
DEFENSE EQUAL OPPORTUNITY MANAGEMENT INSTITUTE
DIRECTORATE OF RESEARCH DEVELOPMENT AND STRATEGIC INITIATIVES

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DEOMI Hope Research Center
Annotated Bibliography for Sexual Harassment

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Summary: This document presents an updated collection of published research articles focusing on LGBT issues and family support. Articles include authors from both academia and the military, while concentrating primarily on military populations. This bibliography provides references published articles and abstracts. A total of 53 reference citations are provided that span from 2007 to 2015. All abstracts provided are taken directly from the cited source unless otherwise stated.
External Reports

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The authors evaluated emotional distress among 9th-12th grade students, and examined whether the association between being lesbian, gay, bisexual, and/or transgendered (i.e., "LGBT") and emotional distress was mediated by perceptions of having been treated badly or discriminated against because others thought they were gay or lesbian. Data come from a school-based survey in Boston, Massachusetts (n = 1,032); 10% were LGBT, 58% were female, and ages ranged from 13 to 19 years. About 45% were Black, 31% were Hispanic, and 14% were White. LGBT youth scored significantly higher on the scale of depressive symptomatology. They were also more likely than heterosexual, non-transgendered youth to report suicidal ideation (30% vs. 6%, p < 0.0001) and self-harm (21% vs. 6%, p < 0.0001). Mediation analyses showed that perceived discrimination accounted for increased depressive symptomatology among LGBT males and females, and accounted for an elevated risk of self-harm and suicidal ideation among LGBT males. Perceived discrimination is a likely contributor to emotional distress among LGBT youth.


When focusing on advocacy for minority rights, it is beneficial to explore the role allies play in advocating for and supporting their peers. Thus, the purpose of this study was to examine how counseling psychologists working in university counseling settings conceptualize their ally work, as well as how their counseling psychology training impacted their ally development. This study was guided by the tradition of phenomenological qualitative study, and constant comparison analysis served as the strategy for inductive analysis. Pre-doctoral interns and senior staff psychologists, who self-identified as heterosexual, were interviewed regarding their experiences and development with ally work. Results indicated that there is wide variation regarding how psychologists view the ally experience, but that individuals find common meaning, challenges, and training experiences within their ally development. In particular, results showed a predominant need for increased training in social justice advocacy and LGBT support within counseling psychology training programs.

In this study we explore the correlates of health lifestyle behaviors among a sample of self-identified lesbian women living in the Southern United States. Our overall goal was to explore the role of a variety of social relationships in three health lifestyles behaviors: smoking, binge drinking, and physical inactivity. Specifically we sought to compare two key sources of social support - traditional social support from family and friends, and "LGBT-specific" social support deriving from comfort with and integration into the LGBT community. We found limited support for the association between traditional social support and health lifestyle behaviors, and mixed results for the effect of LGBT community integration.


This special section addresses a gap area of resilience and LGBT well-being. Although comprehensive global diversity regarding LGBT resilience was challenging to find, the special section includes representation from outside the US (Israel and Hong Kong), ethnic/racially diverse domestic populations, immigration, and one population for which LGBT identities might be considered marginalized—Christians in the US. The full range of LGBT identities are represented in the issue along with persons identifying as queer or questioning, although transgendered people were less well represented than lesbian, gay or bisexual identities.


This mixed method study investigated the psychosocial predictors of coming out among a predominantly middle-class sample of Black lesbian and bisexual women (LBW; N = 95) between the ages of 18 and 68. Results demonstrated that demographic variables (i.e., age, age of coming out, income), social support, and ranking one's LBW identity greater than one's Black identity significantly predicted being "out and talking about" one's sexual identity to others. Findings from semi-structured interviews with a subsample (n = 19) of Black LBWs about experiences of coming out and being out demonstrated two key themes: (a) although coming out is important, decisions to do so are often collective, shaped by familial, community, and religious
concerns, rather than an individualistic need to be out; and (b) the experience of coming and being out is contextualized through the intersection of race, gender, and sexual identities, rather than separate identities as Black and LBW.


Bratsis talks about the critical role of teachers in preventing bullying of lesbian, gay, bisexual, and transgender (LGBT) students and helping them cope with bullying. To help LGBT students, teachers need to be aware of their own biases and consider how their own viewpoints might influence how they talk with students. It's also important that teachers create safe learning environments and make sure students know that their schools don't allow bullying.


This study examined the relationships between social support, coping, depression, and anxiety in a sample of genderqueer individuals (n = 64). Genderqueer is a label used within the broader transgender community and is defined as a gender identity that is outside the binary construct of male and female. Findings indicate that 53% (n = 34) of participants reported clinical levels of depression and 39% (n = 25) reported clinical levels of anxiety. There was a direct relationship between social support and depression and anxiety, indicating that more social support is associated with less depression and anxiety when statistically excluding coping factors. In addition, more facilitative coping (e.g., seeking help) was related to less anxiety, whereas more avoidant coping (e.g., avoiding emotions) was related to more anxiety and depression. There was a significant interaction between social support and coping factors when predicting anxiety, such that individuals who reported higher social support used more facilitative coping which was associated with less anxiety and those who reported less social support used more avoidant coping which was associated with more anxiety. Clinical implications for working with genderqueer-identified clients are discussed.


Young men who have sex with men (YMSM) face myriad challenges when deciding to disclose their sexual orientation to family members. Key to this decision is consideration of how disclosure may influence the support they receive from family. This paper explores a diverse sample of YMSM’s (N = 43) perspectives on disclosure of their same-sex attractions to key family members and its impact on family support. Several stages/categories of disclosure are
described and some YMSM seemed to continue to move between categories. Additionally, relationships after disclosure included negotiations between the expression of their sexual orientation and the maintenance of family support.


The purpose of this qualitative dissertation was to explore the role of social support in the development of and recovery from eating disorders among 5 lesbian women. Eating disorders among LGBT individuals are a growing topic of interest in the field of psychology; however, few studies have explored either social support or the unique experiences of lesbian women. Specifically, little research has been conducted about the role of social support in the development of an eating disorder and in the recovery process. This study also investigated which social support characteristics were supportive and unsupportive during recovery.

Five major interconnected themes were found with identity issues and isolation associated with sexual orientation and social support and complexity of eating disorder development, relationship dynamics, and recovery as a gradual process related to social support characteristics in the development of and recovery from an eating disorder. Results indicate isolation is a prominent feature in participants’ experiences ranging from identity exploration and family dynamics to the recovery process. Isolation negatively affected participants’ sense of self, connection to others, and increased eating disorder symptoms.

Positive and consistent social support was found to be a crucial component in successful recovery, and participants frequently related receiving the most support from significant others followed by friends then family.


Despite the overrepresentation of Lesbian, Gay, Bisexual, and Transgender (LGBT) youth among the homeless, the processes leading to their homelessness are understudied. This ethnographic study sought to elucidate the role of sexual orientation in the pathway to housing instability among young gay men. Fieldwork included 18 months of participant observations in public spaces and at a homeless LGBT youth organization in New York City, as well as formal semistructured interviews with 14 Latino young men and five staff. Three distinct pathways emerged. Some youth became homeless after placement in state systems of care disrupted their social support systems, while others became homeless after extreme family conflict over sexual
orientation. Nonetheless, most youths became homeless as a result of long-term processes of family disintegration in which normative adolescent development and disclosure of homosexuality exacerbated preexisting conflict. These findings suggest the need to examine the accumulation of risks before disclosure exacerbates family conflict and increases their risk of homelessness.


The school environment is one of the most critical developmental contexts for adolescents, as it informs both academic and occupational trajectories during the first 20 years of life (Russell & McGuire 2008). Given that LGBT youth may experience more negative academic outcomes than the general population (Kosciw 2010), there is a need to better understand the support needs of sexual minority young people. This research project aims to enhance our understanding of school climate for LGBT students and their heterosexual allies by examining how victimization may mediate the relationship between school connections and academic outcomes as well as how social support may moderate the relationship between victimization and academic outcomes. The study uses data from the Preventing School Harassment (PSH) survey, which included 2,559 middle and high school students in the state of California. The data was collected in 2003, 2004, and 2005 from school GSAs. Results illustrate that verbal victimization-direct and indirect—were significant mediators for LGBT students, whereas physical victimization and LGBT specific victimization was a significant mediator for both LGBT and straight populations. For both populations, the link between victimization and both outcomes was stronger aspirations than GPA. It was only for straight students for whom direct verbal and physical victimization was associated with GPA. For the moderation analyzes, the results show that esteem support and emotional support are the strongest buffers between victimization and academics for LGBT students. For straight students, the findings are more varied. Esteem, emotional, and informational support are a useful buffer for each kind of victimization—LGBT victimization, verbal, and physical. However, none of the social support dimensions buffered the negative effect for direct verbal victimization.


The purpose of this study was to examine parents’ supportive attitudes toward lesbian, gay, bisexual, and transgender (LGBT) coaches, as well as the sources of that support. The authors drew from the model of dual attitudes and a multilevel framework developed for the study to
guide the analyses. Interviews were conducted with 10 parents who lived in the southwest United States. Analysis of the data revealed three different types of support: indifference, qualified support, and unequivocal support. Further analyses provided evidence of multilevel factors affecting the support, including those at the macro-level (religion), the meso-level (parental influences and contact with sexual minorities), and the micro-level (affective and cognitive influences) of analysis. Theoretical implications and contributions of the study are discussed.


Gender and sexual diversity organizing is on the rise throughout Africa. Lesbian, gay, bisexual, and transgender (LGBT) activist organizations contest social, political, and religious opprobrium toward homosexuality and gender nonconformity in different African nations, including but not limited to Cameroon, Kenya, Namibia, Nigeria, South Africa, and Uganda. LGBT activist organizations in some African nations operate independently of other minority rights movements. As political homophobia intensifies in some countries, LGBT activist organizations may depend more on solidarity partnerships with sympathizers. Partnerships can provide LGBT activist organizations with financial assistance, moral support, and contacts for additional supporters. To understand obstacles to inter-movement solidarity for LGBT rights, the author first discusses the codification of heteronormativity in the transition from British colonial rule to postcolonial sovereignty and the emergence of political homophobia in Malawi. The recent deployment of political homophobia generated high costs for HIV/AIDS, human rights, and feminist activists who were pondering whether, when, and how to show their support for LGBT rights.


The Healthy People 2020 (2012) report has identified that isolation, lack of social services, and a shortage of culturally competent providers serve as barriers to the health of lesbian, gay, bisexual, and transgender (LGBT) individuals who have HIV/AIDS. Self-transcendence theory proposes that individuals who face increased vulnerability or mortality may acquire an increased capacity for self-transcendence and its positive influence on mental health and well-being. The use of technology-enabled social and community support and group interventions through computer mediated self-help (CMSH) with LGBT individuals may help meet mental health needs of this group, and support healthy lifestyle practices. This article presents an overview of steps taken to propose a theory-based CMSH intervention for testing in research and eventual application in practice.

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Since the early 1960s, social support has been a topic of interest and study among social psychologists and other professionals investigating social issues. In spite of this growing interest by the scientific community, there are few studies on social support in the lesbian, gay, bisexual, and transgender (LGBT) community, and even fewer on the impact of social support on life satisfaction. In this regard, in Spain, there are very few psychosocial studies on homosexual groups. In the present study, the authors analyze social support data and life satisfaction in a sample of 220 gay residents of Málaga and Sevilla. The results show that friends are the most important source of overall social support, and that, in the family, sisters provide the most support and contribute to increased life satisfaction. On the other hand, social support had an effect on the level of life satisfaction, although the results indicate that factors associated with homosexual identity are the best predictors of life satisfaction. The implications of these results are discussed as well as potential future research.


A national sample of 295 transgender adults and their non-transgender siblings were surveyed about demographics, perceptions of social support, and violence, harassment, and discrimination. Transwomen were older than the other 4 groups. Transwomen, transmen, and genderqueers were more highly educated than non-transgender sisters and non-transgender brothers, but did not have a corresponding higher income. Other demographic differences between groups were found in religion, geographic mobility, relationship status, and sexual orientation. Transgender people were more likely to experience harassment and discrimination than non-transgender sisters and non-transgender brothers. All transgender people perceived less social support from family than non-transgender sisters. This is the first study to compare trans people to non-trans siblings as a comparison group.


Despite their prominence in civil rights movements, out-group allies have been understudied. The current research examined out-group alliance, focusing on predictors of heterosexuals' advocacy for lesbian, gay, bisexual, and transgender (LGBT) rights. Heterosexuals who were recruited through an online panel of research participants completed a survey containing measures of empathy, out-group contact, gender, education, and attitudes toward gays and
lesbians. Additionally, participants indicated whether they had engaged in several allied behaviors (e.g., donating money for LGBT causes). Women, educated individuals, and those with gay and lesbian friends were more likely to be allies. Additionally, alliance was greatest among individuals lower in prejudice and simultaneously higher in positivity toward gays and lesbians. Implications regarding intergroup relations and future research are discussed.


The 2012 US presidential election saw, for the first time, the election of a major party candidate who publicly supported same-sex couples’ right to marry. Exit polling from that election found that 49% of voters supported legal marriage for same-sex couples in their states, compared with 46% who opposed. Furthermore, voters for the first time explicitly endorsed marriage rights for same-sex couples by solid majorities in three states. Contrast this emerging support for same-sex couples with the fact that, since 1998, 30 states have enacted constitutional amendments to limit marriage to different-sex couples. The topic of same-sex couples and their status in US society remains a highly visible and contentious policy debate. The lack of population-based data that permits an assessment of how social stigma interacts with other demographic characteristics to affect LGBT health constitutes a substantial gap in people's understanding of LGBT health disparities. But the issue is not just measuring social stigma.


Lesbian, gay, bisexual, and transgender (LGBT) employee resource groups have brought about substantial organizational change within corporations. Capitalist structures have enabled these changes to occur more quickly in the private sector than within the public sector. In this article, I explore how capitalism has converged with two approaches of organizing around sexuality: identity politics and queerness. As a result of this convergence, human resource development has occurred at the individual, organizational, and societal levels. Due to current forms of capitalism, employers have a need to keep employees happy and enable them to seek meaning through their jobs. As a result, LGBT employees and their allies have seized upon the opportunity by creating spaces that enable social support and working toward organizational change. Danger and promises of employee resource groups are also considered.


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Lesbian, gay, and bisexual youths (aged 15–21 years) were studied to determine the impact of verbal abuse, threat of attacks, and assault on their mental health, including suicide. Family support and self-acceptance were hypothesized to act as mediators of the victimization and mental health-suicide relation. Structural equation modeling revealed that in addition to a direct effect of victimization on mental health, family support and self-acceptance in concert mediated the victimization and mental health relation. Victimization was not directly related to suicide. Victimization interacted with family support to influence mental health, but only for low levels of victimization.


This chapter explores the intersection of mental health concerns and suicide of LGBT college students on campus, including bullying and cyberbullying. One campus's approach to providing support for these students is discussed.


Collaborations between labor and lesbian, gay, bisexual, and transgender (LGBT) organizations represent opportunities for both movements to increase their membership base, expand their circle of influence, and more fully embrace an intersectional framework for understanding social and economic justice. Drawing from interviews and participation with Pride at Work, an LGBT labor organization, we explore how coalitions that include LGBT and labor organizations can potentially benefit and strengthen both the labor movement and the movement for LGBT rights.


Traditional stage models of LGBTQ identity development have conceptualized coming out as a linear process from "closeted" to "out" that all queer/trans individuals must follow if they are to be considered healthy and well adjusted. These stage models have been critiqued for their rigidity and absence of a dynamic understanding of the coming out process. In this article we explore the findings from a qualitative photo-voice study with 15 LGBTQ youths in a small urban center in Ontario that supports these critiques. We explore the efficacy of the photovoice technique in investigating questions of sexual and gender identity. This article identifies some contextual factors that are important in understanding coming out as a social (rather than internal) process; it also identifies some of the ways in which these youths' experiences challenge normative understandings of the "good, out queer."

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This study examines how racial–ethnic minority lesbian, gay, bisexual, and transgender (LGBT) youth cope with both racial–ethnic and LGBT-related stress. Within a sample of 213 LGBT youth of color, the present study presents (1) quantitative and qualitative results from an approach and avoidance–based measure of parental racial coping socialization across six conversation domains, and (2) qualitative responses regarding LGBT stressors and associated coping strategies. The emphasis on approach versus avoidance varied across the racial–ethnic conversation domains. However, both racial–ethnic- and LGBT-related coping strategies emphasized a combination of cognitive and behavioral strategies. Similarities and differences also existed in the types of stressors encountered across racial–ethnic and LGBT statuses. We discuss the potential for coping skill transfer across these minority statuses.


The focus of this study was the development and validation of a Psychological Sense of LGBT Community Scale (PSOC-LGBT), designed to assess the degree to which self-identified lesbian, gay, bisexual, and transgender (LGBT) persons report feelings of belonging to and being able to depend on their local LGBT community, as well as the degree to which they believe an LGBT community exists in their local area. The scale is a modification of an existing Psychological Sense of Community Scale (PSOCS) that was designed for gay and bisexual men (Proescholdbell et al., 2005). A total of 356 participants completed either an Internet-based or a paper survey. Exploratory factor analysis, internal consistency, and validity coefficients supported the use and continued development of the modified instrument. Implications for future research and application are discussed.


The purpose of this qualitative analysis was to explore the work experiences of sport employees who are LGBT, and examine how these individuals negotiate their multiple social identities in a sport context. Considering the growing interest in sport, and sport management in particular, it is important for scholars to gain of better understanding of why people choose to work in the sport industry, and understand how employee identity may influence career decisions and subsequent work experiences. Thus, the researchers only interviewed employees who did not fulfill coaching or player roles, as these individuals could potentially work in other industries. Analysis of the

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data revealed how working in a sport context may present sexual minorities with certain advantages, such as an opportunity to enhance self-esteem and gain social acceptance. When confronted with unjust treatment because of their sexual orientation, employees used coworker social support and social mobility techniques to cope with these negative situations. Although the employees did not always view their sexual orientation as salient to their identity, they had all disclosed their sexual orientation, to varying degrees, to others in the workplace. Finally, though the participants did not engage in social change activities, some of their supportive coworkers attempted to proactively create a more inclusive work environment. Implications of these findings are discussed and practical suggestions are provided.


A recent study indicated a suicide attempt rate of 41% among trans (e.g., trans, transgender, transexual/transsexual, genderqueer, two-spirit) individuals. Although this rate is alarming, there is a dearth of literature regarding suicide prevention for trans individuals. A vital step in developing suicide prevention models is the identification of protective factors. It was hypothesized that social support from friends, social support from family, optimism, reasons for living, and suicide resilience, which are known to protect cis (non-trans) individuals, also protect trans individuals. A sample of self-identified trans Canadian adults (N = 133) was recruited from LGBT and trans LISTSERVs. Data were collected online using a secure survey platform. A three block hierarchical multiple regression model was used to predict suicidal behavior from protective factors. Social support from friends, social support from family, and optimism significantly and negatively predicted 33% of variance in participants' suicidal behavior after controlling for age. Reasons for living and suicide resilience accounted for an additional 19% of the variance in participants' suicidal behavior after controlling for age, social support from friends, social support from family, and optimism. Of the factors mentioned above, perceived social support from family, one of three suicide resilience factors (emotional stability), and one of six reasons for living (child-related concerns) significantly and negatively predicted participants' suicidal behavior. Overall, these findings can be used to inform the practices of mental health workers, medical doctors, and suicide prevention workers working with trans clients.


In this paper we argue the importance of including gender and sexually diverse populations in policy development towards a more inclusive form of health promotion. We emphasize the need to address the broad health and wellbeing issues and needs of LGBT people, rather than

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sexually using an illness-based focus such as HIV/AIDS. We critically examine the limitations of population health, the social determinants of health (SDOH), and public health goals, in light of the lack of recognition of gender and sexually diverse individuals and communities. By first acknowledging the unique health and social care needs of LGBT people, then employing anti-oppressive, critical and intersectional analyses we offer recommendations for how to make population health perspectives, public health goals, and the design of public health promotion policy more inclusive of gender and sexual diversity. In health promotion research and practice, representation matters. It matters which populations are being targeted for health promotion interventions and for what purposes, and it matters which populations are being overlooked. In Canada, current health promotion policy is informed by population health and social determinants of health (SDOH) perspectives, as demonstrated by Public Health Goals for Canada. With Canada's multicultural makeup comes the challenge of ensuring that diverse populations are equitably and effectively recognized in public health and health promotion policy.


This short-term prospective study examined general and lesbian, gay, bisexual, and transgender (LGBT)-specific risk and protective factors for suicide attempts in an ethnically diverse sample of LGBT youth (N = 237, 47.7 % male). A structured psychiatric interview assessed clinical depression and conduct disorder symptoms, as well as past and prospective suicide attempts over a 1-year follow-up period (91 % retention). Participants completed questionnaires measuring general risk factors for suicide attempts, including hopelessness, impulsiveness, and perceived social support. They also completed measures of LGBT-specific suicide risk factors, including gender nonconformity, age of first same-sex attraction, and LGBT victimization. Correlation and multivariate regression analyses were conducted to examine the relations between predictors and suicide attempt, and to identify mediators. Of nine variables examined, seven were related to lifetime history of attempted suicide: hopelessness, depression symptoms, conduct disorder symptoms, impulsivity, victimization, age of first same-sex attraction, and low family support. Depressive symptoms and hopelessness mediated the relation between multiple risk and resilience factors and suicide attempts. Suicide attempt history was the strongest predictor of prospective suicide attempts. Participants who previously attempted suicide (31.6 % of the sample) had more than 10 times greater odds of making another attempt in the 1-year follow-up period than were those who had made no previous attempt. These results highlight the need for suicide prevention programs for LGBT youth and suggest the importance of addressing depression and hopelessness as proximal determinants and family support and victimization, which have more distal effects.

In this article we apply insights from ‘new mobilities’ approaches to understand the shifting sexual and gendered landscapes of major cities in the global North. The empirical context is the purported ‘demise’ of traditional gay villages in Toronto, Canada and Sydney, Australia, and the emergence of ‘LGBT neighbourhoods’ elsewhere in the inner city. We reinterpret the historical geography of twentieth century LGBT lives and the associated ‘rise and fall’ of gay enclaves through the lens of the ‘politics of mobility’. In this reading, it is apparent that multifaceted movements - migration, physical and social mobility, and motility - underpin the formation of gay enclaves and recent transformations in sexual and gendered landscapes. After the Second World War, LGBT communities in the global North were embedded in specific historical geographies of mobility and we trace these in the Canadian and Australian contexts. The ‘great gay migration’ from the 1960s to the 1980s has been joined by new LGBT constellations of mobility in the 2000s, and these have imprinted upon the sexual and gendered landscapes of Toronto and Sydney.


Objective: Lesbian, gay, bisexual, and transgender (LGBT) youth are at increased risk for alcohol misuse, but little is known about the psychosocial and demographic factors that are associated with these differences over time. The purpose of this study was to investigate change in alcohol use across development. We aimed to describe group/ demographic differences in alcohol use, the effects of psychosocial variables on drinking within persons (i.e., psychological distress, sexual orientation-based victimization, and perceived family support), and the interactions between demographic differences and longitudinal psychosocial variables in predicting rates of alcohol use. Method: The current study used data from the longest running longitudinal study of LGBT youth. Hierarchical linear modeling was used to examine both demographic differences and psychosocial predictors of alcohol use in an ethnically diverse sample of 246 LGBT youth (ages 16-20 years at baseline) across five time points over 2.5 years. Results: Drinking increased significantly over time in a linear fashion, although it tended to increase more rapidly among male LGBT youth compared with females. Analyses of group differences revealed lower average rates of drinking for African American and female LGBT youth, and there were no differences between bisexual youth and gay/lesbian youth. Psychological distress and sexual orientation-based victimization were associated with increased alcohol use at each wave of data collection for female LGBT youth only. Perceived family
support at each wave was negatively associated with alcohol use for all LGBT youth.

Conclusions: Findings indicate that there is significant heterogeneity in the etiological pathways that lead to alcohol use in LGBT youth and that correlates of drinking are similar to those found in general populations. These crucial findings indicate that existing alcohol interventions also may be effective for LGBT youth and open up a wider array of prevention and treatment options for this at-risk population.


This article reviews the literature on gay and lesbian family networks as a way to identify the resilience processes that enable members to create and strengthen their family networks. Two processes, intentionality and redefinition, were identified. Intentionality refers to behavioral strategies that legitimize and support relationships. Redefinition refers to meaning making strategies that create linguistic and symbolic structures to affirm one's network. Brief comparisons are made to the literature on resilience in ethnic minority families, and careful study of the similarities and differences between gay and lesbian family networks, and other marginalized families, is urged.


Lesbian, gay, bisexual, and transgender (LGBT) youth are historically an under-studied subpopulation of youth. Over the past decade, however, the subpopulation has garnered increased attention from scholars of education and youth development, primarily with regard to how experiences of stigma and victimization negatively influence school and family life. During this same time period, the transformative paradigm of positive youth development (PYD), which focuses on the positive or adaptive factors that support a successful transition from adolescence to adulthood (Durlak, 1998), has become increasingly prominent. Despite the potential value of this approach in offering a fuller picture of youth development inclusive of risk as well as positive supports, its application to LGBT youth thus far remains limited.

A parallel growth in literature has attended to how new, Internet-based technologies affect adolescent development models, and how they may be especially useful for some socially marginalized groups. These new media, when viewed through a PYD framework, have the potential to re-energize civic participation and help create a more just society, particularly if they support development and assist in overcoming experiences of marginalization. This dissertation applies the PYD model to LGBT youth and examines a) the factors that influence access to PYD resources; b) how LGBT-related experiences of marginalization influence access to and use of positive resources and well-being; and c) whether LGBT-specific and Internet-based additions to
the PYD framework facilitate well-being. Results show that online and LGBT-specific spaces and resources--including resources related to LGBT identity development, social support, and participation in extracurricular and civic activities--can contribute to well-being and thus, expand existing understandings of PYD for LGBT youth.


Contemporary accounts emphasize that family often plays a deleterious role in the lives of Latina/os who identify as lesbian, gay, bisexual or transgender (LGBT). Though there is a vast literature on the importance of family for Latina/os, little research examines how this may affect this LGBT population. Quantitative data analysis from a nationwide sample of LGBT Latina/os (N=1159) assesses the importance of family support in understanding how many people a person chooses to be 'out' to, or 'outness.' It also examines how a selection of demographic characteristics, attitudinal measures of identity and religion are related to being an out LGBT Latina/o today. Findings reveal that, when controlling for a variety of characteristics and measures, family support is the strongest, positive predictor of outness for LGBT Latina/os. Two other predictors include the belief that one's sexual orientation is an important part of one's identity and having a connection to the LGBT community. Interestingly, when compared to their adult counterparts, youth were not likely to be out to as many people in their lives; and being born outside of the United States was found to be a consistent, negative predictor of being out to others. The significance of these findings is discussed regarding future research and social movement organizing with LGBT Latina/o populations. [ABSTRACT FROM AUTHOR] .


In countries worldwide, LGBT individuals are subject to persecution and discrimination, including grave human rights violations based on their sexual orientation or gender identity. Asylum provides a mechanism for LGBT individuals fleeing such persecution to legally remain in the United States. However, asylum is not guaranteed, and the asylum-seeking process may be particularly challenging for individuals with complex trauma histories. Although many LGBT asylum seekers are referred to individual psychotherapy by their legal counsel to prepare for the asylum process and to mitigate risks for retraumatization, many decline due to fear, shame, and cultural barriers, among other factors. Thus, we offer a model of group therapy for LGBT asylum seekers, rooted in multicultural and empowerment frameworks, which aims to address the unique concerns and challenges faced by LGBT asylum seekers. These include recovery from the effects of complex trauma, managing the stress of immigration and acculturation, minimizing the risk for retraumatization which may occur during the asylum-seeking process, and overcoming cultural obstacles to individual psychotherapy. We review and integrate empirical and theoretical
literature on the mental health of immigrants and asylum seekers, LGBT mental health, and group therapy for trauma, LGBT individuals, and asylum seekers to offer theoretical support for the value of group therapy for LGBT asylum seekers. Research is needed to evaluate the effectiveness of these group interventions. We offer recommendations for research along with suggestions for addressing the practical challenges encountered in working with LGBT asylum seekers.


This study addressed gaps in the research on resilience and sexual minority youth victims of school violence. The link between school violence victimization, coping, social support, and health-risk behaviors is examined using data comparing sexual minority (SM, n = 77) and heterosexual (n = 100) recent high school graduates. The survey assessed: past high school violence victimization [including heterosexist victimization and anti-lesbian, gay, bisexual, and transgender (LGBT) slurs or name-calling], social support, individual coping style, and current health-risk behavior (i.e., alcohol/drug use, suicidality, use of violence, and sexual risk-taking).

This study sought to: (a) explore differential victimization experiences of SM youth, (b) determine if past high school violence victimization is positively related to current health-risk behavior, and (c) explore the relationship between resilience indicators (i.e., coping style and social support) and current health-risk behavior.

Results indicate that, sexual minorities, as a group, reported significantly higher rates of victimization (i.e., verbal threats, sexual harassment, and LGBT name-calling) when compared with heterosexuals. Findings support the existence of sexual orientation differences in patterns of school violence victimization after removing the influences of gender, SES, family violence history, and high school community factors. Level of victimization experience differed between lesbian, gay, bisexual male, and bisexual female participants; Bisexual males were the most vulnerable group.

Multiple logistic regression and multiple linear regression analyses revealed that in general, past high school violence victimization predicts current health-risk behavior. Together, sexual minority status and school violence variables predicted suicidality, but not current use of violence. School violence victimization and sexual minority status accounted for 21% of the variance of current drug use, and 14.5% of the variance of current sexual risk-taking.
Findings did not support hypotheses regarding resilience indicators and its relation to current health-risk behavior. However, additional exploratory analyses showed that other resilience indicators, such as membership in a college LGBT support group, were associated with decreased health-risk behavior.

The results of this study underscore the importance of enhancing the research base on resilience among sexual minorities and support the need to develop tailored prevention programs for sexual minority youth.


Lesbian, gay, bisexual, and transgender (LGBT) people are everywhere in engineering; we are members of the National Academy of Engineering, deans of engineering schools, and corporate executives; we are on the shop floor, in the field, and in the cubicle. Social trends and workplace policies that support inclusion have made LGBT people more visible, further driving diversity and equality efforts. As LGBT visibility increases, new strategies are needed to support this expression of diversity and ensure a workplace free from prejudice and an environment conducive to everyone’s success. While large corporations have led the way in LGBT diversity efforts, it is critical now that smaller businesses follow suit in order to recruit and retain the most talented individuals.

Rogers, M. N. (2012). Enhancing LGBTQ emotional health: The role of LGBT community centers in addressing access to mental health and social support services (Order No. 3553775). Available from ProQuest Dissertations & Theses Global; ProQuest Psychology Journals. (1314969520).

Addressing disparities in healthcare has been a growing concern of service providers, administrators, policy makers, and researchers for over 50 years. This dissertation is the first academic inquiry into what a particular type of organization, the LGBT community center, is doing to meet the mental health and social support needs of lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) people. The minority stress model was used to explain why higher levels of distress and mental health consumer usage are found when comparing LGBTQ populations to the general population (Meyer, 2003). Goddard and Smith's (2001) framework of equity in access to healthcare, with components of availability, cost, quality, and information was used as a central framework in design, results, and discussion.

In collaboration with CenterLink, Inc. (the national association for LGBT community centers), and LGBT Movement Advancement Project, the primary investigator and his research team analyzed archival data of 69 centers from the 2010 LGBT Community Center Survey and conducted a follow-up survey with a sub-set of 37 centers. Statistical analysis was used to test
hypotheses and answer exploratory questions related to mental health and social service provision.

There were four main findings. First, LGBT community centers contribute to the emotional health of LGBT people in multiple ways, both direct (provision of mental health and social support services) and indirect (referral to affirmative providers, training service providers and providing supervised clinical experience with LGBT populations to graduate students). Second, the mental health and social support services at LGBT community centers are not equally available to all LGBTQ individuals in the United States. LGBT community centers that provide in-depth and specialized services tend to be clustered within major metropolitan areas. Third, when LGBT community centers have more financial resources, they tend to provide a wider variety of services (therapy, psychiatry, support groups, hotlines, etc.) and more services designed for specific sub-populations (youth, transgender, people of color, etc.). Finally, LGBT community centers seem to be practicing within their scope of competence by utilizing providers with the appropriate level of schooling, supervision, and training to provide mental health and/or social support services.


OBJECTIVES: There are significant health disparities according to sexual orientation and gender identity, particularly in mental health; however, very few mental health professionals specialise in caring for lesbian, gay, bisexual and transgender (LGBT) communities. The purpose of this study was to explore how providers with LGBT-focused practices have developed their capacity for working with these populations.

METHODS: Eight semi-structured interviews were conducted with practising mental health service providers with extensive experience serving LGBT individuals. Participants represented four professional disciplines: psychiatry (n = 2); social work (n = 3); psychotherapy (n = 2), and psychology (n = 1). The data were analysed for themes that were identified using a descriptive phenomenological approach.

RESULTS: All providers self-identified as members of LGBT communities; however, most agreed that this membership was not necessary to provide supportive, appropriate care for LGBT individuals. Providers described their self-identity as members of LGBT communities, associated lived experiences and recognition of the need for mental health services that are sensitive to the unique needs of LGBT individuals as influential factors in their career decisions. The lack of training opportunities and resources specific to the provision of LGBT-sensitive mental health services was highlighted. Provider recommendations included the introduction of mandatory LGBT health content in education curricula that addresses basic LGBT-related terminology,

DISCLAIMER: The findings in this report are not to be construed as providing an official DEOMI, U.S. military Services, or Department of Defense position, unless designated by other authorized documents.
appropriate interview questions to facilitate the disclosure of sexual orientation and gender identity, information regarding the health impact of heterosexism and homophobia, and specific health care needs of sexual and gender identity minority people.

CONCLUSIONS: Data from this study suggest there are few opportunities for medical providers to access training and gain expertise in the provision of care to LGBT people. Additional research is needed to consider whether the lack of LGBT health content in medical and psychiatric training programme curricula indirectly contributes to the health disparities experienced by these populations.


OBJECTIVE. We examined specific family rejecting reactions to sexual orientation and gender expression during adolescence as predictors of current health problems in a sample of lesbian, gay, and bisexual young adults.

METHODS. On the basis of previously collected in-depth interviews, we developed quantitative scales to assess retrospectively in young adults the frequency of parental and caregiver reactions to a lesbian, gay, or bisexual sexual orientation during adolescence. Our survey instrument also included measures of 9 negative health indicators, including mental health, substance abuse, and sexual risk. The survey was administered to a sample of 224 white and Latino self-identified lesbian, gay, and bisexual young adults, aged 21 to 25, recruited through diverse venues and organizations. Participants completed self-report questionnaires by using either computer-assisted or pencil-and-paper surveys.

RESULTS. Higher rates of family rejection were significantly associated with poorer health outcomes. On the basis of odds ratios, lesbian, gay, and bisexual young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to use illegal drugs, and 3.4 times more likely to report having engaged in unprotected sexual intercourse compared with peers from families that reported no or low levels of family rejection. Latino men reported the highest number of negative family reactions to their sexual orientation in adolescence.

CONCLUSIONS. This study establishes a clear link between specific parental and caregiver rejecting behaviors and negative health problems in young lesbian, gay, and bisexual adults. Providers who serve this population should assess and help educate families about the impact of rejecting behaviors. Counseling families, providing anticipatory guidance, and referring families for counseling and support can help make a critical difference in helping decrease risk and increasing well-being for lesbian, gay, and bisexual youth.

The role of family acceptance as a protective factor for lesbian, gay, bisexual, and transgender (LGBT) adolescents and young adults has not been established. A quantitative measure with items derived from prior qualitative work retrospectively assessed family accepting behaviors in response to LGBT adolescents' sexual orientation and gender expression and their relationship to mental health, substance abuse, and sexual risk in young adults (N = 245). Family acceptance predicts greater self-esteem, social support, and general health status; it also protects against depression, substance abuse, and suicidal ideation and behaviors. Family acceptance of LGBT adolescents is associated with positive young adult mental and physical health. Interventions that promote parental and caregiver acceptance of LGBT adolescents are needed to reduce health disparities.


Drawing on resilience theories, this study examined the individual and community factors of Israeli lesbians, gays, bisexuals, queers, and questioning (LGBQs) that contribute to positive mental health and the degree to which individual and community protective factors mitigate the adverse effect of risk factors for poor mental health. Differences in resilience factors between LGBQ youth and adults were explored. Data were collected on 890 LGBQ youth and adults. Findings emphasize the role of community-level resilience factors in the lives of LGBQs, and that these support systems differ slightly between the two age groups. Among youth, family support was both a strong predictor for well-being and a protective factor for mental distress. Although family support was found as a resilience factor among adults as well, other community-level factors (friends' support, LGBT connectedness and having steady partner) were found as protective factors for poorer mental health. These findings suggest for efforts on fostering familial support for LGBQ youth and a multi-level system that offers support at the familial, peer, relationship and community levels for both LGBQ youth and adults.


Lesbian, gay, bisexual, and transgender (LGBT) youth and young adults are known to have compromised physical and mental health, and family rejection has been found to be an important risk factor. Yet few studies have examined the positive role that support from parents, friends,
and the community have for LGBT young adults. In a cross-sectional study of 245 LGBT non-Latino White and Latino young adults (ages 21–25) in the United States, sexuality-related social support was examined in association with measures of adjustment in young adulthood. Family, friend, and community support were strong predictors of positive outcomes, including life situation, self-esteem, and LGBT esteem. However, family acceptance had the strongest overall influence when other forms of support were considered. Implications for the unique and concurrent forms of social support for LGBT youth and young adult adjustment are discussed.


Adolescent health care providers frequently care for patients who identify as lesbian, gay, bisexual, or transgendered (LGBT), or who may be struggling with or questioning their sexual orientation or gender identity. Whereas these youth have the same health concerns as their non-LGBT peers, LGBT teens may face additional challenges because of the complexity of the coming-out process, as well as societal discrimination and bias against sexual and gender minorities. The Society for Adolescent Health and Medicine encourages adolescent providers and researchers to incorporate the impact of these developmental processes (and understand the impacts of concurrent potential discrimination) when caring for LGBT adolescents. The Society for Adolescent Health and Medicine also encourages providers to help positively influence policy related to LGBT adolescents in schools, the foster care system, and the juvenile justice system, and within the family structure. Consistent with other medical organizations, the Society for Adolescent Health and Medicine rejects the mistaken notion that LGBT orientations are mental disorders, and opposes the use of any type of reparative therapy for LGBT adolescents.


Utilizing the resource model of political participation, we identify the antecedents of willingness to sign a petition supporting employment protections for lesbian, gay, bisexual, and transgender (LGBT) people among sexual minority and heterosexual college students. Through secondary data analysis, we investigate the role of sociodemographic, mobilizing context, and framing variables, including various LGBT-related attitudes that have never been integrated in a single regression of LGBT activism. Results from a sample of sexual minority (n=367) and heterosexual (n=1,707) college students suggest that the majority of students from both sexual orientation groups are willing to sign a petition for LGBT rights. Although the impact of framing variables, such as transphobia and liberal identity, were most influential among both groups, the
relevance of some framing antecedents (i.e., heterosexist attitudes and the disclosure of sexual identities) was specific to each sexuality. Before the inclusion of framing factors, knowing LGBT peers and observing heterosexist discrimination inspired greater activism among both sexuality groups as did being female and a graduate student; however, the significance of religious factors were only important among heterosexual students. Implications for future research are discussed.


Previous research has indicated that students who identify as lesbian, gay, bisexual, or transgender (LGBT) often have negative experiences on university campuses due to their sexual orientation or gender identity. Direct and indirect experiences contribute to an overall perception of the campus climate. This study used an online survey to assess students' perceptions of campus climate, their experiences confronting bias, support of family members and friends, and whether they had considered leaving campus. Multiple regression analysis indicated that perceptions of poorer campus climate were predicted by greater unfair treatment by instructors, more impact from anti-lesbian, gay, bisexual, transgender, or queer (LGBTQ) bias on friends' and families' emotional support, and having hidden one's LGBT identity from other students. Cluster analyses revealed four groups of participants distinguished by openness about their sexual orientation and negative experiences, with one group appearing to be at risk for poor retention. Results are discussed in terms of the needs of LGBTQ students on campus.


"Family" is a euphemistic term that lesbian, gay, bisexual, and transgender (LGBT) people use among ourselves to designate membership in lesbian, gay, bisexual, and transgender communities. Ironically, this "family" may be the most sought, yet least successful, support for dealing with the intimate partner violence that occurs within LGBT families. This study of 11 lesbian and bisexual women's experiences seeking support revealed several tiers of unmet needs within the LGBT community. They rarely used services in the general community, although these services are often the focus of both criticism and efforts to build support systems for LGBT victim/survivors. A model presents the different stages and potential sources of support.


LGBT youth represent a population in schools at risk to bullying in and by the schools. Evidence does suggest that the practice is widespread and emanates from both peers and professional staff.
The authors have examined some of the causes of maintenance structures for this current climate and forcefully argued for immediate change in policies and activities to protect students. But going a step further, they conclude that true liberation and acceptance cannot be attained by these policies alone. Indeed, from a Freirean perspective, many common and apparently well intentioned practices actually support and extend the misbehaviors directed toward LGBT. But this is unnoticed as separation reduces surface conflict. Perhaps the authors have seen this phenomenon before in schools and failed to take heed from the outcomes. In addition, the struggles of LGBT are not dissimilar from the struggle to educate special needs students with others. The current push for inclusion masks the decades of self-contained classes and outright denial of services in public schools.


LGBT campus resources are vital for many LGBT college students’ wellbeing and academic success. In this article, I explore what factors may cause different groups under the LGBT umbrella to be included in or excluded from use of LGBT campus resources. I examine patterns of participation at two college campuses: one where women wanted access to LGBT resources, but did not use the existing ones on campus or produce their own, and another with a high level of participation of women in the LGBT campus community. Drawing on in-depth interviews of 30 students and staff members, I show that two factors previously unexamined in the literature on LGBT college students produced the gender gaps in participation: (1) disparities in student group membership related to gender-blind organizing and (2) differential leadership development caused by a combination of patrimonialism and friendly-fire sexism. Based on these findings, I offer several strategies for reducing gender gaps in production and use of LGBT college resources.


We are in a new era in American history. Showing a remarkable shift in attitudes toward gay, lesbian, bisexual, and transgender (LGBT) people, the United States appears to be embracing a new, more inclusive view of family life. With positive action in two landmark Supreme Court cases and a rapidly growing number of state legislatures, the trends are strong toward full legal recognition of marriages of same-sex partners and parenthood by both partners in committed gay couples rearing children. And, the trend is international. Many people are both astonished and cheered by the accelerating pace of change in acceptance of LGBT people. Surveys now show that about 60% of Americans support marriage equality so that gay couples may wed. Less than a decade ago, that proportion of Americans opposed gay weddings. This article looks at what has
changed, and why, as well as how social marketing, among other forces, lifted the curtain on these unmistakable trends.


Objective. This study examines the influence of beliefs about the cause of homo-sexuality on public policy attitudes concerning gay rights.

Methods. Using data from the 1995 Oklahoma City Survey, we examine how beliefs about homosexuality as either a lifestyle choice or biological predisposition affect levels of support for gay rights.

Results. Consistent with current debates over gay rights, our study reveals a strong positive association between biological attributions of homosexuality and support for gay rights. Opposition to gay rights is most pronounced among political conservatives, fundamentalist Protestants, persons with little or no favorable contact with gays, individuals who embrace negative stereotypes about gays, and persons with high scores on an index of homophobia.

Conclusions. Etiological beliefs about homo-sexuality have a strong influence on public policy attitudes toward gay rights.


In today's technology-infused world, we need to better understand relationships youth form with friends online, how they compare to relationships formed in-person, and whether these online relationships confer protective benefits. This is particularly important from the perspective of peer victimization, given that social support in-person appears to reduce the odds of victimization in-person. To address this literature gap, data from a sample of 5,542 U.S. adolescents, collected online between August 2010 and January 2011, were analyzed. The main variables of interest were: online and in-person peer victimization (including generalized and bullying forms) and online and in-person sexual victimization (including generalized and sexual harassment forms). Lesbian, gay, bisexual, and transgender (LGBT) youth were more likely than non-LGBT youth to have online friends and to appraise these friends as better than their in-person friends at providing emotional support. Peer victimization and unwanted sexual experiences were more commonly reported by LGBT than non-LGBT youth. Perceived quality of social support, either online or in-person, did little to attenuate the relative odds of victimization for LGBT youth. For all youth, in-person social support was associated with reduced odds of bully victimization (online and in-person) and sexual harassment (in-person), but was unrelated to the other outcomes of interest. Online social support did not reduce the odds of any type of victimization assessed. Together, these findings suggest that online friends can be
an important source of social support, particularly for LGBT youth. Nonetheless, in-person social support appears to be more protective against victimization, suggesting that one is not a replacement for the other.


Lesbian, gay, bisexual, and transgender (LGBT) employee resource groups have brought about substantial organizational change within corporations. Capitalist structures have enabled these changes to occur more quickly in the private sector than within the public sector. In this article, I explore how capitalism has converged with two approaches of organizing around sexuality: identity politics and queerness. As a result of this convergence, human resource development has occurred at the individual, organizational, and societal levels. Due to current forms of capitalism, employers have a need to keep employees happy and enable them to seek meaning through their jobs. As a result, LGBT employees and their allies have seized upon the opportunity by creating spaces that enable social support and working toward organizational change. Danger and promises of employee resource groups are also considered.