**Internalized Homophobia among Lesbian, Gay, Bisexual, and Transgendered Persons:
Contributing Factors and Effects**

by

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A thesis submitted to the Graduate Faculty of
Auburn University
in partial fulfillment of the
requirements for the Degree of
Master of Science

Auburn, Alabama
August 4, 2012

Key words: LGBT, internalized homophobia

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Abstract

The present paper was an examination and analysis of lesbian, gay, bisexual, and transgendered (LGBT) persons by way of an integrated literature review of the circumstances and effects of homophobia that they face at home, in society, within their community, and psychologically. Despite the ongoing advances in the rights of LGBT persons in North America and throughout the world, this population continues to cope with pervasive oppression and marginalization in the form of stigmatization, stereotyping, homophobia, heterosexism, discrimination, violence, anti-LGBT rhetoric in the media and news, anti-LGBT legislation, familial attitudes, and other general sociological conditions. Multifaceted interactions between conditions such as these have an adverse impact upon the life experiences of many LGBT persons, and may ultimately facilitate the internalization of homophobia among this population.

Acknowledgements

I would like to convey my sincere gratitude for all those whom have helped me through my coursework and in writing the thesis. I would especially like to thank my adviser and committee chair, Dr. Chippewa Thomas, whose recommendations, patience, and encouragement have been central to the creative process. I am also indebted to my other thesis committee members, Dr. Amanda Evans and Dr. John Dagley, for their support and providing constructive feedback. I would also like to thank my friends and family for their faith and encouragement. Lastly, I would like to give a very warm thanks to my partner, Jason M. Archer, whose passion, imagination, and unconditional love inspired throughout the creative process.

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List of Abbreviations

AIAN   American Indian or Alaskan Native

AIDS   Acquired Immunodeficiency Syndrome

APA   American Psychological Association

ATLG   Attitudes towards Lesbians and Gays

BIQ   Body Image Questionnaire

CDC   Center for Diseases and Control

CFN   Canadian First Nations

CFV   Colorado for Family Values

DIF   Dual-Identity Framework

DSM   Diagnostic and Statistical Manual of Mental Disorders

HIV   Human Immunodeficiency Virus

IHS   Internalized Homophobia Scale

ILR   Integrative Literature Review

LES   Life Event Scale

LGBT   Lesbian, Gay, Bisexual, and Transgendered

MPAA   Motion Pictures Association of America

MOGS   Measures of Gay Related Stressors

MSM   Men Who Have Sex with Men

TS   Two-spirit

Chapter I

Introduction

In the first chapter, descriptions for the purpose, scope, and relevant research are provided. Then terminology relevant to the community, researchers, and clinicians are explained; a working knowledge of jargon and vocabulary used by the lesbian, gay, bisexual, and transgendered (LGBT) population is vital to both the practicing therapist and the body of the paper. Thereafter the population concerned is introduced, along with a brief history of LGBT research.

Purpose

Considering the increased visibility of the LGBT community and a growing call for acceptance and equal human rights, there is likewise an increased need for LGBT related research (Harper & Schneider, 2003). However, much existing research notes that there remains a significant lack of LGBT-related research and empirically supported treatments designed specifically for this population. Therefore, there may be a need for further research on this unique demographic; this paper will reference a general body of knowledge concerning LGBT persons and then include a synthesis of the literature. This may thereby help to generate a holistic framework from which clinicians may derive a more detailed conceptualization of the LGBT client.

This thesis was intended to serve as an introduction to the LGBT client and his or her community, enhance clinical insight into the circumstances they often face, and provide a comprehensive treatment companion on a broad range of LGBT-specific issues. Furthermore, the effects that homophobia and homonegativity often has upon LGBT individuals and the resultant internalization of negative messages about him or herself are both emphasized. Given the high rate of depression, substance misuse, and suicide among the LGBT population (Amidio & Chung, 2004; Igartua, Gill, & Montoro, 2003), it may be important to assess the contributing factors of their mental health. Ultimately, by exemplifying the pervasiveness of negative, heterosexist, and homophobic messages or cultural norms, conclusions regarding the mental health of LGBT persons and clinical focus may be drawn.

Scope

In general, the scope of the project was limited to the LGBT community, their support groups, influential societal conditions and cultural norms, and the synergistic effect these variables may have upon the mental health and resilience among the LGBT client. Furthermore, lifetime development, adversity, coming out, identity frameworks, group attitudes, social issues, and legal issues were all considered in the context of the mental health of LGBT persons. Additionally, the contributions that Anthony R. D'Augelli and his colleagues have been an asset to this paper and the development of a cohesive conceptualization of the concerns unique to the LGBT client.

Another theme central to this thesis is the resulting homophobia internalized from the negativism that LGBT individuals may face on a daily basis. After accounting for the broad range of variables to internalizing homophobic messages, there will be subsequent

recommendations for empirically supported therapeutic interventions that therapist may wish to utilize in session with the LGBT client.

Despite evidence to suggest that the degree of social acceptance of LGBT persons has increased in recent years, homophobia often continues to be a major boundary to emotional wellness among the population (D'Augelli, Hershberger, & Pilkington, 1998). Moreover, there is also sufficient evidence to suggest that internalized homophobia is present in a number of groups in society, including the LGBT community itself. Stigmatization often has a profound impact on human development, adjustment, and overall mental health (Waldo, Hesson-McInnis, & D'Augelli, 1998). Though internalized homophobia is often the result of the influence culture has upon the individual, negativistic self-perceptions may also be self-generated or self-maintained. It may also be important to note that individual differences also exist in smaller or insular minority groups, and therefore special consideration for group norms and the unique needs of the individual LGBT person may be essential for therapists. Professional advocacy and the promotion of healthy community oriented systems for LGBT persons may help reduce his or her levels of internalized homophobia and further encourage wellness in the LGBT community.

Just as attitudinal barriers and victimization occur in larger society, likewise the cause and effects of internalized homophobia may obstruct the course of therapy and clients' wellbeing. For many LGBT persons, the journey through his or her self-imposed homophobia and towards self-actualization is an experience unique to him or her, and may therefore transcend general therapeutic recommendations. Therapists must therefore be prepared to meet the needs specific to each client. By developing a detailed framework for conceptualizing the LGBT client, sharing anecdotal experiences and collaborating with other therapists, and studying LGBT specific

research or empirically recommended treatment, therapists may be able to provide LGBT clients with a high level of care.

Lexicon

Not unlike a number of other groups and minorities, the terminology, jargon, and the language used within the LGBT community is often unique to them. Though exhaustive, a working knowledge of this language is helpful in understanding both LGBT research and the individual LGBT client. The following table contains a list of key terms and definitions used commonly among the LGBT community. All of the following definitions are adapted from the Counseling Dictionary (Gladding, 2006) and the American Psychological Association (APA) Dictionary (VandenBos, 2006).

Table 1
Key LGBT Terms

Term	Definition
Sexual orientation	Used to describe an ongoing sexual attraction to male partners, female partners, or both. The term is sometimes used synonymously with "sexual preference", which also clarifies arousal patterns. The latter term is generally considered a misnomer or antiquated because it implies a choice is made regarding sexual behavior by LGBT persons.
Homosexual	Used to describe a person who is sexually attracted, oriented towards, and engages in sexual activity with members of his or her own sex. The term was originally coined by the American Psychiatric Association in the Diagnostic and Statistical Manual for Mental Disorders, where it was qualified as a disease. Because of this history, this term has fallen out of favor with many in the community and mental health professionals.

Heterosexual	Used to refer to an individual who is sexually oriented toward sexual relationships with someone of the opposite sex and has relationships with them. Also used synonymously with the colloquialism "straight", and represents the greater population.
Allies	Used to refer to heterosexual persons supportive to people with different sexual orientations.
Lesbian	A term applied to women whom are sexually oriented exclusively towards other women.
Gay	A term that may refer to men whom are sexually oriented exclusively towards other men, or it may be used to refer to women whom are sexually oriented towards other women. Often used synonymously with "homosexual". The term is more often used to identify men than women.
Bisexual	A term applied to a person whom is sexually attracted to both men and women. Though extensive research in sexuality demonstrates that there may be a continuum of sexual orientation in every person, equal arousal levels to both sexes is rarer than exclusive orientation.
Transgendered	Refers to a person whom often dresses and/or lives as a person of the opposite gender into which he or she was born. Sometimes used synonymously with "transsexual". The word "drag" is sometimes used to describe cross-dressing behaviors.
Intersexual	Identifies persons experiencing biological conditions like hermaphroditism. May have primary and secondary sexual characteristics of both sexes. Also used synonymously with "transvestite", though usage of the former has diminished in recent years.

Questioning	In recent years, a number of other sexual minority groups have been identified. This term is used loosely to refer to someone who is considering whether he or she is experiencing same-sex attractions. The term is also sometimes used to refer to those who defy categorization, or behave with sexual ambiguity.
Queer	A term used more broadly and inclusively than other terms regarding sexual orientation. It may be used to refer to all of the aforementioned sexual orientations, or may often denote sexual ambiguity. Additionally, the term may be used either as a pejorative towards LGBT persons or as a term of endearment among LGBT persons.
LGBT, GLBT, LGBTQ, LGBTQQIA	There are a number of acronyms applied to the greater sexual minority community. However, for the purpose of this paper, LGBT will be used to refer to all sexual minorities, including any not mentioned in the text.
Homophobia	Described as hatred or fear of gay men, lesbians, or other sexual minorities, which sometimes results in overt prejudice or discriminatory behavior. Much of the literature concerning LGBT persons uses a number of phrases interchangeably to describe undertones of homophobia.
Heterosexism, homonegativity	These terms are both closely related to homophobia. Heterosexism refers to a phenomenon wherein a person displays a preference for heterosexual culture, and advocates for heterosexual behavioral patterns. Whereas the term homophobia is used to more generally refer to an individual's hatred or anxiety of sexual minorities or homosexual behavior, heterosexism refers instead to beliefs and institutionalized favoritism for a heterosexual lifestyle. Homonegativity instead refers to the side effects of heterosexism among people and culture, and maligns homosexual behaviors. In general, these two terms refer to pro-straight and anti-LGBT attitudes and cultural norms. Furthermore, these terms are not necessarily found exclusively within the heterosexual community.

Men who have sex with men (MSM)	In recent years, there has been an emergence of an additional sexual minority group that has often sought to distance themselves from the central LGBT community. Specifically, the Center for Diseases and Control (CDC) defines one such group of men who have sex with other men (MSM) as another independent sexual minority. MSM is a term coined to identify these men by behavioral patterns rather than their stated sexual orientation. MSM are more typically men within the African American community who engage in homosexual behaviors, associate the term "gay" with White culture and effeminacy, and often better identify themselves as being Black or African American. MSM are referred to colloquially as being "on the down-low", and oftentimes married to a woman but routinely engage in extramarital affairs with other men or groups of men. MSM and Black LGBT persons both struggle to find acceptance within the African American community (Goode-Cross & Good, 2008). Additionally, ethnic minorities often do not have access to the same resources of privilege available to many White LGBT persons (Russell & Richards, 2003).
Two-spirit	A term that came into common usage in some American Indian, Alaskan Native (AIAN), and Canadian First Nations (CFN) tribes in the early 1990's. It is used to refer persons, typically men, who assume the gender identity of the opposite sex. The role is socially sanctioned, and two-spirit (TS) persons provide spiritual and practical support to the community. The commonly held perception among AIAN and CFN tribes is that TS individuals contain both male and female spirits (Balsam, Huang, Fieland, Simoni, & Walters, 2004).

Note: From Gladding, S. T. (Ed.). (2006). The counseling dictionary: Concise definitions of frequently used terms (2nd ed.). Upper Saddle River, NJ: Pearson Merrill Prentice Hall; & from VandenBos, Gary R. (Ed.). (2006). APA dictionary of psychology (1st ed.). Washington, DC: American Psychological Association.

Chapter II

Analytical Methods

The second chapter was written to provide the reader with information regarding the construction of the thesis. Goals of the literature review, the purpose for utilizing the integrative literature review method to achieve those goals, and a description of the process provided subsequently. Specifically, the methodology used during the development of the thesis is delineated, including the literature search, tools utilized, the writing process, collaboration with faculty, and integration of the literature. Then, tools and search criterion are shown in tables to explain the general writing process so that future researchers may replicate the review. Moreover, statistical data regarding the community and challenging circumstances are provided.

The Integrative Literature Review

In general, the primary function of an integrative literature review (ILR) is to compile exhaustive amounts of research, cross-reference the data, and then to develop a theory integrating, clarifying, and addressing the phenomenon (Torraco, 2005; Yilmaz, 2008). As a qualitative research method, the ILR was selected for the present study for its methodical process of locating, compiling, and analyzing relevant literature. Because of the breadth and disparities between studies on sexual minorities, this technique may help to emphasize the overall impact that internalized homophobia often has upon the mental health of LGBT persons.

Though there is data available on internalized homophobia among heterosexual and homosexual persons, the overall scope of that research may be limited. Because internalized homophobia refers to not only a phenomenon that may occur on an individual level, but may also refer to its effects within a sociopolitical and cultural context, it is important to qualify variables that may contribute to internalized homophobia. Therefore, an extensive collection of articles was selected for the ILR to better qualify the development and maintenance of internalized homophobia on a sociological and psychological scale. Furthermore, without links to other subfields of LGBT research, the scope of research on internalized homophobia may be qualified as being limited. However, there is evidence that may suggest a complicated interaction between sociopolitical conditions, cultural norms, and personal experiences that influence the development and course of internalized homophobia.

The Current Study Method

One issue that became apparent during the construction of the thesis and the literature search was the lack of LGBT specific resources and research. By compiling the message of a multitude of research articles, integrating and cross analyzing them, the conceptual framework that we have of LGBT clients may be elaborated upon. Furthermore, we may be primed to help them solve some of the more fundamental issues related to their mental health, and to generate a more healthy pattern of coping with the circumstances of negativism LGBT persons face daily.

Problem formulation

The purpose and relevance of this study, as described in the first chapter, is to examine the conditions that may affect the mental health of LGBT persons and to help generate an effective approach for treating the LGBT client for internalized homophobia. Moreover, helping the client to develop valuable coping skills and connecting him or her with resources or

information may help mitigate the impact that homophobia and negativism has upon his or her mental health. Many LGBT persons routinely experience the heterosexism and homophobia perpetuated by much of local culture, and in reviewing the wide range of circumstances, we may have greater insight into the presenting concerns of many LGBT clients and help to generate a more effective treatment plan than without a wide range of knowledge about the topic.

The scope of the study was also limited by identifying a subject population and related phenomena that generally has a greater impact on that population than upon other populations. To help to identify circumstances relevant to the research and to the LGBT population, terms were also provided and defined operationally in the first chapter. Furthermore, search terms and criteria that are essential to replicate the literature search are highlighted below in tables 2, 3, and 4. To illustrate the hypothesis and implications of the literature review, observable conditions in the LGBT community are described and there is an in-depth analysis of the conceptual framework for the LGBT client.

During the problem formulation stage there may be a risk of extending the subject too broadly or too narrowly (Cooper, 1998). I therefore constructed the thesis, not sequentially, but categorically. Specifically, after writing initial introduction, I modified the method section with each new subtopic from the literature review.

Literature Search

The literature search required a variety of types of sources; though concentrating primarily upon peer-reviewed literature, other examples of sources utilized in the ILR include academic textbooks, organization web pages, and statistical samples. Resources from different specialties among separate disciplines were used, including psychology, counseling, psychiatry, marriage and family therapy, and LGBT organizations like Human Rights Campaign.

In general, I relied primarily upon EBSCOhost, an online database for bibliographies and full texts of academic journal articles. The core function of EBSCOhost is to provide the researcher with a filter by which he or she can search field-specific databases such as PsychInfo, PsychArticles, Psychology and Behavioral Sciences Collection, Medline, and ERIC. The researcher may then further narrow his or her search, for instance, by using multiple search terms, selecting peer-reviewed articles, dissertations, publishing dates, and specific journals. I selected EBSCOhost based on its ability to generate a wide search of scholarly articles by publishing dates.

In my EBSCOhost searches, I used a variety of search term combinations, which were generally focused on LGBT related studies. For broad pilot search parameters, I searched the phrase "internalized homophobia" in those databases, specifying "peer-reviewed", "Boolean/phrase", among others. For complete search parameters, see Table 2 below.

Table 2
Pilot search parameters

Pilot search parameters	
EBSCOhost databases:	ERIC; MEDLINE; PsycARTICLES; Psychology and Behavioral Sciences Collection; PsycINFO
Search modes:	Boolean/phrase; related words, synonyms; and plurals; search within full-text
Limiting results:	Peer-reviewed; exclude book reviews; exclude dissertations; English language only
Publication dates:	1999 to 2011
Search field:	internalized homophobia
Total results:	562

To narrow the search to LGBT topics concerning internalized homophobia, I included a large area of subtopics in addition to keywords in my searches. Specifically, keywords were core search terms required and secondary search terms were used to clarify the research area subtopics. In general, studies published within the past decade were favored over earlier studies, though my pilot search began two years prior to completing the thesis. However, because of a general lack of research focusing explicitly on internalized homophobia and the specified subtopics, additional articles and textbooks from the prior two decades were utilized. For a complete description of the keywords and search parameters used, please see Table 3 below.

Table 3
List of Keywords and Search Parameters Utilized

List of keywords and search parameters used to search EBSCO	
databases:	EBSCO: ERIC; MEDLINE; PsycARTICLES; Psychology and Behavioral Sciences Collection; PsycINFO
keyword combinations:	LGBT, GLBT, lesbian, gay, bisexual, transgendered, transexual, trans, homosexual, same-sex, homophobia, internalized homophobia, heterosexism, heterosexual
secondary search terms used to narrow search:	adolescents, suicidality, mental health, wellness, body image, advocacy, college students, coming out, therapy, treatment, victimization, discrimination, parents, family, families, domestic, dual identity framework, empowerment, faith, identity, legislation, legal, anti-gay, marginalized, msm, men who have sex with men, work, statistics, positive psychology, narrative therapy, older, community, risky behavior, drug abuse, drug use, drug misuse, elder, multicultural, minority, ethnic, African Americans, Latina, Latino, Hispanic, Black, media, television
time limits:	Within approximately the past ten years, or 1999 to 2011. Some expanded searches did not stipulate time period of publication.
type of work:	English, peer-reviewed, exclude dissertations, electronic copy only

In addition to concrete concepts such as the keywords and parameters used to search EBSCOhost, conceptual criteria were also used. To compliment the subject area of the thesis, the literature was required to emphasize both the causes and effects of internalized homophobia. General conditions of the LGBT community were given consideration as a secondary priority of the thesis. In general, the literature needed to be published in the social sciences or medical community. For full conceptual criteria used to select review articles, see Table 3 on the previous page and Table 4 below for specific details.

Table 4
Relevance Criteria for Selection of Review Articles

Relevance Criteria for Selection of Review Articles
A.   Operational definitions of: homophobia, internalized homophobia, heterosexism, and other terms related to cultural norms and negative dispositions
B.   Literature that emphasized the causes and effects of internalized homophobia were more focused upon in the literature search. General conditions in the LGBT community and the causes of internalized homophobia were given second priority.
C.   Holistic demographic information regarding the LGBT community, and a detailed account of common issues.
D.   Research regarding effective therapeutic techniques and styles for LGBT clients
E.   Publications of or referral from Anthony R. D'Augelli's body of work. Because of the exhaustive amount of publications that D'Augelli has had in the area of LGBT research, that author's name or reference to him was sometimes used as criteria in the literature search.
F.   Articles published in psychology, counseling, psychiatry, social work, sociological, educational, or medical communities.
G.   Peer-reviewed articles, primarily electronic copies of published articles.
H.   Articles published in the past ten years were favored, but articles dating as far back as 40 years were also referenced.

I.	Periodical should have a name or topic that is relevant to this literature review.
J.	Comprehensive statistical information regarding the LGBT community.
K.	Maps or tables accounting for sociopolitical information and LGBT-specific legislation.
L.	Excluding books, non-professional publications, dissertations and other theses. Additionally, English was checked as a search requirement.

In addition to academic databases searched through EBSCOhost, I used several computer programs in the construction of the thesis. Microsoft Office Word 2007 was the primary word processing program used in the development of the manuscript. Microsoft WordPad was also used to help correct formatting inconsistencies during the editing process. Microsoft Office Excel 2007 was used for constructing tables and figures for the manuscript, which were then imported into Microsoft Word. For e-mail correspondence with the department, I used Google's G-mail service. Google's search engine was also used as the primary source for non-empirical, Internet resources. Rather than searching for new organizations or using the EBSCOhost research criteria, known LGBT organizations were located using Google. The Human Rights Campaign was used to collect current information on legislation concerning LGBT persons.

Chapter III

Integrative Literature Review

The third chapter provides reviews of a range of studies concerning LGBT persons and circumstances that may be unique to this population. The purpose of this chapter is to elaborate upon the circumstances that may define the experiences and mental health of the LGBT population. Specifically, the examination concerns a broad collection of sociopolitical conditions that sometimes affect the mental health of LGBT persons, the process of adjustment in such adversity, and the residual homophobic messages that may be internalized from culture and experiences. Furthermore, an exhaustive account of the state of LGBT rights and anti-LGBT laws in the United States is provided followed by a discussion of how those conditions can sometimes affect the mental health of LGBT persons. Current legislation, in addition to being compelling evidence of the adversity some LGBT persons experience in society, may be helpful for therapists to reference during the course of treatment of an LGBT client. After providing a synthesis of the literature and an in-depth analysis of LGBT mental health, there will be a discussion of general therapeutic techniques suggested to be effective among LGBT clients coping with the aforementioned concerns.

Gender and orientation

Because there is a wide array of both scientific theories and culturally bound conjecture regarding the development and existence of non-heterosexual orientations, there is no consistent

working theory. On one hand, some religious beliefs and cultural norms emphasize that homosexuality is a sin, taboo, or even a crime. Hence, adversity and prejudice that LGBT persons experience may be associated with culturally bound attitudes and beliefs. Therefore, it may be helpful to explore the nature of physiological and psychological development of persons of non-heterosexual orientations.

The feminist approach may help the practicing therapist understand the complicated process of the growth and development of an LGBT identity; more specifically, gender is a socially constructed term applied to the sexes that prescribes behaviors specific to the assigned gender. Many LGBT youth struggle with these gender roles and the heterosexual norm, and may struggle with their sexual orientation due to the prescribed sexual behavior of that gender. In some cases, they may eventually internalize homophobia due to a perception of homonegativity and homophobia . Individual differences among LGBT persons may account for inconsistency among attitudes regarding the development of his or her sexual orientation. It may therefore be beneficial for therapists to understand the language and semantics used by the client in how he or she defines gender roles and sexual orientation. Furthermore, different LGBT persons may differ in levels of adherence to both heterosexual and homosexual cultural norms. In general, it may be helpful for the therapist to remain sensitive to these schemas and supportive of client's wellbeing as he or she defines it.

Adversity and homophobia

Though it may be difficult to quantify the amount of homophobia and heterosexism that exists in society, stigma and homophobia are common to the experience of many LGBT people (Balsam & Mohr, 2007). Furthermore, homophobia may represent a significant boundary to the better treatment and improved wellbeing of LGBT persons. Institutional and societal

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discrimination against LGBT women and men, which could be reinforced daily, may cause individuals to internalize such homophobic messages.

A working knowledge of terms relevant to the LGBT community is helpful to the researcher and the clinician; likewise, it may be fundamental to acknowledge the negative connotations sometimes applied to the population. "Homophobia", as defined by Gladding (2006) and the VandenBos (2006), is a fear of association with homosexuals, being homosexual, having qualities or stereotypes associated with LGBT, hatred of LGBT individuals, and are often associated with prejudice or anger towards them. Further, homophobic attitudes are often related to discrimination against LGBT in a number of contexts, such as employment, housing, or legal rights. Moreover, homophobia can lead to violence, LGBT-bashing, and, in extreme cases, homicide. Yet, LGBT-supportive attitudes may also be observed within both the straight and LGBT communities. Prior studies have demonstrated that homonegative attitudes are generally influenced by a person's education, political orientation, religious observance and affiliation, and sex (Lingiardi, Falanga, & D'Augelli, 2005).

Important to note to the issue is that some research actually supports negative stereotypes towards LGBT men and women, and certain norms within the community may be maladaptive; Bailey's study (as cited in Meyer, 2003) found that both LGBT women and men have higher rates of sexual promiscuity and mental disorders than do straight women and men, a fact which may help to reinforce homonegative attitudes among both straight and LGBT persons. LGBT women and men may be more likely to be exposed to discrimination and violence compared to many other groups (Meyer, 2003; Waldo, Hesson-McInnis, & D'Augelli, 1998) which, according to a study conducted by Garnets et al. (as cited in Meyer, 2003), implies a relationship with psychological stress and depression.

Cabaj's study (as cited in Amidio & Chung, 2004) implies that stress and depression contribute to alcoholism and drug misuse among LGBT women and men. Similarly, Amidio and Chung (2004) found that low levels of internalized homophobia and greater ties within the LGBT community are often related to alcohol, marijuana, and cigarette misuse in lesbian women but not in gay men. In a study conducted by Igartua, Gill, and Montoro (2003), the results suggested that gay participants with high levels of internalized homophobia also experienced higher amounts of depression and suicidal notions than did those with less homophobia. However, because there is currently no widely accepted standard measurement of internalized homophobia and with the degree of difficulty in obtaining LGBT participants with high levels of internalized homophobia, the generalizability of many such data would be limited.

Beyond the harassment and discrimination LGBT youths encounter in society, they also experience verbal abuse from their parents (D'Augelli, Hershberger, & Pilkington, 1998; D'Augelli, Grossman, & Starks, 2005). Children whose parents were aware of their sexual orientation experienced significantly more psychological abuse than did children whose parents were unaware, yet they were also less fearful of future incidents of such abuse.

Occupational discrimination may also be related to sexual orientation; Ragins, Singh, and Cornwall's (2007) study found that as much as 25% to 66% of LGBT men and women had experienced discrimination against them at their job due to their sexual orientation. Several studies have found that individuals who have taken diversity courses and/or participated in multicultural interactions have been more politically involved, open to a wide range of perspectives and learned better than those who have not (Gurin, Nagda, & Lopez, 2004).

Coming out

There are a number of key terms which are commonly accepted within the LGBT community, and therapists need a working knowledge of the jargon for therapy. For example, "coming out" or "coming out of the closet" are both expressions used to describe the process of informing others that he or she is an LGBT person (VandenBos, 2006). Furthermore, "out" is often used to describe the fact that a person is open about his or her sexual orientation. Though the mean age of awareness of having an LGBT sexual orientation is 10 years (D'Augelli, Hershberger, & Pilkington, 1998), many do not come out until much later in life. Yet there are number of compelling reasons to remain in the closet; the reasons cited most typically were anxiety and expectations of verbal or physical abuse from others. Evidence suggests that these assumptions may be an especially valid concern among closeted LGBT youth; among those whom had disclosed their sexual orientation, incidences of verbal and physical abuse were higher than their actual expectations abuse. However, actual reported instances of physical or verbal abuse had no statistically significant difference between out and closeted LGBT youth. It is also important to note that brothers were found to be the most likely to threaten physical violence and the most likely assailants by a large margin.

Given the anxiety regarding coming out, the potential risks associated with disclosure, and the developmental individuation that occurs typically in adolescence (D'Augelli, Hershberger, & Pilkington, 1998), it was also found that the first person to whom an LGBT person comes out to more likely be a friend rather than a family member. Moreover, the reactions LGBT youth perceive in their friends' reactions help them to predict their parents' reactions and encourage them to disclose their sexual orientation to them. Furthermore, peers are often able to provide advice and suggestions for coming out to family members, which may

reduce the unpleasant impact the experience has upon the family. It has also been found that having a supportive social network and close friends increases an LGBT youth's ability to cope with the circumstances that may arise in coming out to family members or other peers. Should parents respond negatively and abusively, having a strong social support system can help improve their knowledge of and access to valuable resources and services. In many cases, LGBT youth will not report occurrences of abuse at home due to fears of further hostility and discrimination by their peers or the authorities.

Moreover, there is a higher prevalence of stress among closeted LGBT persons than among those whom are out (Harper & Schneider, 2003). Coming out, however, remains a challenging option for youth whom may fear banishment from their homes by their parents or guardians, and for those whom may lack a supportive network of peers and adults to help them through that stage of their adolescent development (Waldo, Hesson-McInnis, & D'Augelli, 1998).

Central to the discussion of coming out and attitudes towards homosexuality is the social construct of gender roles (Henderson, 1998). In general, men are more likely than women to be uncomfortable discussing matters with an emotional context, and they may perceive such exchanges as being "unmanly". Therefore, providing extensive information or disclosure may not be effective. Moreover, stereotypes of homosexuality often portray LGBT individuals as not meeting the expectations of gender norms.

Though the tumultuous and uncertain conditions that LGBT youth often face at home may be applicable to a number of groups of people, one important quality of this turmoil is generally unique to the LGBT population; despite the minority stress with which many LGBT youth cope, such as the pervasive stigmatization, discrimination, and victimization, that they

often do not find support from their families and communities (Harper & Schneider, 2003; Waldo, Hesson-McInnis, & D'Augelli, 1998). Though remaining closeted may be perceived as a safe alternative to coming out, having to "hide" sexual orientation is typically associated with increased levels of stress, especially if hiding sexual orientation for prolonged period of time since becoming aware of it. For those whom are closeted and aware of their sexual orientation, every day interactions may be more nuanced, such as avoiding mentioning partners, same-sex attractions or dating experiences, and other activities within the LGBT community. For their families, friends, school or workplace, and community, however, this pattern may also project the image of being withdrawn and insular.

Dual-identity frameworks

Because the decision to come out to others in a certain setting is often influenced in part by the attitudes and culture of that particular social group, interpersonal relationships are difficult for many to navigate as a member of a sexual minority. Furthermore, due to the differences in culture between heterosexual and LGBT groups, an LGBT person may present his or her identity differently between those groups (Fingerhut, Peplau, & Ghavami, 2005; Harper & Schneider, 2003). Specifically, not every LGBT person is out to the same degree or behaves in the same manner in each of his or her social groups. For instance, an LGBT person may be out only among friends and remain closeted to family and work colleagues; he or she may be out in all groups, but more open or enmeshed in one group and more withdrawn or unaccepted among others; or he or she may be withdrawn and closeted in all groups despite his or her hidden sexual orientation. In all such cases, interpersonal relationships may be especially difficult for LGBT persons whom are out in some aspects of their lives, but not out in other environments, and the resulting interpersonal dynamic is often referred to as a dual-identity framework (DIF). A DIF is

a term used to refer to a person who presents his or her sexual orientation a certain way in one group and in a different manner in a separate group. Essentially, an LGBT person with a DIF typically keeps one identity hidden from certain people or groups in his or her life.

In some cases where an LGBT person maintains a DIF, maintaining the desired image among straight peers may require being withdrawn, secretive, or dishonest can add additional stress to his or her own life. Likewise, in social circles where he or she may be out, it may be difficult to avoid revealing that he or she is not out in other social circles. Managing a double life can become a preoccupation, and some LGBT persons with DIF report higher levels of introversion, lacking spontaneity, for fear of unintentionally revealing his or her actual sexual orientation (Harper & Schneider, 2003).

Familial and peer reactions

Though there is little research available to fully detail how parents respond typically to their child coming out to them (D'Augelli, Hersberger, & Pilkington, 1998), what data is available suggest that there are few circumstances that can have such a tremendous impact on family dynamics; further, it is suggested that, initially, parents are more likely to respond with shock than support, and this process results in familial, social, professional, and mental health problems thereafter. Ultimately, it was found that parents more often respond negatively to their child's sexual orientation rather than supportively (Russell & Richards, 2003), which stands in contrast to the support that other minority groups find in family environments. LGBT persons are more likely to come out to their mothers (73%) than their fathers (66%), and their fathers were less likely to be accepting (23%) than mothers (32%). In an earlier study, D'Augelli (1991) found that fewer than half of college students had disclosed their sexual orientation to their families. However, in another study, it was found that more than half of college students had told

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their mothers (Boxer, Cook, & Herdt, 1991), but less than half had told their fathers about their sexual orientation. In either circumstance, the majority of both young men and women reported that they felt their parents were unsupportive.

Beyond the harassment and discrimination, which LGBT youths encounter in society, they also experience verbal abuse from their parents (D'Augelli, Grossman, & Starks, 2005; Mallon, 1992). In cases where familial or peer abuse occurs, many LGBT youth will often tolerate this victimization because of the fear that they may have no other option. Children whose parents were aware of their sexual orientation experienced significantly more psychological abuse than did children whose parents were unaware, yet they were also less fearful of future incidents of abuse.

In general, during adolescence, many teenagers' identities are in flux as he or she begins to individuate from family (Henderson, 1998). Despite the emotional growth that occurs outside of the home environment, the reaction of the LGBT teen's family is nonetheless significant due to his or her emotional, physiological, and developmental needs. By coming out, many LGBT youth are at risk of losing family support and misjudging his or her family's reaction can be a danger to his or her welfare. Further, should an LGBT youth be rejected by his or her family and be forced to leave home, the situation becomes much more grim; an LGBT youth be forced into homelessness must contend with financial, food, shelter, health, and transportation concerns in addition to the aforementioned developmental needs. As a consequence, there are countless LGBT youth who are without homes.

The coming out experience is difficult not only for an LGBT person, but is often a difficult process for those to whom they come out, particularly in cases of disclosure to the family; though some LGBT individuals may assume that his or her social support system might

already know about his or her sexual orientation due to hinting or suggestive behaviors, it may still come as a surprise to many others (Henderson, 1998). Moreover, many parents and guardians may not have a broad understanding of LGBT persons, and their perceptions or assumptions may be inaccurate. For example, many parents may expect to have grandchildren one day, and may be disappointed after their child comes out because same-sex couples are incapable of producing children. Regardless of these assumptions that LGBT persons are incapable of having or rearing children, awareness of the legal standing of adoption or surrogacy in their community could help families counteract disappointment or to reevaluate their expectations. Additionally, families may have distorted perceptions of an LGBT person or the community, and may doubt the ability of LGBT persons to lead a "normal" or healthy life.

As another boundary to acceptance of sexual orientation, some parents perceive sexual orientation as being a "phase" of sexual development, refer to it as something they "will grow out of", and may question the validity or longevity of their child's sexual attraction (Henderson, 1998). Regardless of how well families convey their acceptance of their child's sexual orientation, because of the prevalence of false stereotypes and negative attitudes, many parents may continue to assert that they would never wish a non-heterosexual orientation or the conditions LGBT persons face upon their child. It has been found that peer support groups, access to resources, and access to information are could be effective in helping those family members. For many parents, hearing that their child is LGBT may result in the "mourning" the loss of the person they perceived as their child. Furthermore, because parents may experience anger, disappointment, confusion, shame, and/or sadness in response to having an LGBT child, access to resources or information regarding the LGBT community, or being able to meet with other parents of LGBT youth may have a positive effect on parental response. Instead of reacting

with negativity or confusion, families could utilize resources and show interest in the LGBT youth's identity, thereby showing support and positive regard for their children instead.

However, it should be noted that not only LGBT persons are potentially subject to negative attitudes, rejection, and abuse in schools, the workplace, or the community, but their families and friends may experience some of this discrimination (Henderson, 1998). Because there is insufficient research into the roles of families, schools, geography, and culture, adjusting and coping with the circumstances of growing up LGBT may be well-supplemented with anecdotal evidence or further education. Though the responses of youth's parents and support system is vital to their adjustment, it may be advisable to delay disclosure to family members until the youth have established emotional and financial independence (D'Augelli, Hershberger, & Pilkington, 1998) later in life. In delaying coming out, LGBT youth may be able to acquire a strong social support system and develop effective coping skills before being confronted with parental reactions.

Cultural and media responses

As the LGBT community gains wider visibility and recognition, there is sometimes backlash among the sexual majority. One issue that may arise with activism on college campuses, for example, is that with increased activity of LGBT students on campus, there may be additional resentment among faculty and students who believe homosexuality is immoral or wrong (Wall & Evans, 2000). The reaction of the larger society to LGBT persons is dependent upon numerous variables; for example, age, sex, ethnicity, mannerisms, and physical behaviors are often factors to the reactions of both the straight and LGBT communities' reactions to LGBT individuals (Harper & Schneider, 2003). Of course, there are also a number of self-identified categories within the LGBT community that influences how they could be perceived, such as

being lesbian, gay, bisexual, transgendered, and so on. Other considerations that may be a factor include social power and status, group memberships, or chronic illness and disabilities. It is also important to consider instances of "double" or "triple" minority statuses, such as also being a non-White ethnicity, non-Christian, and disabled or HIV positive. Additional minority statuses may compound the effects of marginalization that an LGBT person experiences. In fact, for some LGBT individuals, they sometimes feel pressured to choose between one or more minority statuses and struggle to manage his or her identity in each group. For example, a Hispanic man may identify himself as being gay when around other LGBT persons, but may identify himself as being Hispanic among family members.

However, there have been significant strides made for LGBT rights and circumstances in some societies in recent years. There is evidence to suggest that mainstream society has become steadily more tolerant and accommodating (Harper & Schneider, 2003), and LGBT people are afforded increased visibility and acceptance in the community compared to years past (Cawthon, 2004). Furthermore, in some jurisdictions, restrictive and discriminatory laws are being overturned in favor of laws that promote or improve the rights of LGBT persons. But despite these improving conditions in the LGBT community, there are a number of groups that utilize anti-LGBT rhetoric to spread prejudice and limit the rights of LGBT persons; for instance, the Traditional Values Coalition in the United States, which has generally been unyielding in their assertions about the adverse impact that LGBT people have upon society.

LGBT persons have historically vilified in film, television, news, and in the media (Epstein, Friedman, & Rosenman, 1996). In 1930, the Motion Pictures Association of America (MPAA) adopted the Production Code, an edict that mandated appropriateness in film. In essence, the Production Code was an act of censorship that limited LGBT visibility in film

among a vast range of other qualities like violence an anti-Americanism. Plays and movie scripts were altered so that was no overt reference to homosexuals, and writers were often limited to making allusions. Furthermore, characters that were suggested as being LGBT were nearly always used as comedic effects, portrayed as villains, and/or died at the conclusion of the plot. In 1968, the MPAA adopted the film rating system that categorized levels of appropriateness rather than censoring inappropriateness. Still, it was some time before LGBT persons became more visible in film and television. Even today, the manner in which LGBT persons are sometimes portrayed on television and in film is often negative. Many pundits and newscasters use LGBT persons in heated political rhetoric, and use of pejoratives towards LGBT is still common. The culmination of this status quo is one that serves to perpetuate stereotypes and attitudes of homophobia.

Researchers have provided an exhaustive account of the influence that television has upon views. Though it is evident that the actions of people and characters portrayed on television may serve as a model for others (Friedrich & Stein, 1973; Friedrich & Stein, 1975), particularly for children, it is inconclusive in regards to the effect that television has upon the perceptions of LGBT women and men. Such research, in the context of the present study, may suggest that there may be a significant effect of the type of video watched on internalized homophobia regardless of whether it portrays LGBT women and men negatively or positively. However, numerous studies have been conducted examining other reinforcers of internalized homophobia in both straight women and men and LGBT women and men. Past research indicates that LGBT individuals who have a strong social support system are better guarded against internalized homophobia (Sherry, 2007). Among straight participants, straight men tend to be less accepting of gay relationships among men as opposed to gay relationships among women (Basow &

Johnson, 2000). Women, in contrast to men, appear to be more indiscriminate towards same-sex relationships among both women and men.

LGBT community

D'Augelli (2003) elaborates upon the term "coming out" and its inherent process, referring to it as a conversational bridge that both prompts some understanding and primes listeners to consider the other's personal experience. It should also be noted that coming out sometimes requires processing a guilt or shame complex, and then begin to generate a positive self-image and identity as an LGBT individual. In addition, coming out may cause the person to experience tension or rejection among his or her family and social support systems. This often results in the need for that person to seek out other LGBT individuals and to build a personal sense of community with people whom are strangers. Because many LGBT individuals may experience such tensions and rejection, the LGBT community sometimes refers to itself as being a "family"; "family" may also refer to an LGBT individual. Due to the circumstances faced by LGBT persons, a strong social support system can therefore be crucial during the coming out process.

Still, there are a number of variations in terms of how to people distinguish themselves socially in the LGBT community; for example, some people may distinguish between sexual orientation, private sexual arousal patterns, sexual behavior, or public sexual identity, and any combination of those (D'Augelli, 2003). The intersection of these separate issues makes defining sexual orientation difficult to both the mental health professional and the client, and therapist should therefore be mindful of how the client identifies him or herself, the style of language he or she uses, and how he or she identifies with the community.

Conditions in school

In certain environments, discussion of LGBT issues may be uncomfortable at best, and LGBT issues are sometimes neglected or hushed some schools (D'Augelli & Hershberger, 1995). It has been indicated that, in some schools, teachers, school counselors, and school psychologists often do not educate students about LGBT populations or fully promote an environment free of homophobia. There is often little if any information in school curriculum or discussion of the existence of the LGBT community (D'Augelli, 2003). Though LGBT are sometimes discussed and linked to HIV/AIDS prevention, a discussion which may inadvertently perpetuate stereotypes associated with the LGBT community. Further, it was suggested that teachers and schools often do not become involved in peer interactions with LGBT students unless bullying becomes an issue with the students.

The school environment is one in which heterosexist attitudes are sometimes institutionalized, and a homophobic atmosphere may actually be promoted (D'Augelli, 2003; D'Augelli & Hershberger, 1995); specifically, LGBT students are sometimes excluded in the participation of school sports due to fear of homosexuality among the team, and LGBT students may also be restricted from bringing a same-sex dance partner to school proms or wearing the clothes of the opposite gender. Though some schools may fail to recognize the importance or existence of such diversity in its halls, it is often due to the controversy surrounding the topic. In general, many schools may prefer to avoid controversy, and the result could be negligence of their LGBT students.

In general, it has been found that, especially among the younger population, many respond negatively to LGBT people, stereotypic LGBT qualities, or those do not meet the commonly accepted gender norms of the community (D'Augelli & Hershberger, 1995; Valenti &

Campbell, 2009). In one such study regarding adolescent male students, only 12% reported being comfortable with having gay friends (Herek, 1995), and 89% described same sex attraction as being "disgusting". Further, it was demonstrated that many see the act of coming out or identifying with LGBT culture as also being a political statement (Henderson, 1998). Furthermore, the use of the word "gay" to denote ineffectiveness or having undesirable qualities may further engender homophobia among students and this usage is generally found to be common among youth. Many LGBT students are likely to hear negative expressions like "fag", "dyke", "queer", "that's so gay", and "you're so gay" on regular basis in schools, whether the language is directed at them, someone else, or something else. Furthermore, even though most disparaging remarks originate from other students, one study found that as much as 25% of harassers are faculty members. Among LGBT youth who were sampled, those who were out reported increased experiences of victimization in the school environment than did LGBT youth who remained closeted (D'Augelli, Hershberger, & Pilkington, 1998).

Much of the literature concerning LGBT youth has provided an exhaustive account of the emotional isolation, lack of role models, and stress that they experience related to their sexual orientation. One preventative measure often used to counter this is to organize school clubs like gay-straight alliances. However, these clubs are sometimes met with both community and administrative opposition, and students' right to assemble into LGBT clubs is challenged (Valenti & Campbell, 2009). In other cases, students may have difficulty finding a faculty member to supervise and sponsor a club as controversial as a gay-straight alliance, without whom they are generally unable to organize the group.

Discrimination and violence

The LGBT community has a long history of being subject to social injustice and discrimination (Harper & Schneider, 2003). Issues of discrimination regarding employment, housing, access to human services and education, and a failure to have fundamental human rights protected, are a daily reality for some LGBT adults and adolescents. Furthermore, violence or the threat of violence, harassment, and physical abuse are conditions that LGBT people, especially LGBT youth, may experience on a regular basis (Waldo, Hesson-McInnis, & D'Augelli, 1998). Furthermore, the data suggest that many instances of violence occur in neighborhoods, homes, schools, among other settings. Due to social conditions such as the aforementioned lack of human rights, many LGBT persons may choose to remain in the closet and/or remain silent as a minority group for extended periods.

Some occurrences of homophobic violence are reported in the news and on television. For example, in 1993, Brandon Teena, who was a biological woman but living as a man, was raped by two of his male acquaintances when they found out that he was transgendered. After reporting the rape to the county sheriff, the sheriff, rather than charging Teena's assailants, informed the two rapists that they had been reported by their victim. The two men then located, shot, and fatally wounded Brandon Teena. In another case in 1998, Matthew Shepard, a 21-year-old, gay, University of Wyoming student, was beaten, burned, and tied to a fence in a remote area, and then stranded for over 18 hours before his eventual death. But anti-LGBT brutality is also found outside of the United States. In 1999, Jeff Whittington, a 14-year-old boy was assumed gay because of his effeminate behavior by two men in the neighborhood whom were in their twenties. The two men assaulted Jeff Whittington, and then beat him and jumped on his torso and head. They then left him to bleed to death in the street due to brain swelling and bowel

perforation. In the year 2000 in Brazil, approximately 130 LGBT individuals died of injuries sustained in acts of anti-LGBT violence (Harper & Schneider, 2003).

Current legislation

In addition to subjection to direct, personal verbal or physical attacks, stereotypes within the media, and general subjugation, LGBT persons are also sometimes subject to a sociopolitical climate that maligns them. Trent Lott, for example, was a Senate Republican who characterized homosexuality as a disorder, and likened it to alcoholism or sex addiction (Sue & Sue, 2008). Discriminatory and restrictive laws can be fueled by anti-LGBT sentiment promoted by the media or anti-LGBT organizations (Russell & Richards, 2003). In the contemporary sociopolitical climate, there are many laws enacted that explicitly exclude LGBT people from enjoying basic human rights and privileges afforded to other populations (Harper & Schneider, 2003). For instance, sexual orientation is also not covered in human rights legislation, which enables employers to deny employment or terminate employees for being LGBT, housing may be denied to LGBT people, and sexual orientation may be taken into account in custody cases (Human Rights Campaign, 2009).

As of 2011 in the United States, there are five particular states without any laws addressing hate crimes (Human Rights Campaign, 2009), and there are an additional 14 states that fail to extend hate crime laws to the LGBT population. However, there are 31 states where sexual orientation is a protected category, twelve of which along with the District of Columbia extend that protection to gender identity. In recent years, many states have made significant progress in extending civil rights to the LGBT community, but there are several states that remain opposed to LGBT rights. Moreover, there are nineteen states that do not specifically include LGBT people in hate crime laws. Ultimately, a lack of hate crime laws specific to LGBT

protection often means for a wider interpretation at the local level of what constitutes

discrimination and what does not. The following table illustrates the discrepancy between the

degrees of protection that states guarantee for LGBT persons.

Table 5
State Hate Crime Laws

Jurisdiction	Legal Status
California, Colorado, Connecticut, District of Columbia, Hawaii, Maryland, Minnesota, Missouri, New Jersey, New Mexico, Oregon, Vermont, Washington	Law addresses hate or bias against sexual orientation and gender identity
Arizona, Delaware, Florida, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Nebraska, Nevada, New Hampshire, New York, Rhode Island, Tennessee, Texas, Wisconsin	Law addresses hate or bias against sexual orientation
Alabama, Alaska, Idaho, Mississippi, Montana, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Dakota, Utah, Virginia, West Virginia	Law addresses hate or bias, but neglects sexual orientation and gender identity, or lacks categories
Arkansas, Georgia, Indiana, South Carolina, Wyoming	No hate crime laws

Note. From Human Rights Campaign (2009). *State hate crimes laws*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/hate_crime_laws(1).pdf

In addition to hate crimes laws for the public, many jurisdictions have an added

component specifically for minors and children in schools. Though in the past decade nearly half

of US states or their school systems have begun to cover bullying and discrimination through

legislation and in policies (Human Rights Campaign, 2011g), there are many states that still have

not adjusted their policies on bullying in their school. Not unlike other hate crime laws, a lack of

policies that specifically protect LGBT students does not imply that sexual orientation will never

be protected. However, it does mean that there is room for wider interpretation and increased

unawareness of the need for protective measures. There are 28 states that do not specifically

cover LGBT students in protective policies and there are 22 states and the District of Columbia

that include sexual orientation and/or gender identity in their bullying policies. The following

table illustrates the difference between state laws and school policies regarding bullying.

Table 6
State School Laws and Policies

Jurisdiction	Legal Status
Arkansas, California, Colorado, Connecticut, District of Columbia, Illinois, Iowa, Maine, Maryland, Minnesota, New Hampshire, New Jersey, New York, North Carolina, Oregon, Vermont, Washington	Law addresses discrimination, harassment, or bullying of students about sexual orientation and gender identity
Hawaii, Massachusetts, New Mexico, Pennsylvania, Utah, Wisconsin	Laws, school regulation, or teachers' ethics codes prohibiting discrimination, harassment, or bullying of students about sexual orientation
Alabama, Alaska, Arizona, Delaware, Florida, Georgia, Kansas, Kentucky, Louisiana, Mississippi, Missouri, Nevada, North Dakota, Ohio, Oklahoma, Rhode Island, South Carolina, Tennessee, Texas, Virginia, West Virginia, Wyoming	Prohibits school bullying but identifies no special categories
Idaho, Indiana, Michigan, Montana, Nebraska, South Dakota	No explicit policies regarding discrimination, harassment, or bullying in schools

Note. From Human Rights Campaign (2011g). *Statewide school laws and policies*. Retrieved October 21, 2011
from http://www.hrc.org/files/assets/resources/school_laws(1).pdf

Because bullying is not limited to the schoolyard, discrimination may also occur in adult settings like housing and employment. The denial of employment based on sexual orientation and gender identity was deemed unacceptable in 15 states and the District of Columbia (Human Rights Campaign, 2011e), and there are 6 states wherein discrimination based on sexual orientation is prohibited. In 29 states, however, there are no legal provisions to protect LGBT persons from denial of employment based on his or her sexual orientation or gender identity. In other words, an employer therefore has the right either to deny employment or to terminate an employee based on his or her sexual orientation or gender identity. The following table illustrates the variety of categories of statewide protection of LGBT persons in employment situations.

Table 7
Statewide Employment Laws and Policies

Jurisdiction	Legal Status
California, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Iowa, Maine, Minnesota, New Jersey, New Mexico, Nevada, Oregon, Rhode Island, Vermont, Washington	Employment discrimination towards sexual orientation and gender identity prohibited
Delaware, Maryland, Massachusetts, New Hampshire, New York, Wisconsin	Employment discrimination towards sexual orientation prohibited
Alabama, Alaska, Arizona, Arkansas, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wyoming	No employment policies protecting sexual orientation or gender identity

Note. From Human Rights Campaign (2011e). *Statewide employment laws and policies*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/Employment_Laws_and_Policies.pdf

Just as laws regarding fair employment are not consistent between states, laws regarding

access to housing are likewise complex. In other words, in jurisdictions where this class of

people is not protected, property owners and apartment managers have the right to deny housing

based on sexual orientation or gender identity. In this case, 30 different states fail to guarantee

LGBT persons that they will be considered in all fairness for access to housing (Human Rights

Campaign, 2011f). Again, 15 states guarantee access to housing regardless of sexual orientation

and gender identity. The table below illustrates the variety of housing laws that exist from state

to state.

Table 8
Statewide Housing Laws and Policies

Jurisdiction	Legal Status
California, Colorado, Connecticut, District of Columbia, Hawaii, Illinois, Iowa, Maine, Minnesota, Nevada, New Jersey, New Mexico, Oregon, Rhode Island, Vermont, Washington	Housing discrimination against sexual orientation and gender identity prohibited
Maryland, Massachusetts, New Hampshire, New York, Wisconsin	Housing discrimination against sexual orientation prohibited
Alabama, Alaska, Arizona, Arkansas, Delaware, Florida, Georgia, Idaho, Indiana, Kansas, Kentucky, Louisiana, Michigan, Mississippi, Missouri, Montana, Nebraska, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, West Virginia, Wyoming	No housing laws protecting sexual orientation or gender identity

Note. From Human Rights Campaign (2011f). *Statewide housing laws and policies*. Retrieved October 21, 2011
http://www.hrc.org/files/assets/resources/Housing_Laws_and_Policies(1).pdf

In contrast to some areas of human rights, there have, however, been considerable gains made in healthcare in recent years. Effective at the beginning of 2011, the federal government mandated that all hospitals participating in Medicaid and Medicare programs must observe written policies and procedures regarding patients' visitation rights, which includes extending visitation rights regardless of sexual orientation or gender identity (Human Rights Campaign, 2011a). Official statewide policies for other hospitals, on the other hand, better reflect national trends of variability between states. The following table demonstrates the precise legal circumstances in each state and the District of Columbia.

Table 9
Hospital Visitation Laws

Jurisdiction	Legal Status
California, Colorado, Connecticut, Delaware, District of Columbia, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Carolina, Oregon, Vermont, Virginia, Washington, West Virginia, Wisconsin	Hospital visitation rights granted to same-sex partner through relationship equality laws or statutes
Georgia, South Carolina	Statutes extending hospital visitation rights to designated healthcare professional
Alabama, Alaska, Arizona, Arkansas, Florida, Idaho, Indiana, Kansas, Louisiana, Maine, Michigan, Mississippi, Missouri, Montana, New Mexico, North Dakota, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Utah, Wyoming	No law extending hospital visitation rights to same-sex partners

Note. From Human Rights Campaign (2011a). *Hospital visitation laws*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/hospital_visitation_laws(1).pdf

As it is generally difficult to obtain statistical data of LGBT discrimination; likewise, there is little data available to suggest the number of adoptions denied because of sexual orientation and gender identity. While 29 states neither facilitate nor restrict same-sex couples from adopting, but instead handle each petition on an individual basis locally (Human Rights Campaign, 2011d), same-sex couples are ineligible in Mississippi and Utah. Further, Michigan does not permit unmarried couples to adopt and, because there are no provisions for legal relationships, same-sex couples are effectively prohibited from adopting (Human Rights Campaign, 2011c). The table below describes same-sex couples' eligibility for adopting.

Table 10
Parenting Laws: Joint Adoption

Jurisdiction	Legal Status
Arkansas, California, Colorado, Connecticut, District of Columbia, Illinois, Indiana, Iowa, Maine, Massachusetts, Nevada, New Hampshire, New Jersey, New York, Oregon, Vermont, Washington	Same-sex couples can jointly petition to adopt
Alabama, Alaska, Arizona, Delaware, Florida, Georgia, Hawaii, Idaho, Kansas, Louisiana, Maryland, Minnesota, Missouri, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Virginia, West Virginia, Wisconsin, Wyoming	No specific laws regarding same-sex couple adoption, same-sex couple adoption success rates may be determined locally
Kentucky, Nebraska, Ohio	No second-parent adoptions
Michigan, Mississippi, Utah	Same-sex couples or unmarried persons adoption prohibited

Note. From Human Rights Campaign (2011d). *Parenting laws: Joint adoption*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/parenting_laws_maps(1).pdf

Perhaps few LGBT issues in recent years have been discussed as heatedly as the topic of gay marriage. For some, gay marriage represents a cornerstone of LGBT rights; apart from the financial benefits of filing taxes with the person with whom you are in a relationship, same-sex marriage also represents having the same rights as heterosexual couples. Though civil unions and domestic partnerships provide some legal provisions for the rights and privileges inherent to marriage, they may be reminiscent of the "separate but equal" policies that African Americans coped with prior to 1954, when Jim Crow laws were overturned by a national court (Brown v. Board of Education, 1954). However, in the case of same-sex marriage, legislative backlash is common; even more so than other issues central to the LGBT community, as progress is made in some jurisdictions in advancing civil rights, other jurisdictions take legal action to further restrict the rights granted to LGBT persons. So polarizing, the legal status of same-sex marriage has been, in a sense, the result of a reciprocal relationship between multiple political factions. In response to restrictive laws, many LGBT persons question the reasons for which other people may vote for or against another groups' rights. The following table is an exhaustive account of the variety of laws regarding same-sex relationships that exist between states.

Table 11
Statewide Marriage Prohibitions and Marriage Equality

Jurisdiction	Legal Status
Connecticut, District of Columbia, Iowa, Massachusetts, New Hampshire, New York, Vermont	Issues marriage licenses to same-sex couples, recognizes out-of-jurisdiction marriage, civil unions, or domestic partnerships

New Jersey, Rhode Island	Provides equal spousal rights to same-sex couples through civil unions, recognizes out-of-jurisdiction unions
California, Delaware, Hawaii, Illinois, Nevada, Oregon, Washington	Provides equal spousal rights to same-sex couples through civil unions or domestic partnerships, recognizes out-of-jurisdiction unions or partnerships. Amendments or laws restrict marriage to heterosexual couples
Maryland	Recognizes out-of-jurisdiction marriages, but law restricts local marriage to heterosexual couples
Colorado, Wisconsin	Provides limited spousal rights to same-sex couples through domestic partnerships or as designated beneficiaries. Amendments may restrict marriage and other legal relationships to heterosexual couples
Alaska, Arizona, Indiana, Kansas, Maine, Minnesota, Mississippi, Missouri, Montana, Nebraska, North Carolina, Pennsylvania, Tennessee, West Virginia, Wyoming	No laws provide equal spousal rights to same-sex couples, and amendments or laws restrict marriage to heterosexual couples
Alabama, Arkansas, Florida, Georgia, Idaho, Kentucky, Louisiana, Michigan, New Mexico, North Dakota, Ohio, Oklahoma, South Carolina, South Dakota, Texas, Utah, Virginia	No laws provide equal spousal rights to same-sex couples. Rather, amendments restrict marriage and other legal relationships to heterosexual couples

Note. From Human Rights Campaign (2011b). *Interstate relationship recognition*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/Interstate_Relationships_Recognition_Map(1).pdf, from Human Rights Campaign (2011c). *Marriage equality and other relationship recognition laws*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/Relationship_Recognition_Laws_Map(1).pdf, & from Human Rights Campaign (2010). *Statewide marriage prohibitions*. Retrieved October 21, 2011 from http://www.hrc.org/files/assets/resources/marriage_prohibitions_2009(1).pdf

Sociopolitical issues

In reality, legislation can be influenced by a number of variables: culture, religion, and the financial sector, for instance. However, there are interest groups and other organizations that have an adverse impact on LGBT rights. For example, one organization that promotes anti-LGBT sentiment is the Colorado for Family Values (CFV) group, which refers to materials with a negative portrayal of LGBT people. The CFV relies additionally upon materials that convey inaccurate information and that assign threatening qualities to LGBT people. In Colorado their campaign was successful; Coloradans voted in favor of Amendment 2 in 1992, a law which "precludes all legislative, executive, or judicial action at any level of state or local government designed to protect the status of persons based on their 'homosexual, lesbian, or bisexual orientation, conduct, practices, or relationships'"(Romer v. Evans, 1996). In other words, the state of Colorado sought to restrict all government branches from protecting the rights of LGBT persons. Ultimately, this amendment to the Colorado constitution was struck down by the US Supreme Court; however, it has been argued that this anti-LGBT electoral vote suggests that many believed LGBT people to not be full members of the Colorado community (Russell & Richards, 2003). Yet there is very little research focused upon the impact that politics has on mental health in the LGBT community (D'Augelli, 2003).

In a quantitative survey administered by Russell and Richards (2003), a multitude of negative effects of anti-LGBT legislation were found within the responses of LGBT participants. For example, it was found that LGBT Coloradans felt that heterosexual people did not understand the impact that the amendment would have on the LGBT population. It was also found that LGBT persons recognized the power that the religious right has over voters, which evoked fear among many participants. Additionally, some participants also experienced sadness

and anger in response to the results of the vote, and, in general, their awareness of anti-LGBT

sentiment and graffiti was heightened.

Moreover, many participants felt that the results of the campaign and election challenged

their world beliefs (Russell & Richards, 2003), having believed in the past that the world was

essentially good and just. In the same manner that marginalization, discrimination, and

objectification have an adverse impact on the mental health of LGBT persons, laws that are

either restrictive of or enhance LGBT rights may have a similar effect. Also significant, anti-

LGBT legislation and public perception has been observed to increase LGBT person's awareness

and suspicion of straight persons. The positive effects of pro-homosexual attitudes and support

among the straight community may be, in part, offset by anti-LGBT legislation. The discrepancy

between the polls that opposed the amendment prior to the election and the actual Coloradan

vote also supports mistrust that LGBT individuals may have for straight persons' proclaimed

intentions compared to their actual behavior.

Ultimately, some LGBT individuals could internalize homonegative messages found in

anti-LGBT legislation (Russell & Richards, 2003) and in the ongoing media response to the vote.

State sponsored discrimination of LGBT individuals could facilitate the internalization of

homophobia. Many participants also noted experience of shame at the individual level and with

the LGBT community as a result of the vote, and the same participants also had higher

incidences of alcohol and substance use than those who indicated lower levels of internalized

homophobia.

Though struck down by the Supreme Court's ruling, there was a rise in anti-LGBT

sentiment printed and aired in the state's media outlets in Colorado (Russell & Richards, 2003).

Anti-LGBT campaigns, politics, and sentiments have an adverse impact on LGBT individuals. In

the context of homophobia and heterosexism that exists in American culture, it may further encourage anonymity and submission to the sexual majority. Contrarily, discrimination on such a large scale often inspires other LGBT individuals to come out, assemble into groups to defend their civil rights, and to focus heterosexual support in the larger community.

Older LGBT adults

One segment of the LGBT population sometimes neglected in research and in the consideration of therapists is the elderly (D'Augelli, 2003). For this population, they have lived through a range of different cultural attitudes towards homosexuality, levels of acceptance, and levels of heterosexism. Furthermore, elderly LGBT men and women sometimes have sexual identities and values that differ from the younger LGBT population, which emphasizes the importance of youth culturally, especially among gay men. Older lesbians are less likely than other members of the LGBT community to become invested in activities or groups that are based in large, urban areas. There has also been little discussion in the professional arena of a model of outreach to older LGBT adults. However, there are a number of social and recreational groups for older LGBT adults in many major cities. The advent of the Internet and online groups has also been helpful in connecting older LGBT adults to others.

Mental health

Common stressors identified in the LGBT community include widespread conditions of homonegativity they may face in larger society, schisms between LGBT subgroups and their respective attitudes, the ongoing prevalence of anti-LGBT bigotry, adjustment and circumstance in the family of origin, and internalized messages of negativity regarding the LGBT community (Russell & Richards, 2003). Furthermore, internalized homophobia, expectations of rejection or discrimination, and experience of anti-LGBT violence or discrimination have an adverse impact

upon the mental health of LGBT persons (Harper & Schneider, 2003; Waldo, Hesson-McInnis, & D'Augelli, 1998).

There has been an exhaustive amount of research regarding the impact that stress has on symptoms of depression and physiological health issues. For many people, stress may amplified by changes in marital or employment status, financial predicaments, the death of a loved one, and for another number of reasons. However LGBT persons may also face stress associated with his or her sexual orientation (Waldo, Hesson-McInnis, & D'Augelli, 1998). Several decades after the removal of homosexuality from the DSM, it has been found that many LGBT individuals still face negative attitudes, stereotyping, and discrimination on a daily basis in homes, classrooms, workplaces, and in media. Such societal norms have repeatedly been demonstrated as the sources promoting internalized homophobia, depression, and suicidal ideation among LGBT individuals.

In one such study (Lewis, Derlega, Griffen, and Krowinski, 2003), the researchers examined LGBT-related stress as a predictor of depressive symptoms. Other predictors taken into consideration included levels of internalized homophobia, stigma consciousness, and openness about sexual orientation. Participants were given a number of standardized tests meant to measure their -LGBT-related stressors, internalized homophobia, or impact of recent life events.

The researchers used the Measures of Gay Related Stressors (MOGS), which is a 70 item measure of stressors for an LGBT person (Lewis, Derlega, Griffen, and Krowinski, 2003). The participants were asked if the stressor had occurred in the last six months or the six months prior to that. If a stressor occurred, participants were asked to score the impact that it had upon their life from -3 (extremely negative) to +3 (extremely positive). Overall, few participants indicated that any of the stressors impacted them positively. Participants also took a Life Event Scale

(LES) which consists of 47 items designed to measure major the impact of major events among the general population. If a life event occurred, participants were asked to score the impact that it had upon their life from -3 (extremely negative) to +3 (extremely positive). Again, few participants indicated that their life events had positive effects.

The participants also took the Internalized Homophobia Scale (IHS) which consists of nine items meant to measure the degree to which LGBT individuals are comfortable with their sexual orientation (Lewis, Derlega, Griffen, and Krowinski, 2003). Items included statements like "I wish I weren't gay, lesbian, or bisexual" and then participants were asked to rate questions from 1 (strongly agree) to 5 (strongly disagree).

The researchers then conducted T tests which indicated that there were no significant sex differences between participants' responses (Lewis, Derlega, Griffen, and Krowinski, 2003). The results essentially indicated that LGBT-related stress and stigma consciousness were higher among LGBT participants with more symptoms of depression than among LGBT participants with lower levels of depression. Internalized homophobia, however, was not indicated as being directly related depressive symptoms. One significant limitation innate to this study among other such research, is that it largely included participants who were out and open in their sexuality. This article could be enlightening in that it implicates the impact that being LGBT may sometimes have upon their lives. However, it may suggest that there are distinct psychological issues among the LGBT population.

There are also a number of wellness areas related to depression that should be noted when discussing the LGBT population. Data suggest that gay men may experience greater body dissatisfaction and more eating disorders than their straight counterparts (Kimmel and Mahalik, 2005). In this study, the experimenters gave 357 gay males who then took a Body Image

Questionnaire (BIQ), which measures body image perception and contrasts it with an idealized body image. The test consisted of 22 items which assessed 11 physical attributes. For each item, participants were asked to rate their personal physical ideal on a scale from 1 (exactly as I am) to 4 (very unlike me) and how important the physical ideal is to them from 1 (not important) to 4 (very important). A multivariate composite score was created; scores ranged from -3, which indicated congruence with idealized body image, to 9, which indicated dissatisfaction with personal body image. Participants also took an IHS to indicate levels of internalized homophobia. The results of this study indicated that gay men who experienced greater dissatisfaction with their body image also had higher levels of internalized homophobia, perceived more stigmatization, and were more likely to have suffered from an antigay physical attack. Age and higher levels of conformity to traditional masculine norms were also indicated as being related to dissatisfaction with body image.

Though the research does not often fully account for LGBT individuals, it does indicate that gay men and possibly other LGBT subsets may be more prone to experiencing greater dissatisfaction with their personal body image than their straight counterparts (Kimmel and Mahalik, 2005). Though conformity to traditional gender norms was indicated as being related to greater dissatisfaction, it does not indicate the prevalence of conformity within its sampled population. However, the design of this research was not constructed such that it may be generalized upon all LGBT or gay men, and instead it is meant to implicate further reasons for LGBT-related stress, symptoms of depression, and the causes for suicidal ideation. This research may prove useful for gay men coping with coming out, internalized homophobia, or a negative self-image.

LGBT youth may also be at a higher risk of becoming tobacco smokers than straight youth (Washington, 2002). In the late 1980's and early 1990's, large tobacco companies began marketing more towards LGBT individuals in addition to other minority groups than they had in the past. Despite the restrictions that were enacted in the late 1990's on the marketing of tobacco, other venues, such as alternative music clubs, cabs, movies, were sought out by the advertisers. However, these venues may actually be more influential to LGBT consumers than the advertising found elsewhere. It was found that 46% of adult gay men and 48% of adult lesbians were smokers, a rate that is approximately twice that of their straight counterparts. In addition, it was found that the majority of adult LGBT smokers began the habit before age 20.

For LGBT individuals in therapy, clinicians' and counselors' perceptions and treatment of LGBT-related stress can have profound effects upon the client's recovery. In another study (Eliason & Hughes, 2004), urban and rural counselors' perceptions and knowledge of LGBT were compared. Participants included counselors located in the Chicago area and rural Iowa. The Chicagoan counselors were more likely to be ethnically diverse and to have grown up in an urban setting than were the Iowan counselors, who were, in general, a more homogeneous group than were the Chicagoan counselors. Questionnaires were mailed to both participants in the state of Iowa and the Chicago area along with informed consent and the assurance that their feedback would remain anonymous. To improve consistency within the answers, the first page of the letter included basic lexicon of the LGBT community. The questionnaire was organized into three sections: attitudes about LGBT persons, experience with and knowledge of the LGBT community, and demographic variables. The first section used a modified version of Attitudes towards Lesbians and Gays (ATLG), which consisted of 20 items. Questions were scored from 1 (strongly disagree) to 9 (strongly agree).

The participants were then asked of the number of LGBT clients seen within the past year, familiarity levels, knowledge of common issues among LGBT people, number of LGBT friends, and number of hours of training for LGBT clients (Eliason & Hughes, 2004). T tests implicated the correlation between factors and urban versus rural status as a counselor. Though Chicagoan counselors had greater exposure to LGBT, there were no significant differences found between the attitudes of LGBT among urban or rural counselors. Chicago counselors, however, reported having significantly more training with LGBT issues than did Iowa counselors.

The aforementioned study by Eliason and Hughes (2004) is limited in that it takes into account the attitudes and experience of counselors in the Chicago area and Iowa only; there may be variation in the attitudes found in counselors in other cities and rural areas. For instance, attitudes and experience may vary greatly in cities like San Francisco or Boston, where a larger proportion of the overall population is LGBT (Gates, 2006), and more conservative, rural areas like Alabama or Wyoming. This study essentially suggests the need for improved training for counselors in many regions. It may be useful for counselors to participate in further education regarding the LGBT population and the LGBT client.

As a minority group, LGBT individuals could be at risk of facing an assortment of stress factors unrelated to the more common stressors experienced by the general population. Exposure to discrimination and uniquely LGBT-related stressors have been repeatedly indicated as facilitators to further anxiety, internalized homophobia, symptoms of depression, and suicidal ideation. There is an exhaustive amount of research that helps to encapsulate the impact that LGBT-related stress has on LGBT and their lives, which may suggest a need for increased sensitivity towards them and training with LGBT issues for counselors. Fundamentally, LGBT-related stress may stem largely from conditions faced in society. Increased acceptance will likely

improve from repeated exposure to and accurate information regarding LGBT individuals; the ultimate purpose of the aforementioned research articles is to increase awareness and, therefore, assess and improve the conditions which may affect LGBT people. One limitation of this specific research is that it could likely be exposed to only small segments of the population. Furthermore, it is only a sample of the issues that some LGBT persons face on a daily basis. LGBT individuals, family members, friends, teachers, and healthcare professionals may benefit, however, from being exposed to this or related information. Disseminating this information and further advocacy could help to reduce societal tension and anxiety found among LGBT individuals.

Suicidality

One element identified that could further contribute to the depression and suicidality among LGBT students is that these issues are largely neglected by school systems (D'Augelli & Hershberger, 1995). Curiously, it was found that suicide attempts were more common among LGBT youth whom came out to their parents than among those whom did not (D'Augelli, Hershberger, & Pilkington, 1998; Henderson, 1998). In earlier studies, it was found that approximately 42% of LGBT youths reported a prior suicide attempt and 60% had considered suicide at one point in their lives (D'Augelli & Hershberger, 1993; Gibson, 1989). In contrast, 8-13% of the overall adolescent population reported past suicide attempts (Garland & Zigler, 1993); ergo, LGBT youth may be significantly more likely to attempt suicide than are their straight youth counterparts.

Additionally, reports of verbal and physical abuse were more common among LGBT youth who had come out to their parents than their closeted counterparts (D'Augelli & Hershberger, 1995). However, there is insufficient evidence to suggest that their suicides are the

consequence of the level of parental or social support. Still, suicide risks are generally more elevated among LGBT youth than their heterosexual peers, and parents may therefore be advised on the importance of providing support or making adjustments to accommodate their child's emotional wellbeing.

Internalized messages and consequences

There is a growing body of evidence that suggests that psychological distress among LGBT persons is less related to sexual orientation and more likely related to ongoing, negative life experiences such as stigma, victimization, and discrimination (Meyer, 1995; Waldo, Hesson-McInnis, & D'Augelli, 1998). Many LGBT persons also reported that even seemingly benign homophobic remarks and slurs have a significant effect in promoting pessimistic feelings and fear of rejection or harm. Furthermore, the impact of this type of adversity is even more profound among LGBT youths due to increased levels of isolation and lack of support. In some cases, LGBT persons who come out may lose friends and have reduced support from their family members.

Homonegativity and homophobia have a profound impact on the lives of LGBT persons interpersonally, psychologically, and their civil rights. In many cases, the internalization of that homophobia can further compound psychological, interpersonal, and behavioral issues. The figure on the following page is designed to illustrate the relationship that institutionalized and interpersonal homonegativity may have with internalized homophobia, and how a combination of homonegative factors may further contribute or compound internalized homophobia.
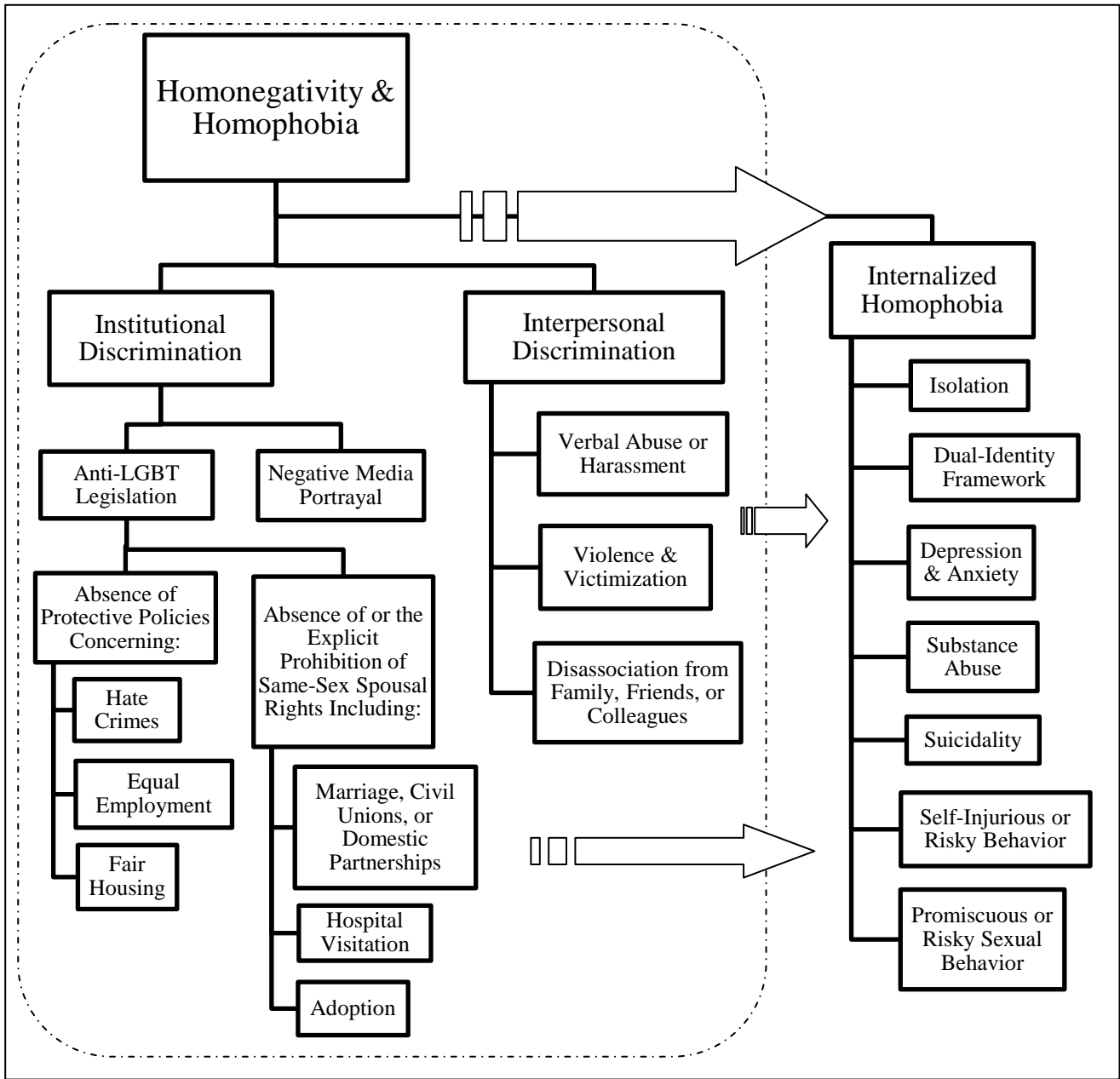
Figure 1. Illustration of the relationship homonegativity has with discrimination and internalized homophobia, and the effects of each. Circumstances of homonegativity, institutional and interpersonal discrimination, and personal experiences may lead to the internalization of homonegativity and a slew of related psychological and behavioral issues.

Resilience, advocacy, and social change

Despite the prevalence of negative circumstances that may adversely influence the mental health and wellbeing of LGBT persons, there are also efforts from both within the LGBT and straight communities to counteract these conditions. Further, there is a range of potentially interactive factors affecting stress and resilience among LGBT individuals, including a multitude of interpersonal, sociopolitical, and intrapersonal components. Overall wellbeing in the LGBT community, despite the adverse circumstances sometimes faced, and strong personal support systems are often both examples of components to resilience in LGBT persons (Russell & Richards, 2003). Moreover, other such resilience factors may include the perception of anti-LGBT politicking in a larger political context, insight into his or her personal struggle with internalized homophobia, an anger responses to adverse circumstances, support from straight cohorts or the heterosexual community, and the supportive benefits of being enmeshed with the LGBT community.

Though groups in the community organized prior to the Stonewall Riots, the modern LGBT rights movement essentially began in New York on June 28, 1969 when the local police raided the Stonewall Inn (Harper & Schneider, 2003). In the past century, enclaves of LGBT persons have emerged in numerous communities, especially in large metropolitan areas. Such communities are often a cornerstone for LGBT resources, human rights and activism, and for socializing with fellow LGBT persons in the community.

It could be important to recognize the individual differences in attitudes between the LGBT individual and the greater community, however a common political sentiment and drive among the community may help to unite political interests and activism to promote the rights and treatment of the LGBT community (Russell & Richards, 2003). The current sociopolitical

landscape generally includes frequent discussion of LGBT-related issues, which may thereby help LGBT persons to better understand others in the community and to generate common sociopolitical goals. Shared political interest and activities have also been demonstrated as being conducive to decreasing community members' sense of isolation, alienation, and helplessness.

One unexpected side effect of anti-LGBT politics and homonegativity in the media found is that activity in LGBT rights groups often increases (Russell & Richards, 2003). Though some LGBT individuals may use substances and alcohol to cope with the prevalence of anti-LGBT sentiments and legislation, other LGBT persons respond adaptively; perceiving negative responses among their peers may prompt other LGBT individuals to analyze the impact that sociopolitical circumstances has upon his or her life, which could thereby lead to further psychological growth. Additionally, those LGBT individuals who reported having an analytical response to the sociopolitical climate also reported lower levels of internalized homophobia than did their counterparts whom turned to substances.

Russell and Richards' (2003) findings also suggested that the presence of feelings like sadness and anger as a response to anti-LGBT politics could be positive for some people. If left unexplored and unexpressed, such feelings may otherwise cause psychological disruptions. However, the expression of those emotions may also motivate an LGBT person to take political action and to generate effective coping skills. Furthermore, assembling into groups to promote the expansion of LGBT rights may be perceived as both referential and analogous to similar historical groups and political initiatives, and this may thereby help to engender resilience among members of the group. Understanding the broad impact that homonegativity has upon the LGBT individual and the community could also reduce the risk of being shocked or upset by overt anti-LGBT political rhetoric and legislation. For some LGBT persons, a historical perspective may

also lend itself to better understanding familial rejection and other such difficult interpersonal experiences, thereby depersonalizing the context of the stress and instead generalizing the experience in a broader historical and sociological context.

One characteristic unique to the LGBT community is the unusual amount of isolation that they sometimes experience from traditional sources of social support; for example, many families, friends, religious institutions, and ethnic communities have been historically opposed to non-heterosexual orientations. Yet, in recent years, there has been an increase of local and national organizations that have come out to support the LGBT community or work towards the betterment of wellbeing and mental health in the LGBT community (Harper & Schneider, 2003). This growth from the larger community may also parallel the LGBT community's acceptance of other members or subgroups within the LGBT community.

Integrative therapeutic techniques

In the past, the LGBT community was generally not identified as a minority group with their own unique needs in therapy (D'Augelli, 2003). There are a number of theoretical frameworks from which the therapist may begin to assess an LGBT client's presenting with internalized homophobia. For instance, cognitive and feminist theory may work well together for a therapist to understand the nature of LGBT development. Specifically, understanding the client's gender frameworks and the development of mental templates may facilitate the process of client conceptualization from which to generate a more effective treatment plan. Feminist, existential, and person-centered therapies should help build rapport with the client. In terms of therapeutic techniques for working with LGBT clients, exploring the gender roles assumed by the client and existential concerns while maintaining unconditional positive regard may be helpful in first establishing rapport with the client and to generate his or her initial assessment.

Self-disclosure has also been identified as a component to building trust and rapport with LGBT clients.

It has generally been found that basic helping and counseling skills are fundamental in developing an appropriate treatment plan for LGBT clients (Israel, Gorcheva, Burnes, & Walther, 2008). In addition, therapist variables such as professional background and attitudes towards client orientation and gender identity can directly impact the client in therapy. Furthermore, trust and a strong therapeutic alliance have been shown as being important to therapeutic gains among LGBT clients. It has been found for the LGBT client, chronicling his or her personal narrative is central to the therapeutic process (D'Augelli, 2003). Furthermore, for many LGBT clients, the coming out experience is helpful to the therapist to understand how it impacted him or her and shaped the following life experiences.

In the past, therapists have often sought to minimize the client telling his or her personal narrative (D'Augelli, 2003). However, in recent years it has become increasingly more common for therapists to utilize narrative therapy than in the past. Furthermore, it has been repeatedly suggested that narrative therapy and disclosure is more important to LGBT clients than among their straight counterparts.

Additionally, the fundamental lessons of person-centered therapy, such as unconditional positive regard, may be helpful to clients so that they may self-explore and disclose their background and presenting concerns (Murdock, 2009). Again, feminist theory and the understanding and respect for individual differences and sexual orientation are helpful to provide the client with therapeutic warmth. With existential concerns addressed in the context of a person-centered and feminist therapeutic ambiance, the therapist is better able to address maladaptive cognitions and behaviors. Furthermore, with an open atmosphere, where the

therapist is focused on the client and provides him or her with unconditional positive regard, he or she is facilitating future behavioral changes.

Existential theory may be considered an appropriate therapeutic approach for LGBT clients. The human dilemma is a question more or less addressed by most people at some points in their lifetime; growing up in a society where many people reject others based on sexual orientation further complicates this lifelong dilemma for LGBT clients. Therefore, many LGBT clients could be seen as experiencing existential anguish about the way they are treated and their standing in society. Helping a client to identify his or her individual existential question and to stabilize his or her existential identity is a major step towards a working alliance (Murdock, 2009).

One theoretical approach central to many therapists' repertoire is cognitive-behavioral; cognitive restructuring, which provides clients with exceptions to maladaptive schemas (Ledley, Marx, & Heimberg, 2005), could be used when an LGBT client expresses existential anxiety about his or her sexual orientation or gender identity. Challenging negativistic self-schemas could be useful to help an LGBT client reevaluate his or her identity and to reshape it. Challenging and behavioral rehearsal could help LGBT clients to cope with labeling and stereotyping that they may face.

It may also be helpful for therapists to challenge systemic beliefs that could be maladaptive for the client (Ledley, Marx, & Heimberg, 2005). LGBT clients high in resilience may be better able to address such concerns independently than those of lower levels of resilience, but for others, therapists may need to understand the way that information is processed throughout the client's life. Furthermore, the cognitions and schemas that result may be in part culturally bound and determined environmentally.

A working knowledge of the client's thought patterns and behaviors is often integral for facilitating behavioral change (Ledley, Marx, & Heimberg, 2005). Perceptions and attitudes could support the client's behavior or could serve as the basis for perpetuation of those behaviors. In addition, cognitive restructuring may act as a powerful catalyst for behavior change. One historical axiom of psychology is that the most significant therapeutic gains are often made at the point where the client first decides to contact a therapist. In terms of this choice, cognizance of an issue that needs to be addressed or the desire to improve could suggest that cognitive theory may be used to understand potential catalysts for behavior change. It may also behoove the therapist to understand how the client strives for superiority and to play to his or her strengths.

When other methods have unsuccessful or when approaching termination, the therapist may choose to use solution-focused brief therapy; for instance, the therapist could help the client understand his or her choices in a given situation and to weigh the pros and the cons of each option (Murdock, 2009). Furthermore, by explaining the consequences of behavioral choices, the client may better analyze behavioral routes. In addition to the other skills used, this will help the client to achieve both immediate and long-term therapeutic gains.

Though therapeutic techniques should be generally driven by scientific evidence, the actual therapeutic process, however, is more artistic than the research upon which it is founded. In other words, it is often necessary for the therapist to be able to improvise and to be creative when working with LGBT clients or diversity in general. Furthermore, it is often helpful in treatment for the therapist to integrate a number of therapeutic styles and interventions, much of which occurs in the moment with the client. While a person-centered, feminist, and existential ambiance may promote the working alliance, cognitive-behavioral therapy, rational emotive

behavior therapy, reality-based, and brief solution-focused therapy may help the client make significant therapeutic gains and enhance his or her sense of wellness. Yet the therapist has a multitude of other theories at his or her disposal, such as neoanalysis or individual theory, from which he or she could also pull to facilitate client wellness. In summation, the therapeutic process can be enhanced by integrating a broad range of theoretical constructs that are personalized for the needs unique to each client, an improvised synthesis of evidence based treatments, anecdotal evidence, and shared or personal experiences.

Chapter IV

Conclusion and Evaluation

For the fourth and final chapter, the aforementioned scope and methods are reviewed in brief. Additionally, shared themes among the reviewed literature are summarized and are then followed by a discussion of the research's implications . Subsequently, strengths and limitations of the current review are provided, recommendations for future research are made, and then an introspective discussion of the results of the manuscript is provided.

Summary of Methods

At the beginning of the study, several premises were presented: negativistic cultural attitudes and stigmatization have been indicated as playing central role in the lifetime development of LGBT persons, their mental health, and their status in society. Furthermore, though internalized homophobia may be in part a product of the influence that culture has upon an LGBT person, negativistic self-perceptions are often self-maintained and self-generated. Focusing primarily upon existing literature and generating a synthesis of the suggested findings, the crux of the current review is an ILR. Generally, the function of an ILR is to summarize relevant literature and to synthesize those findings into a coherent method of conceptualization (Toracco, 2005). Furthermore, the ILR helps in the critique of the literature and to account for any inconsistencies between findings.

Strengths

      Despite the reliance upon college students for many studies, by using younger persons in the participant pool, researchers may be better able to reflect upon emerging trends, attitudes, and research areas of growing importance than in broader studies. Because the present literature review essentially extrapolates from a broad spectrum of data concerning internalized homophobia among different LGBT people, one strength is the resulting synthesis of existing frameworks concerning internalized homophobia. Though the current literature review could be enriched with more specific research regarding each subset within the LGBT community, the breadth of information may serve as an introduction to LGBT and reference point for more specific research interests.

      Furthermore, due to a lack of research on the subject matter, a broad time period was permitted among the articles' publication dates despite an academic preference for recent articles; however, the majority of the articles sampled were published in the past decade when the thesis was written, which lends to the contemporary relevance of the current review. Because research in general and likewise therapy are both evolutionary processes, it may be helpful for therapists to reference such broad knowledge base to prepare for treatment of LGBT persons presenting with internalized homophobia.

Limitations

      Though the integrated literature review incorporated a multitude of LGBT-centric research areas, the information should not be considered to be a complete picture of the LGBT population, LGBT counseling, or generalizable to all LGBT persons. Just as differences emerge demographically, geographically, culturally, and subsets therein, therapists must still account for individual differences that may arise in therapy. Furthermore, given the complicated and multi-

faceted nature of counseling and needs unique to each individual client, therapeutic approaches must likewise be artfully adapted to fit the needs of the individual. In other words, the information provided should be considered objectively, and may not be appropriate for some LGBT clients.

Moreover, both demography and geography often play key roles in data collection itself; though the language of the paper emphasized that the findings merely suggest generalizations, it is important that the reader take note that these may be limited in relevance to the demographic sample in their respective studies. Specifically, individual differences and variance may arise between geographic areas and among participants' demographic peers. Sociopolitical and cultural differences should also be considered in a geographic context, and greater divergence from the findings may emerge across a broader geographic spectrum. Many of the articles upon which the literature review was based relied heavily upon college students as participants of the respective studies. It should be noted, therefore, that student populations may not be consistently representative of the broader population of the surrounding geographic region, nor are they necessarily representative of the larger LGBT community. There may also be significant differences among respondents in rural areas from their urban counterparts, and differences may arise based upon socioeconomic status, ethnicity, religious background, political affiliation, and educational background.

Much of LGBT specific research contains a male-centered bias (Harper & Schneider, 2003); research most typically focuses upon gay men and/or bisexual men, and therefore often neglect lesbian women, bisexual women, and transgendered individuals. In an article by Weinberg, Williams, and Pryor (1994), it was noted that research focusing on bisexual persons was limited, and bisexual persons are often included instead with gay and lesbian theories and

studies despite fundamental differences from that portion of the LGBT population. Harper and Schneider also observed that more than half of LGBT specific research either is focused upon the HIV/AIDS pandemic as related to the community, or contains information regarding risk and prevention. Despite the importance of research in the areas of LGBT distress, victimization, and HIV/AIDS issues, a side effect of that research is the perpetuation of negative images or stereotypes of LGBT people and their weaknesses. Readers should therefore be mindful of the evolutionary process of equal rights and the LGBT community itself. However, the current literature review essentially neglected the HIV/AIDS population that exists within the LGBT community.

Much of the research referenced in the current paper may have been limited by the lack of an appropriate sample size and diversity among participants, and much of the research is therefore limited in generalizability across LGBT population subsets. Furthermore, individual differences occur even within these subsets, thus the therapeutic suggestions may need to be considered objectively. In general, the LGBT community is sometimes considered inclusive, diverse, and eclectic; this diversity is reflected in the umbrella term LGBT itself, and even among all the population subsets generally considered to be a part of the greater LGBT community. Because LGBT persons represent a relatively small segment of the overall population, subsets in the LGBT population are therefore an even smaller segment of the population. Due to the difficulty in obtaining LGBT participants, and relative greater difficulty in obtaining participants among LGBT subsets than the former, such as bisexual or transgendered persons, one major limitation of the present paper is the lack of consideration for those group subsets.

For example, two populations that have emerged in recent years among LGBT-related research are men who have sex with other men (MSM) and two-spirit (TS) populations. MSM, among other such sexual minorities, are relatively obscure and therefore difficult for researchers to sample. Thus one limitation of the current literature review and likewise the referenced research is the lack of data regarding MSM persons.

There is a growing body of research regarding TS persons, a term used to refer to a third gender among American Indian, Alaskan Native (AIAN), and Canadian First Nations (CFN) persons (Balsam, Huang, Fieland, Simoni, & Walters, 2004; VandenBos, 2006). The reason for which this population was omitted from the body of the manuscript was because AIAN and CFN people represent not only a separate ethnicity and spirituality from the dominant North American culture, but are also culturally independent from the nations of the United States and Canada. One limitation of the current literature review is that it is clinical, and therefore culturally bound, in focus. Because of the potentially culturally bound studies referenced, and therefore the current literature review, and the relative difficulty in obtaining TS participants in samples, the current study and the clinical implications may therefore not be applicable to MSM or TS persons, and clinicians should refer to additional data.

Directions for future research

Written as a vehicle for further insight into internalized homophobia and its adverse impact upon the LGBT community, the breadth of content in future papers may benefit from a narrowing of topic. Furthermore, the content quality of future studies may be enriched if the focus is narrowed to specific subsets of the LGBT population or internalized homophobia as related to specific precursors or effects. The results may thereby more appropriate for generalization to that specific LGBT subset. The overall lack of data regarding internalized

homophobia, the LGBT community, and subset populations within the LGBT community also provides future research with a wealth of research areas that may be beneficial to LGBT subset populations and the LGBT community itself. Future researchers may wish to observe the diagnostic implications and potential for comorbidity of internalized homophobia among LGBT persons.

Discussion

Over the course of their lives, LGBT individuals, particularly LGBT youth, may experience multiple incidences of homophobia, discrimination, and negative or passive aggressive attitudes held by segments of the greater population. In addition, the LGBT population is not recognized federally as a protected minority and in some areas are subject to discriminatory laws in their jurisdictions. Because LGBT are typically born into straight families, their presenting concerns may be unique from that of other client populations. It has been suggested by some researchers that the LGBT population, in addition to overweight people, older adults, and Hispanic populations, is one of the more neglected populations in terms of research and advocacy .

With the increase in the visibility of LGBT persons in the community and heightened awareness of the conditions they may face daily, there has likewise been a renewed interest in the clinical community concerning the development of LGBT-specific research. Though the plethora of existing LGBT research serves to highlight psychosocial and political conditions experienced within the community, there remains a number of gaps and inconsistencies in the research. Much of the present paper was focused on an integration of various LGBT-centric literature to potentially enhance clinicians' ability to properly conceptualize and to develop and appropriate plan of care for LGBT clients. Furthermore, said counseling skills and clinical

intuition are also well-served by a willingness to understand the story and experiences unique to each client he or she sees in treatment.

Though psychology and counseling are generally driven by empirical data, the actual process of therapy may often look very different. Essentially, though psychological principles are generally rooted in the sciences, therapy often involves an improvised and artful implementation of that data. The dilemma therefore for the practicing therapist lies within his or her objective integration of a vast framework of theoretical constructs, however dichotomous or limited by data. Further, the clinician's task is to synthesize data driven treatments, his or her basic counseling skills, clinical intuitions, anecdotal and legal knowledge of LGBT persons and their respective populations, awareness of the role that internalized homophobia may play in the course of treatment, and the needs that are unique to the individual in treatment; in taking these factors into account, therapists may be able to mitigate the adverse effects that internalized homophobia has upon the course of treatment and to generate a treatment plan that is meaningful to each specific LGBT client.

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Obtained through Special Education, Rehabilitation, and Counseling department at
Auburn University.