	.655**	.766**	.830**	.773**	-

Note. **p< .01 *p<.05.; RPEQ, Revised Peer Experiences Questionnaire; SN-PEQ, Social Networking - Peer Experiences Questionnaire; MOGS, Measure of Gay Related Stress Violence and Harassment Scale; LGBIS, Lesbian, Gay, Bisexual Identity Scale.

Table 3.

Pearson's r Correlations Between Family Dynamic Variables and LGBIS Variables

	1	2	3	4	5	6	7	8	9	10
1. Cohesion (FACES-IV)	-									
2. Communication (FACES-IV)	.785**	-								
3. Satisfaction (FACES-IV)	.799**	.879**	-							
4. Non-Sexuality-Specific Support (SSB)	.553**	.543**	.513*	-						
5. Sexuality-Specific Support (SSB)	.595**	.530**	.557*	.641**	-					
6. Internalized Homonegativity (LGBIS)	-.143	-.049	-.060	.070	-.216**	-				
7. Concealment Motivation(LGBIS)	-.079	-.042	-.029	-.148	-.207**	.258**	-			
8. Acceptance Concerns (LGBIS)	-.043	.018	.053	.001	-.100	.438**	.565**	-		
9. Difficult Process (LGBIS)	-.054	-.020	-.021	-.040	-.174*	.444**	.384**	.507**	-	
10. Negative LGB Composite Score (LGBIS)	-.100	-.030	-.017	-.088	-.228**	.655**	.766**	.830**	.773**	-

Note. ** $p < .01$ * $p < .05$; FACES-IV, Family Adaptability and Cohesion Evaluation Scale, 4th Edition; SSB, Social Support Behavior Scale; LGBIS, Lesbian, Gay, Bisexual Identity Scale.

Table 4.

Pearson's r Correlation Between Peer Victimization Variables and Family Resources Variables

	1	2	3	4	5	6	7	8	9	10
1. Overt (RPEQ)	-									
2. Relational (RPEQ)	.573**	-								
3. Reputational (RPEQ)	.730**	.591**	-							
4. Cyber – Social Networking (SN-PEQ)	.698**	.536**	.699**	-						
5. Sexuality-Specific Violence and Harassment (MOGS)	.076	.130	.239*	.220*	-					
6. Cohesion (FACES-IV)	-.104	-.114	-.199*	-.113	-.121	-				
7. Communication (FACES-IV)	-.103	-.207*	-.153	-.059	-.062	.785**	-			
8. Satisfaction (FACES-IV)	-.122	-.181*	-.219*	-.127	-.131	.799**	.879**	-		
9. Non-Sexuality-Specific Support (SSB)	-.384**	-.226**	-.316**	-.307**	-.017	.553**	.543**	.513**	-	
10. Sexuality Specific Support (SSB)	-.166	-.134	-.126	-.152	-.043	.595**	.530**	.557**	.641**	-

Note. **p<.01 *p<.05. RPEQ, Revised Peer Experiences Questionnaire; SN-PEQ, Social Networking - Peer Experiences Questionnaire; MOGS, Measure of Gay Related Stress Violence and Harassment Scale; FACES-IV, Family Adaptability and Cohesion Evaluation Scale, 4th Edition; SSB, Social Support Behavior Scale.

Table 5.

Distribution of Victimization Endorsement on the RPEQ in the Past Six Months

	<i>Never</i>	<i>Once or twice</i>	<i>A few Times</i>	<i>Once/week</i>	<i>Few times/week</i>	
	$\bar{x} = 1$	$\bar{x} = 1.01-2$	$\bar{x} = 2.01-3$	$\bar{x} = 3.01-4$	$\bar{x} = 4.01-5$	
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	\bar{x}
Overt Victimization						
<i>Overall</i>	96 (73)	16 (12)	14 (11)	4 (3)	1 (1)	1.34
<i>Gender</i>						
Male	53 (69)	12 (16)	9 (12)	9 (3)	1 (1)	1.39
Female	43 (80)	4 (7)	5 (9)	2 (4)	0 (0)	1.26
<i>Sexual Orientation</i>						
Gay	47 (70)	10 (15)	7 (10)	2 (3)	1 (2)	1.38
Lesbian	35 (88)	2 (5)	2 (5)	1 (2)	0 (0)	1.15
Bisexual	14 (58)	4 (17)	5 (21)	1 (4)	0 (0)	1.54
Relational Victimization						
<i>Overall</i>	39 (30)	55 (42)	29 (22)	7 (5)	1 (1)	1.79
<i>Gender</i>						
Male	20 (26)	34 (44)	15 (20)	7 (9)	1 (1)	1.89
Female	19 (35)	21 (39)	14 (26)	0 (0)	0 (0)	1.65
<i>Sexual Orientation</i>						
Gay	17 (25)	30 (45)	12 (18)	7 (10)	1 (2)	1.92
Lesbian	17 (43)	14 (35)	9 (23)	0 (0)	0 (0)	1.58
Bisexual	5 (21)	11 (46)	8 (33)	0 (0)	0 (0)	1.81
Reputational Victimization						
<i>Overall</i>	61(47)	35 (27)	21 (16)	10 (8)	4 (3)	1.73
<i>Gender</i>						
Male	34 (44)	21 (27)	13 (17)	6 (8)	3 (4)	1.80
Female	27 (50)	14 (26)	8 (15)	4 (7)	1 (2)	1.61
<i>Sexual Orientation</i>						
Gay	31 (46)	19 (28)	9 (13)	5 (8)	3 (5)	1.78
Lesbian	24 (60)	10 (25)	3 (8)	3 (8)	0 (0)	1.42
Bisexual	6 (25)	6 (25)	9 (38)	2 (8)	1 (4)	2.08

Note. RPEQ, Revised Peer Experiences Questionnaire.

Table 6.

Distribution of Cyber Victimization via Social Networking Sites Endorsement on the SN-PEQ in the Past Six Months

	<i>Never</i>	<i>Once</i>	<i>Twice</i>	<i>3 or 4 times</i>	<i>5 or more times</i>	
	$\bar{x} = 1$	$\bar{x} = 1.01-2$	$\bar{x} = 2.01-3$	$\bar{x} = 3.01-4$	$\bar{x} = 4.01-5$	
	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	<i>n (%)</i>	\bar{x}
Cyber Victimization						
<i>Overall</i>	18 (14)	91 (70)	18 (14)	1 (1)	1 (1)	1.55
<i>Gender</i>						
Male	11 (15)	48 (65)	14 (19)	1 (1)	0 (0)	1.61
Female	7 (13)	43 (78)	4 (7)	0 (0)	1 (2)	1.47
<i>Sexual Orientation</i>						
Gay	10 (16)	43 (67)	10 (16)	1 (1)	0 (0)	1.57
Lesbian	7 (18)	30 (75)	3 (7)	0 (0)	0 (0)	1.36
Bisexual	1 (4)	18 (72)	5 (20)	0 (0)	1 (4)	1.80

Note. SN-PEQ, Social Networking – Peer Experiences Questionnaire.

Table 7.

Frequency of Sexuality-Specific Victimization Events in the Past Year on the MOGS Violence and Harassment Scale

	0	1	2	3	4	5	6	7	\bar{x}
	<i>n</i> (%)								
Sexuality-Specific Victimization									
<i>Overall</i>	40 (26)	32 (21)	23 (15)	14 (9)	16 (11)	6 (4)	2 (1)	19 (13)	2.36
<i>Gender</i>									
Male	12 (14)	16 (19)	16 (19)	7 (8)	12 (14)	5 (6)	2 (2)	15 (18)	3.05
Female	28 (42)	16 (24)	7 (10)	7 (10)	4 (6)	1 (2)	0 (0)	4 (6)	1.49
<i>Sexual Orientation</i>									
Gay	10 (14)	15 (20)	16 (22)	6 (8)	11 (15)	4 (5)	1 (1)	11(15)	2.86
Lesbian	19 (41)	11(24)	4 (9)	4 (9)	4 (9)	1 (2)	0 (0)	3 (7)	1.59
Bisexual	11 (34)	6 (19)	3 (9)	4 (13)	1 (3)	1 (3)	1 (3)	5 (16)	2.31

Note. MOGS, Measure of Gay Related Stress.

Table 8.

Unstandardized, Standardized Path Coefficients and Significance Levels for the General Peer Victimization and General Family Resources Latent Variables in the Model in Figures 1 and 2 (Standard Errors in Parentheses; N = 171)

Measurement Model	Unstandardized	Standardized	p
General Peer Victimization → Overt (PEQ)	.60 (.05)	.85	.00
General Peer Victimization → Relational (PEQ)	.54 (.06)	.67	.00
General Peer Victimization → Reputational (PEQ)	.84 (.07)	.86	.00
General Peer Victimization → Cyber-Social Networking (SN_PEQ)	.50 (.05)	.83	.00
General Family Resources → Cohesion (FACES)	6.52 (.47)	.91	.00
General Family Resources → Communication (FACES)	8.27 (.65)	.86	.00
General Family Resources → Satisfaction (FACES)	8.84 (.68)	.87	.00
General Family Resources → Non-Sexuality Specific Social Support (SSB)	14.59 (1.72)	.61	.00

Note. $\chi^2 (18) = 41.767, p < .05$.; RMSEA = 0.08; CFI = 0.97; SRMR = 0.07.; RPEQ, Revised Peer Experiences Questionnaire; SN-PEQ, Social Networking - Peer Experiences Questionnaire; LGBIS, Lesbian, Gay, Bisexual Identity Scale; MOGS, Measure of Gay Related Stress Violence and Harassment Scale; FACES, Family Adaptability and Cohesion Evaluation Scale; SSB, Social Support Behavior Scale, LGBIS, Lesbian, Gay, Bisexual Identity Scale; MOGS, Measure of Gay Related Stress Violence and Harassment Scale.

Table 9

Unstandardized Path Coefficients, Standard Errors , and Significance Levels for Model in Figure 3 (N =152)

Measurement Model	Unstandardized	SE	p
General Peer Victimization → Overt (PEQ)	.49	.05	.00
General Peer Victimization → Relational (PEQ)	.45	.07	.00
General Peer Victimization →Reputational (PEQ)	.73	.07	.00
General Peer Victimization →Cyber-Social Networking (SN_PEQ)	.53	.05	.00
General Family Resources → Cohesion (FACES)	6.55	.46	.00
General Family Resources → Communication (FACES)	8.31	.66	.00
General Family Resources → Satisfaction (FACES)	8.88	.69	.00
General Family Resources → Non-Sexuality Specific Social Support (SSB)	15.86	1.74	.00
Structural Model, Main Direct Effects			
General Peer Victimization → Negative LGB Identity (LGBIS)	.16	.11	.14
Sexuality-Specific Victimization (MOGS) → Negative LGB Identity (LGBIS)	.30	.13	.02
General Family Resources → Negative LGB Identity (LGBIS)	.26	.11	.02
Sexuality-Specific Family Support (SSB) → Negative LGB Identity (LGBIS)	-.01	.005	.24
Gender → Negative LGB Identity (LGBIS)	-.24	.15	.12
Structural Model, Interaction Effects			
General Peer Victimization*General Family Resources →Negative LGB Identity (LGBIS)	-.13	.16	.43
General Peer Victimization*Sexuality-Specific Support →Negative LGB Identity (LGBIS)	.00	.00	.98
Sexuality-Specific Peer Victimization*General Family Resources →Negative LGB Identity (LGBIS)	.08	.05	.12
Sexuality-Specific Peer Victimization* Sexuality-Specific Family Support →Negative LGB Identity (LGBIS)	-.003	.002	.04

Note. AIC = 6713.02, BIC = 6837.002; RPEQ, Revised Peer Experiences Questionnaire; SN-PEQ, Social Networking - Peer Experiences Questionnaire; LGBIS, Lesbian, Gay, Bisexual Identity Scale; MOGS, Measure of Gay Related Stress Violence and Harassment Scale; FACES, Family Adaptability and Cohesion Evaluation Scale; SSB, Social Support Behavior Scale, LGBIS, Lesbian, Gay, Bisexual Identity Scale; MOGS, Measure of Gay Related Stress Violence and Harassment Scale

Table 10.
Hierarchical Regression Analysis Predicting Negative LGB identity From Sexuality-Specific Support (N = 150)

Predictor variables	B	SE B	β	R^2	Adjusted R^2	ΔR^2
Step 1				.03	.03	.03*
Constant	3.57	.24				
Gender	-.35	.16	-.18			
Step 2				.06	.03	.03
Cohesion	.00	.02	.00			
Communication	.01	.01	.08			
Satisfaction	.00	.02	.03			
Non-Sexuality Specific Support	-.01	.00	-.21*			
Step 3				.11	.08	.05**
Sexuality-Specific Support	-.01	.00	-.32**			
Step 4				.13	.09	.02
Sexuality-Specific Victimization	.07	.04	.16			
Step 5				.14	.07	.01
Cohesion X Sexuality-Specific Victimization	-.01	.01	-.14			
Communication X Sexuality-Specific Victimization	-.00	.01	-.03			
Satisfaction X Sexuality-Specific Victimization	.01	.01	.13			
Non-Sexuality Specific Support X Sexuality-Specific Victimization	.00	.00	.04			
Step 6				.17	.09	.03**
Sexuality-Specific Support X Sexuality-Specific Victimization	-.004	.00	-.27*			

Notes. *p < .05, **p < .01

Figure 1. Proposed moderation path model being tested. A peer victimization latent construct and sexuality-specific violence and harassment observed variable was included in the model, testing the direct effects of peer victimization and sexuality-specific violence and harassment on negative LGB identity. Two moderators, a general family resources latent construct and sexuality-specific support observed variable were also included in the model. Gender was included as a control variable in the model, however it is not shown.

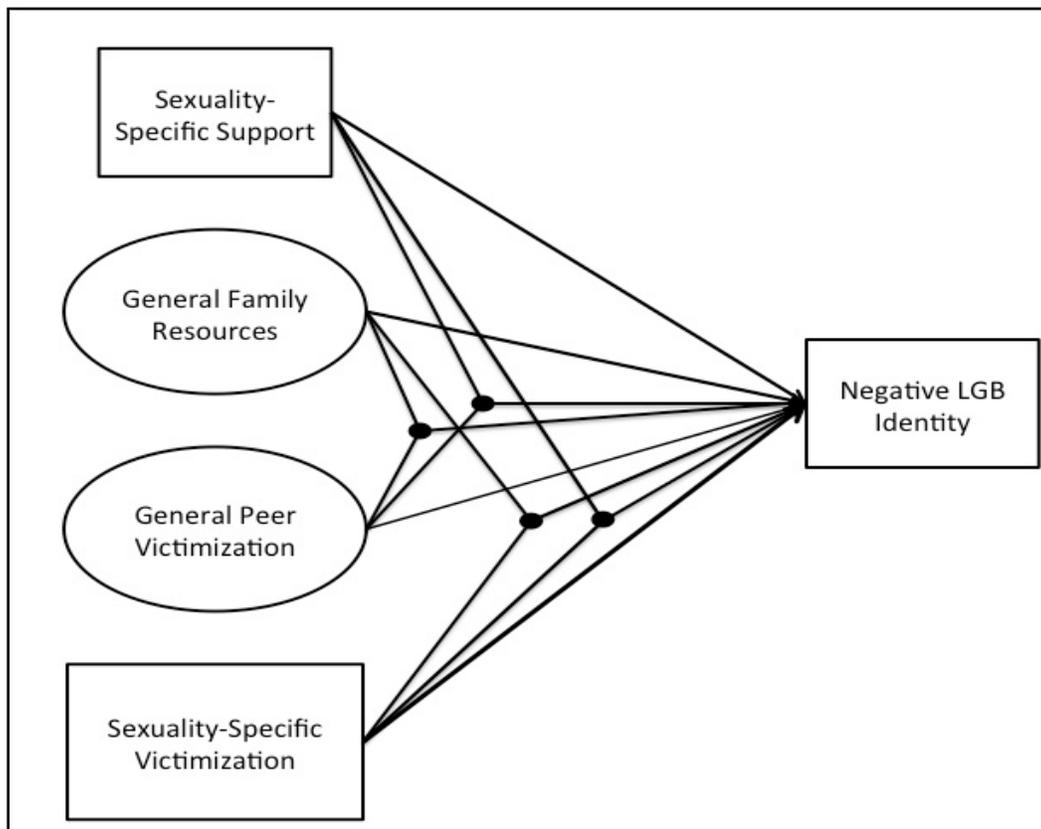


Figure 2. Proposed path model being tested, with observed variables included.

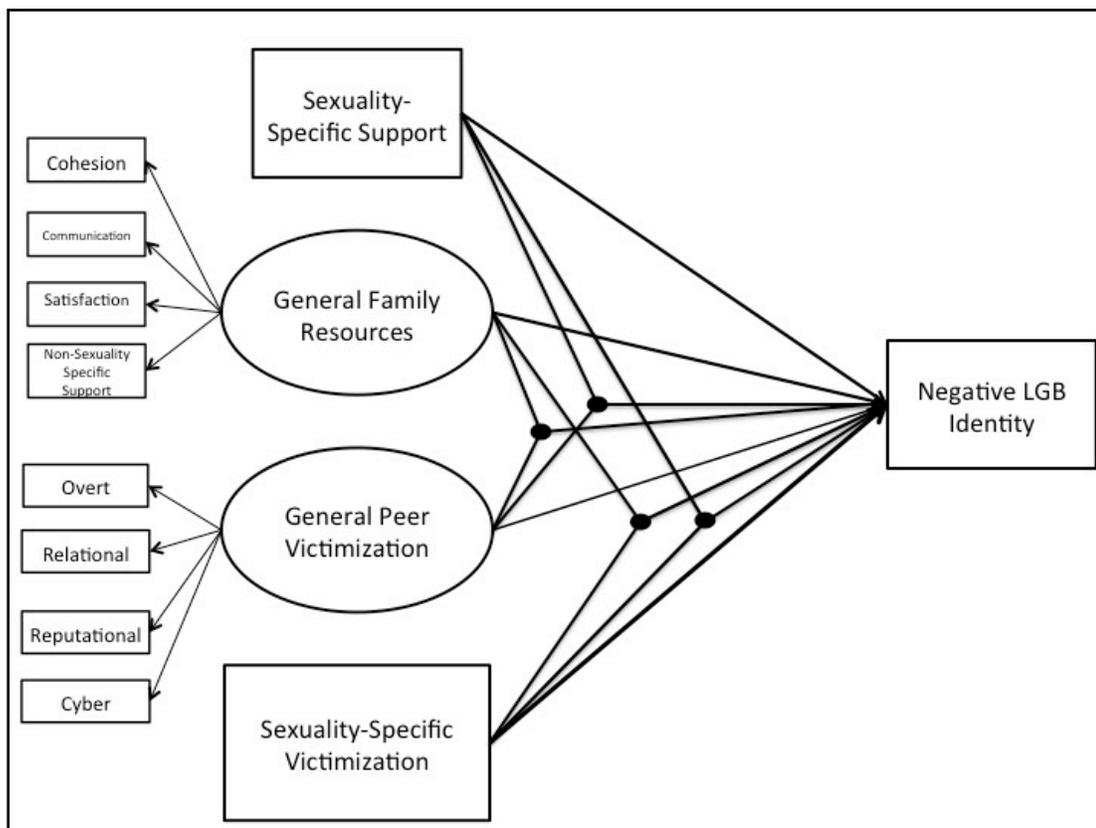


Figure 3. Full tested path model. Both latent and observed variables are included, with standardized estimates of variable relationships and loadings. Unstandardized estimates of path coefficients are included. Significant correlations between residual variances of indicator variables are not shown. Gender was also included as a control variable, however it is not shown. Dotted lines indicate non-significant paths. Solid lines indicate significant paths.

* $p < .05$. ** $p < .01$.

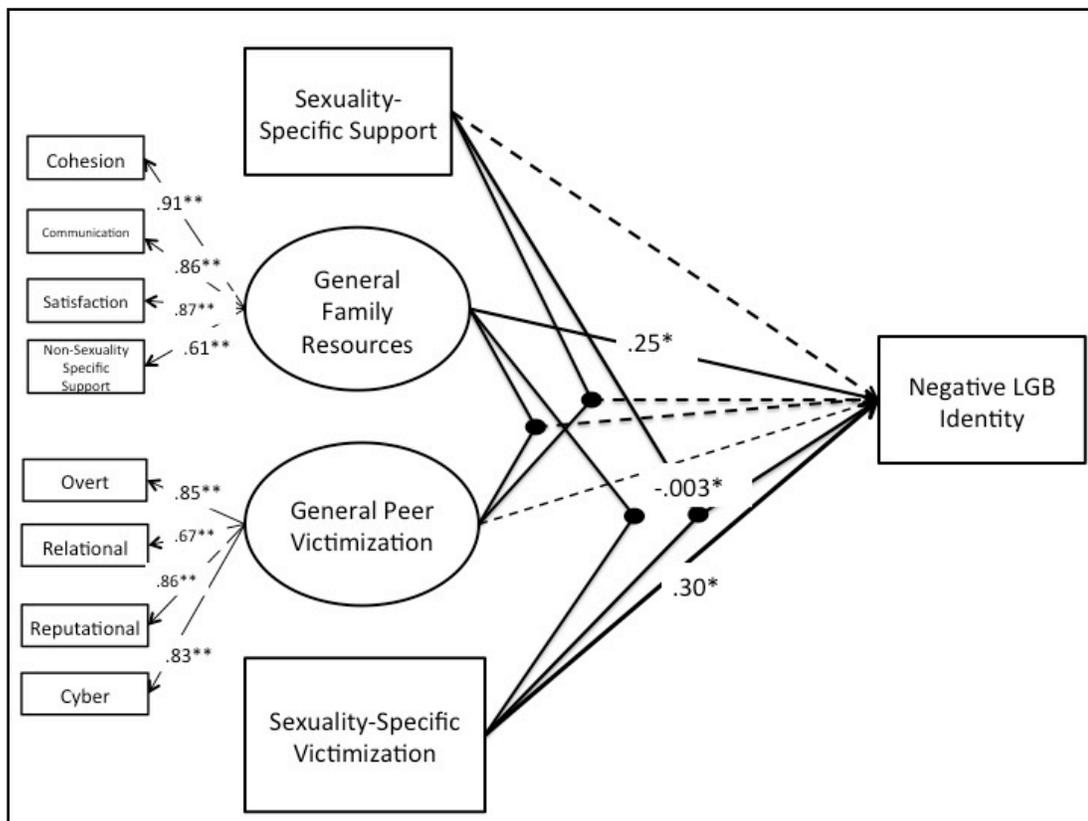
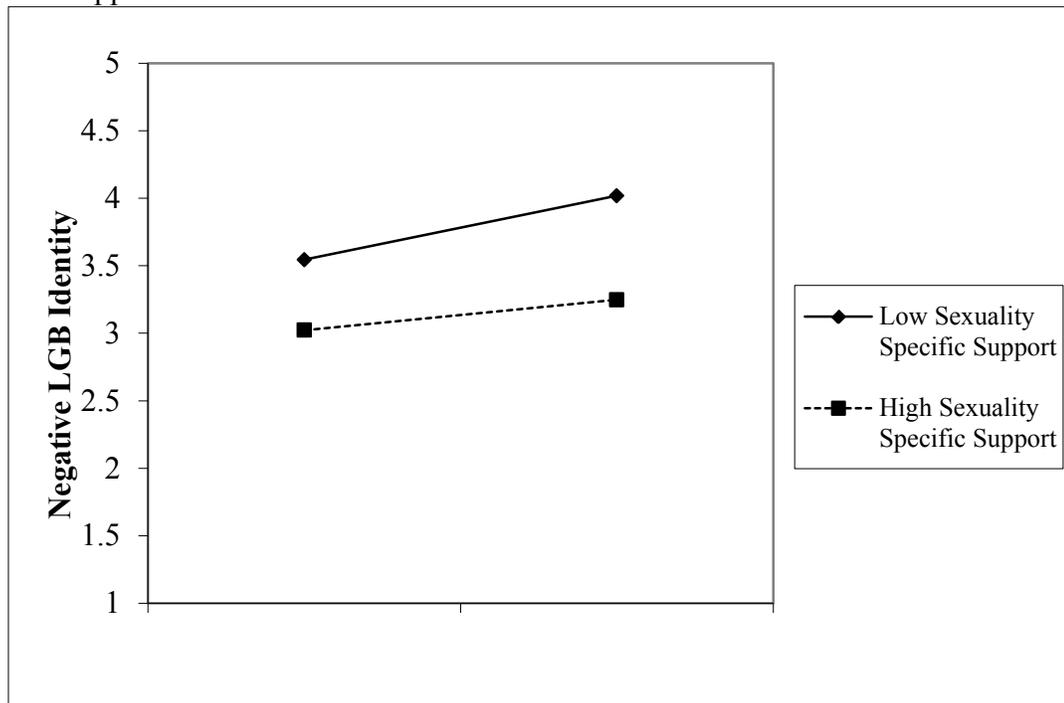


Figure 4. The unstandardized simple slopes for sexuality-specific support. Low sexuality-specific support is 1 *SD* below the mean and High sexuality-specific support is 1 *SD* above the mean.



Appendix A

Items from the Background Questionnaire

Instructions: *These questions ask about your background.*

1. What is your gender?
 - Male
 - Female
 2. What is your ethnicity?
 - Asian or Pacific Islander
 - Black (African American; Non-Hispanic)
 - Haitian or other Caribbean
 - White (Caucasian; Non-Hispanic)
 - Hispanic/Latino
 - Cuban
 - Mexican
 - Latin-American
 - Native American or American Indian
 - Other (please describe):
-
4. What is your age?

_____ years
 5. How many years of school have you finished (please circle a number)?

None: 0

Elementary School: 1 2 3 4 5

Middle School: 6 7 8

High School: 9 10 11 12

College/University: 13 14 15 16
 6. Are you currently attending school?
 - . Are you
 18. How would you describe your sexual orientation?
 - Gay
 - Lesbian
 - Bisexual

18a. If these do not describe your sexuality, please write your own description in the box below:

Appendix B
Items from the Revised Peer Experiences Questionnaire (RPEQ)
(Prinstein, M. J., Boergers, J., & Vernberg, E. M., 2001)

Peer Experiences Questionnaire

These questions ask about some things that often happen between adolescents or young adults. They can happen directly or via texting or other means. Please rate how often these things have happened to you in the PAST SIX MONTHS.

How often has this happened to you?

1 = Never 2 = Once or Twice 3 = A Few Times 4 = About Once a Week 5 = A Few Times a Week

1. Some peers left me out of an activity or conversation that I really wanted to be included in.
2. A peer chased me like he/she was really trying to hurt me.
3. Another peer helped me when I was having a problem.
4. A peer I wanted to sit near would not sit near me in a public place (i.e., at lunch, in class).
5. A peer tried to damage my social reputation by spreading rumors about me.
6. Another peer was nice and friendly to me when I needed help.
7. A peer did not invite me to a party/social event even though they knew that I wanted to go.
8. A peer left me out of what they were doing.
9. To get back at me, another peer told me that he/she would not be friends with me anymore.
10. Another peer stuck up for me when I was being picked on or excluded.
11. Another peer gossiped about me so others would not like me.
12. A peer threatened to hurt or beat me up.
13. A peer gave me the silent treatment (did not talk to me on purpose).
14. Another peer said mean things about me so that people would think I was a loser.
15. A peer helped me join a group or conversation.
16. A peer hit, kicked, or pushed me in a mean way.
17. A peer teased me in a mean way, by saying rude things or calling me bad names.
18. A peer spent time with me when I had no one else to hang out with.
19. A peer posted mean comments about me on the Internet.

Appendix C
Items from the Social Networking – Peer Experiences Questionnaire (SN-PEQ)
(Landoll, La Greca, & Lai, 2013)

Social Networking – Peer Experiences Questionnaire (SN-PEQ)

These questions ask about some things that peers do. If you use a social networking site (SNS), please rate how often these things have happened to you in the past SIX MONTHS.

Use this scale:

0 = Never 1 = Once 2 = Twice 3 = 3 to 4 times 4 = 5 or more times

1 = Never 2 = Once or Twice 3 = A Few Times 4 = About Once a Week 5 = A Few Times a Week

- | | | | | | |
|--|---|---|---|---|---|
| 1. A peer I wanted to be friends with on social networking site (e.g., MySpace, Facebook) ignored my friend request. | 0 | 1 | 2 | 3 | 4 |
| 2. A peer removed me from his/her list of friends on a social networking site. | 0 | 1 | 2 | 3 | 4 |
| 3. A peer made me feel bad by not listing me in his/her “Top 8” or “Top Friends” list. | 0 | 1 | 2 | 3 | 4 |
| 4. A peer posted mean things about me on a public portion of a social networking site (SNS) (i.e., a Facebook “wall post”, photo comment). | 0 | 1 | 2 | 3 | 4 |
| 5. A peer posted pictures of me on a SNS that made me look bad. | 0 | 1 | 2 | 3 | 4 |
| 6. A peer spread rumors about me or revealed secrets I had told them using public posts on a SNS. | 0 | 1 | 2 | 3 | 4 |
| 7. A peer sent me a mean message on a SNS. | 0 | 1 | 2 | 3 | 4 |
| 8. A peer pretended to be me on a SNS and did things to make me look bad/damage my friendships. | 0 | 1 | 2 | 3 | 4 |
| 9. I found out that I was excluded from a party or social event over a SNS (i.e., MySpace, Facebook). | 0 | 1 | 2 | 3 | 4 |
| 10. A peer made me feel jealous by “messing” with my girlfriend/boyfriend on a SNS (i.e., posting pictures together, writing messages on a Facebook wall, ranking him/her in a “Top 8” or “Top Friends”) | 0 | 1 | 2 | 3 | 4 |

Appendix D
Selected Scales from the Measure of Gay Related Stress:
The Violence and Harassment Scale
(Lewis, Derlega, Berndt, Morris, & Rose, 2001)

Selected Scale from the MOGS: The Violence and Harassment Scale

Instructions: Below are some issues you may have dealt with because of your sexual orientation. **Please check those events which you have experienced in the past year and indicate how stressful the issue/event was for you.** Be sure that all check marks are directly across from the items they correspond to.

If you experienced the stressful event, please place a check mark to the left of the item. **Only rate how stressful an event was if it occurred for you in the past year.**

Violence/Harassment Scale (7 Items)		Not at all stressful	A little stressful	Somewhat Stressful	Moderately Stressful	Extremely Stressful
<input type="checkbox"/>	16. Fear that I will be attacked because of my sexual orientation	0	1	2	3	4
<input type="checkbox"/>	29. Physical assault due to my sexual orientation	0	1	2	3	4
<input type="checkbox"/>	30. Threat of violence due to my sexual orientation	0	1	2	3	4
<input type="checkbox"/>	31. The constant need to be careful to avoid having anti-gay/lesbian violence directed at me	0	1	2	3	4
<input type="checkbox"/>	33. Possibility that there will be violence when I am out with a group of gays/lesbians/bisexuals	0	1	2	3	4
<input type="checkbox"/>	36. Harassment due to sexual orientation	0	1	2	3	4
<input type="checkbox"/>	37. Being called names due to my sexual orientation	0	1	2	3	4

Appendix E
Items from the FACES-IV:
The Cohesion Scale, The Communication Scale, The Satisfaction Scale
(Olson, 2011)

FACES IV Questionnaire

Directions: Circle the number corresponding to your responses next to each statement.

The Cohesion Scale (7 items)

1	2	3	4	5
StronglyDisagree	Generally Disagree	Undecided	Generally Agree	Strongly Agree

1. Family members are involved in each others lives.
1 2 3 4 5
7. Family members feel very close to each other.
1 2 3 4 5
13. Family members are supportive of each other during difficult times.
1 2 3 4 5
19. Family members consult other family members on important decisions.
1 2 3 4 5
25. Family members like to spend some of their free time with each other.
1 2 3 4 5
31. Although family memebrs have individual interests, they still participate in family activities.
1 2 3 4 5
37. Our family has a good balance of separateness and closeness.
1 2 3 4 5

Family Communication Scale (10 items)

1	2	3	4	5
StronglyDisagree	Generally Disagree	Undecided	Generally Agree	Strongly Agree

43. Family members are satisfied with how they communicate with each other.
1 2 3 4 5
44. Family members are very good listeners.
1 2 3 4 5
45. Family members express affection to each other.
1 2 3 4 5
46. Family members are able to ask each other for what they want.
1 2 3 4 5
47. Family members can calmly discuss problems with each other.
1 2 3 4 5
48. Family members discuss their ideas and beliefs with each other.
1 2 3 4 5
49. When family members ask questions of each other, they get honest answers.
1 2 3 4 5
50. Family members try to understand each other's feelings.

- 1 2 3 4 5
 51. When angry, family members seldom say negative things about each other.
 1 2 3 4 5
 52. Family members express their true feelings to each other.
 1 2 3 4 5

Family Satisfaction Scales (10 items)

1	2	3	4	5
Strongly Disagree	Generally Disagree	Undecided	Generally Agree	Strongly Agree

53. The degree of closeness between family members.
 1 2 3 4 5
 54. Your family's ability to cope with stress.
 1 2 3 4 5
 55. Your family's ability to be flexible.
 1 2 3 4 5
 56. Your family's ability to share positive experiences.
 1 2 3 4 5
 57. The quality of communication between family members.
 1 2 3 4 5
 58. Your family's ability to resolve conflicts.
 1 2 3 4 5
 59. The amount of time you spend together as a family.
 1 2 3 4 5
 60. The way problems are discussed.
 1 2 3 4 5
 61. The fairness of criticism in your family.
 1 2 3 4 5
 62. Family members' concern for each other.
 1 2 3 4 5

Appendix F
Social Support Behavior
(Vaux, Riedel, and Stewart, 1989)

Support for Problems Related to Your Sexuality

People help each other in a lot of different ways. Suppose you had some kind of problem related to your sexuality. How *likely* would the family members you just listed be to help you out in each of the specific ways listed below. We realize you may rarely need this kind of help, but *if you did* would family members help in these ways? Try to base your answers on your past experience with these people. Use the scale below, and circle one number for each question.

1	2	3	4	
5				
No family member family members would do this <i>certainly</i> do this	Some family member <i>might</i> do this	Some family member would <i>probably</i> do this	Some family member would <i>certainly</i> do this	<i>Most</i> would

1	If I had some kind of problem related to my sexuality, would comfort me if I was upset.	1 2 3 4 5
2	If I had some kind of problem related to my sexuality, would joke around or suggest doing something to cheer me up.	1 2 3 4 5
3	If I had some kind of problem related to my sexuality, would suggest how I could find out more about a situation.	1 2 3 4 5
4	If I had some kind of problem related to my sexuality, would listen if I needed to talk about my feelings.	1 2 3 4 5
5	If I had some kind of problem related to my sexuality, would suggest a way I might do something.	1 2 3 4 5
6	If I had some kind of problem related to my sexuality, would give me encouragement to do something difficult.	1 2 3 4 5
7	If I had some kind of problem related to my sexuality, would give me advice about what to do.	1 2 3 4 5
8	If I had some kind of problem related to my sexuality, would help me figure out what I wanted to do.	1 2 3 4 5
9	If I had some kind of problem related to my sexuality, would show me that they understood how I was feeling.	1 2 3 4 5
10	If I had some kind of problem related to my sexuality, would help me decide what to do.	1 2 3 4 5
11	If I had some kind of problem related to my sexuality, would give me a hug, or otherwise show me I was cared about.	1 2 3 4 5
12	If I had some kind of problem related to my sexuality,	1 2 3 4 5

	1	2	3	4	5
	No family member family members would do this <i>certainly</i> do this	Some family member <i>might</i> do this	Some family member would <i>probably</i> do this	Some family member would <i>certainly</i> do this	<i>Most</i> would

	1	2	3	4	5
would help me figure out what was going on.					
13 If I had some kind of problem related to my sexuality, would not pass judgment on me.					
14 If I had some kind of problem related to my sexuality, would tell me who to talk to for help.					
15 If I had some kind of problem related to my sexuality, would be sympathetic if I was upset.					
16 If I had some kind of problem related to my sexuality, would stick by me in a crunch.					
17 If I had some kind of problem related to my sexuality, would tell me about the available choices and options.					
18 If I had some kind of problem related to my sexuality, would give me reasons why I should or should not do something.					
19 If I had some kind of problem related to my sexuality, would show affection for me.					
20 If I had some kind of problem related to my sexuality, would tell me the best way to get something done.					
21 If I had some kind of problem related to my sexuality, would tell me what to do.					
22 If I had some kind of problem related to my sexuality, would help me think about a problem.					

Support for Problems NOT Related to Your Sexuality

Now, we are going to ask you the same questions again. But, this time we want you to suppose you had some kind of problem that was NOT related to your sexuality, such as those you checked off as stressful in an earlier questionnaire. How *likely* would these same family members be to help you out in each of the specific ways listed below?

1	2	3	4	5
No family member family members would do this <i>certainly</i> do this	Some family member <i>might</i> do this	Some family member would <i>probably</i> do this	Some family member would <i>certainly</i> do this	<i>Most</i> would

1	If I had some kind of problem <u>not</u> related to my sexuality, would comfort me if I was upset.	1 2 3 4 5
2	If I had some kind of problem <u>not</u> related to my sexuality, would joke around or suggest doing something to cheer me up.	1 2 3 4 5
3	If I had some kind of problem <u>not</u> related to my sexuality, would suggest how I could find out more about a situation.	1 2 3 4 5
4	If I had some kind of problem <u>not</u> related to my sexuality, would listen if I needed to talk about my feelings.	1 2 3 4 5
5	If I had some kind of problem <u>not</u> related to my sexuality, would suggest a way I might do something.	1 2 3 4 5
6	If I had some kind of problem <u>not</u> related to my sexuality, would give me encouragement to do something difficult.	1 2 3 4 5
7	If I had some kind of problem <u>not</u> related to my sexuality, would give me advice about what to do.	1 2 3 4 5
8	If I had some kind of problem <u>not</u> related to my sexuality, would help me figure out what I wanted to do.	1 2 3 4 5
9	If I had some kind of problem <u>not</u> related to my sexuality, would show me that they understood how I was feeling.	1 2 3 4 5
10	If I had some kind of problem <u>not</u> related to my sexuality, would help me decide what to do.	1 2 3 4 5
11	If I had some kind of problem <u>not</u> related to my sexuality, would give me a hug, or otherwise show me I was cared about.	1 2 3 4 5
12	If I had some kind of problem <u>not</u> related to my sexuality, would help me figure out what was going on.	1 2 3 4 5

1	2	3	4	5
No family member family members would do this <i>certainly</i> do this	Some family member <i>might</i> do this	Some family member would <i>probably</i> do this	Some family member would <i>certainly</i> do this	<i>Most</i> would

13	If I had some kind of problem <u>not</u> related to my sexuality, would not pass judgment on me.	1	2	3	4	5
14	If I had some kind of problem <u>not</u> related to my sexuality, would tell me who to talk to for help.	1	2	3	4	5
15	If I had some kind of problem <u>not</u> related to my sexuality, would be sympathetic if I was upset.	1	2	3	4	5
16	If I had some kind of problem <u>not</u> related to my sexuality, would stick by me in a crunch.	1	2	3	4	5
17	If I had some kind of problem <u>not</u> related to my sexuality, would tell me about the available choices and options.	1	2	3	4	5
18	If I had some kind of problem <u>not</u> related to my sexuality, would give me reasons why I should or should not do something.	1	2	3	4	5
19	If I had some kind of problem <u>not</u> related to my sexuality, would show affection for me.	1	2	3	4	5
20	If I had some kind of problem <u>not</u> related to my sexuality, would tell me the best way to get something done.	1	2	3	4	5
21	If I had some kind of problem <u>not</u> related to my sexuality, would tell me what to do.	1	2	3	4	5
22	If I had some kind of problem <u>not</u> related to my sexuality, would help me think about a problem.	1	2	3	4	5

Appendix G
Items from the LGBIS :
Internalized Homonegativity, Concealment Motivation, Acceptance Concerns, Difficult
Process
(Mohr and Fassinger, 2000)

Selected Scales from the LGBIS

Instructions: For each of the following statements, mark the response that best indicates your experience as a lesbian, gay, or bisexual (LGB) person. Please be as honest as possible in your responses.

1-----2-----3-----4-----5-----6-----7

Disagree
Strongly

Agree
Strongly

The Internalized Homonegativity/Binegativity Scale (5 items)

3. _____ I would rather be straight if I could.
- 8.* _____ I am glad to be an LGB person.
13. _____ Homosexual lifestyles are not as fulfilling as heterosexual lifestyles.
- 17.* _____ I'm proud to be part of the LGB community.
25. _____ I wish I were heterosexual.

*These items are reverse coded for scale calculation.

Concealment Motivation (6 items)

1. _____ I prefer to keep my same-sex romantic relationship rather private.
6. _____ I keep careful control over who knows about my same-sex relationship.
11. _____ My private sexual behavior is nobody's business.
15. _____ If you are not careful about whom you come out to, you can get very hurt.
20. _____ I think very carefully before coming out to someone.
24. _____ My sexual orientation is very personal and private matter.

Acceptance Concerns (5 items)

2. _____ I will never be able to accept my sexual orientation until all of the people _____ in my life have accepted me.
7. _____ I often wonder whether others judge me for my sexual orientation.
12. _____ I can't feel comfortable knowing that others judge me negatively for my sexual orientation.

16. _____ Being an LGB person makes me feel insecure around straight people.
21. _____ I think a lot about how my sexual orientation affects the way people see me.

Difficult Process (5 items)

4. _____ Coming out to my friends and family has been a very lengthy process.
14. _____ Admitting to myself that I'm an LGB person has been a very painful process.
- 18.* _____ Developing as an LGB person has been a fairly natural process for me.
22. _____ Admitting to myself that I'm an LGB person has been a very slow process for me.
- 27.* _____ I have felt comfortable with my sexual identity just about from the start.

*These items are reverse coded for scale calculation.