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Social Support and Well-Being in LGBT Adults

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SOCIAL SUPPORT AND WELL-BEING IN LGBT ADULTS

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Abstract

The purpose of this study was to investigate the relationship among positive mental health, well-being, and perceived social support in individuals who identified as lesbian, gay, bisexual, or transgender (LGBT). The participants included 251 individuals from a rural area in the Midwest who completed an online survey; 47 of these individuals identified as LGBT. Well-Being was measured using the Warwick-Edinburg Mental Well-Being Scale (WEMWBS; Stewart-Brown et al., 2002), and perceived social support was evaluated using the Multidimensional Scale for Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet & Farley, 1988). Scores were compared between LGBT and Non-LGBT participants. At an alpha level of .05, results indicated that LGBT participants had lesser feelings of well-being and perceived social support than Non-LGBT participants. Furthermore, LGBT participants who were also involved in LGBT-specific support organizations had greater levels of well-being than those who were not.

Social Support and Well-Being in LGBT Adults

Experiencing life on a college campus and after graduation is often a diverse, powerful, exciting, and life-changing experience for young adults across the United States. Many individuals encounter a number of novel experiences, which probably include exposure to an array of individuals of a minority status. Typically, when one considers the term minority, race, religion, or gender come to mind. However, a new group of individuals is now considered to be a part of the minority. This group includes gay, lesbian, bisexual, and transgender (LGBT) individuals.

The American Psychological Association (APA, 2008) defines sexual orientation as “an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes.” Decades of empirical research show that sexual orientation is not cut and dried categorically; sexual orientation is continuum-based with each pole of the continuum being an exclusive attraction to either one sex or the other (Guest, 2014; Kann et al., 2011, Savin-Williams, 2016). Generally speaking though, individuals are most often described as being either heterosexual (attracted to the other sex), homosexual (attracted to the same sex), or bisexual (attracted to both sexes); homosexual individuals are most often categorized as gay (men) or lesbian (women). Because these labels describe not only individuals, but also attractions, emotional relationships, and the expression of affection, individuals are not labeled purely based on their own opinion of their sexual orientation, but they are also evaluated on their choice of intimate partners (Bailey et al., 2016).

Because it is an organization concerned with human health and well-being, the APA began discouraging professionals from considering LGBT individuals to have a

mental illness in 1975 (APA, 2008). However, the removal of a negative diagnosis did not eliminate the negative stigma experienced by those who identify as lesbian women, gay men, and bisexual men and women (Guest, 2014). In particular, LGBT college students reported lower levels of social support and a larger number of incidences of victimization than their heterosexual counterparts on college campuses (Schmidt, Miles, & Welsh, 2011). LGBT students also scored higher than their heterosexual peers in areas of depression and suicidal ideation, with gay men reporting significantly higher levels of depression, self-harm, panic attacks, and suicidal ideation than heterosexual men; lesbian women perceived more discrimination due to their sexual orientation, but did not score as high in areas of depression and suicidal ideation as gay men (Almeida, Johnson, Corliss, Molnar, & Azreal, 2009). A possible explanation for these findings is that effeminate gay men violate stereotypical gender norms of society to a greater extent than do masculine women, causing greater disequilibrium among gay men (Cochran, Sullivan, & Mays, 2003). Research has shown that LGBT students who consider their sexual orientation a minority status also consider it to be a prominent characteristic of themselves as a human being. These individuals may also experience contradictory thoughts or feelings expressed by peers, as well as identity interruptions (Cochran et al., 2003). These interruptions occur when an individual's identity trait is criticized or called into question, and the greater the individual's association with the identity trait, the greater the stress he or she experiences as a result of the criticism.

Identity interruptions are also common among individuals with gender dysphoria, which is an inconsistency between a person's gender identity and either the sex they were assigned at birth or a primary or secondary sex characteristic (Genders &

Sexualities Alliance, 2013). An individual's gender identity is his or her inherent sense of being male, female, non-gendered, or gender neutral. Transgender is a term used to describe not only those who have undergone gender reassignment surgery, as commonly assumed, but it is also a widely accepted term to describe the array of individuals who may experience different aspects of gender dysphoria. On the contrary, cisgender is a term used to indicate that an individual's gender identity agrees with his or her assigned sex (Genders & Sexualities Alliance, 2013). Transgender individuals experience much of the same discrimination and identity interruption that LGB individuals face, although identity interruption is believed to be more severe for transgendered individuals. This severity is attributed to transgender individuals' greater nonconformity to societal gender and sexual norms (Nesmith, Burton, & Cosgrove, 2008).

Discrimination against LGBT individuals regarding their identity factor is considered to be particularly severe (Nesmith, 2008). Not only is this discrimination linked to stress, suicidal ideation, and depressive symptomology, but it is also accompanied by higher risks for being threatened or assaulted (Meyer, 2003). This combination of issues increases the likelihood that LGBT individuals will experience emotional problems or be diagnosed with mental disorders, such as depression, anxiety, or borderline personality disorder.

To help combat discrimination against LGBT students, a popular movement in both secondary schools and post-secondary institutions has been the establishment of inclusive organizations to which LGBT individuals can belong, the most common being Gay & Sexual Alliance/ Gay-Straight Alliance organizations (Burdge, Sinclair, Laub, &

Russell, 2012; GSA, 2013; Russell, McGuire, Laub, & Manke, 2006). GSA is a nationally active organization dedicated to LGBT support and activism. As part of the GSA network, these organizations strive to provide a support group for LGBT students in order to meet; discuss sexual orientation, gender status, and expression; bring awareness to LGBT issues; and attempt to end homophobia and transphobia (Genders & Sexualities Alliance, 2013).

GSAs offer students the opportunity to discuss issues pertaining to being lesbian, gay, or bisexual in a safe and confidential environment. These environments are designed to provide not only social support for LGBT individuals, but also to provide a network of teachers and other adult role-models, confidants, and advocates (Genders & Sexualities Alliance, 2013; Meyer 2003). When evaluated in terms of emotional and informational needs, LGBT students belonging to GSAs were more likely to find an LGBT parental-type figure to guide them in the LGBT community (Meyer 2003, Russel et al., 2006). This figure helped to offset the effects of bullying and victimization among LGBT students when compared to a parent or parental figure from the heterosexual community.

Another prominent goal of GSAs and other LGBT support organizations is to increase awareness of LGBT issues in schools and on college campuses, making these environments safer for LGBT students. LGBT students in secondary schools with LGBT support organizations reported significantly less homophobic victimization and less fearing for safety and hearing of homophobic remarks (a decrease of 52%) than LGBT students attending schools without LGBT support organizations (Marx & Kettrey, 2016).

These support organization can help improve student mental health and well-being (Burdge et al., 2012)

The current study is designed to examine the relationship among social support, LGBT organization-specific support, and well-being among young adults. I predict that LGBT adults will report lower levels of well-being and social support than non-LGBT adults. I also predict that LGBT students and adults who are involved in LGBT support organizations will report higher levels of perceived social support and well-being than those who are not involved in LGBT support organizations. The findings from this study may demonstrate the usefulness of implementing LGBT support organizations, as well as bring awareness to the essential belongingness need that may be unmet by LGBT individuals not involved in LGBT support organizations.

This study differs from other similar studies in two primary ways. Firstly, this study is one of few to examine the effects of LGBT-specific support organizations at the post-secondary and post-collegiate level, as most studies involving LGBT-specific support focus on adolescents. Furthermore, this study, by use of the WEMWBS, is one of few to examine positive aspects of well-being in LGBT individuals, rather than focusing victimization or discrimination as effectors of well-being.

Method

Participants

Participants were 251 adults (191 women, 50 men, 7 other) from a rural area in the Midwest. Surveys were distributed to approximately 300 individuals in 12 different classes from 2 public colleges, including five sections of two different fine arts courses (Understanding Music and Music in American History & Culture), one section of a

course called Orientation to the Psychology Major, and a variety of other psychology courses, such as Theories of Personality, Life Span Human Development, and Introductory Psychology. Participants were collected by convenience sampling; 210 of the participants received extra credit for their participation. Of the 251 participants who completed the survey, 47 (18.73%) identified as LGBT, while 204 (81.27%) did not identify as LGBT. Participant data were excluded if the participant left a survey item blank ($N = 15$), was under the age of 18 ($N = 3$), was not a college student or recent college graduate ($N = 7$), or was more than 29 years old ($N = 23$). To create groups of similar size, participants were randomly selected from those who did not identify as LGBT, using an online random number generator for use in statistical analyses. Thus, data from a total of 86 participants were used; 42 identified as LGBT (29 women, 8 men, 5 other), and 44 did not identify as LGBT (29 women, 15 men, 0 other). Participants were categorized further based on their response to questions regarding their involvement in an LGBT support organization. Of the participants who identified as LGBT, 18 were involved in an LGBT support organization (Involved), and 24 were not (Non-Involved). The mean age of the participants was 21.43 ($SD = 3.18$; range = 18-29).

Participants accessed the survey online using a link to a Qualtrics site. They provided informed consent by checking a box on the first page of the survey before continuing to the survey items. Each section of the survey appeared on a separate page, with individual sets of specific instructions (See Appendix for copy of survey).

Measures

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)

Well-being was measured using the WEMWBS (Stewart-Brown & Janmohamed 2008), a 14-item scale on which participants respond on a 5-point Likert scale with options ranging from (1) “None of the Time” to (5) “All of the Time,” indicative of how often the aforementioned applied to them in the past 2 weeks. Scores from the 14 items were summed and could range from 14-70, with higher scores indicating higher levels of well-being.

The WEMWBS was tested for validity and reliability by the test manufacturers at the Warwick Medical School. Stewart-Brown et al. (2007, 2011) found that population and sample scores of the WEMWBS were normally distributed with correlations of 0.89 with other accepted well-being scales in a student sample. Scores correlated with other mental health and well-being scales, and test-retest reliability coefficients were 0.83 at the one-week retesting. Construct validity and internal consistency were also established, and the test was shown to be easy to complete and generalizable to minority populations such as LGBT individuals.

Multidimensional Scale of Perceived Social Support (MSPSS)

Perceived social support was evaluated using the MSPSS (Zimet et al., 1988), a 12-item scale on which participants respond with (1) “Very Strongly Disagree” to (7) “Very Strongly Agree,” indicating their experiences. Responses from the 12 items are averaged, so final scores range from 1-7, with 7 indicating greater levels of perceived social support. The MSPSS also contains subscales of Significant Other Support, Family Support, and Friends Support; and each subscale includes 4 items. Each

subscale score could range from 1-4 with higher scores indicating greater perceived social support.

Internal reliability and subscale validity of the MSPSS were established by Zimet, Powel, Farley, Werkman, and Berkoff (1990) when studying different populations for generalizability. Cronbach's alpha coefficients for internal reliability varied from .81 - .94 for each subscale, as well as for the scale in its entirety.

LGBT-Specific Social Involvement

Participants responded to statements regarding their involvement in an LGBT support organization (e.g., "My campus/Community has an LGBT-specific organization."). Other items were modified from the MSPSS to measure the degree of social support participants perceived from their LGBT support organization (e.g., "There is a special person in my LGBT support organization who is around when I am in need;" "I get the emotional help and support I need from my LGBT support organization;" "I can talk about my problems with individuals in my LGBT support organization"). Additional items assessed other means of LGBT-specific social involvement besides LGBT support organization involvement (e.g., "I have a member of the LGBT community I can look up to;" "There is a member of the LGBT community who supports me"). For the items modified from the MSPSS, participants responded on a Likert-type scale from (1) Very Strongly Disagree to (7) Very Strongly Agree; or they could choose another option indicating that they were not involved in an LGBT support organization at all.

Demographics

Participants indicated their sexual orientation beyond yes/no to LGBT status (e.g., "My sexual orientation is:") by responding on a continuum with (1) indicating

heterosexual exclusivity, (4) indicating equally heterosexual and homosexual behavior, and (7) indicating homosexual exclusivity. Participants could also indicate asexuality. This item was included because participants may experience attractions or habits that are indicative of homosexuality, even though they identify as heterosexual (Kann et al., 2011). Participants provided other demographic information: (a) age as indicated by a fill-in-the-blank, (b) sex (e.g., male, female, other [with option to write individual response]), (c) race/ethnicity (e.g., White/Caucasian, Black/African American, Hispanic/Latino/Latina, Asian American, Native American Indian, or other [with individual write-in response option]), and (d) education status (e.g., current college student, college graduate, non-student/non-college graduate).

Results

LGBT Adults and Non-LGBT Adults

At an alpha level of .05, the results of independent *t*-tests showed that the well-being of LGBT adults ($M = 45.90$, $SD = 8.67$) was significantly lower than that of Non-LGBT adults ($M = 49.98$, $SD = 6.80$), $t(84) = -2.43$, $p = .01$, $d = .88$.

On the MSPSS-Family subscale, LGBT adults ($M = 4.80$, $SD = 1.76$) had lower scores than Non-LGBT adults ($M = 5.55$, $SD = 1.42$), $t(84) = -2.17$, $p = .02$, $d = .83$. MSPSS-Significant Other subscale scores were lower for LGBT participants ($M = 3.14$, $SD = .75$) than Non-LGBT participants ($M = 3.45$, $SD = .46$), $t(84) = -2.33$, $p = .01$, $d = .86$. Scores for LGBT participants ($M = 3.43$, $SD = .73$) were lower than Non-LGBT participants ($M = 3.67$, $SD = .64$) on the MSPSS-Friends subscale as well $t(84) = -2.33$, $p = .05$, $d = .71$. There was no significant difference between the groups on the overall MSPSS score.

Involved LGBT Adults with Non-Involved LGBT Adults

Analyses revealed statistically significant differences between Involved ($M = 48.39$, $SD = 7.33$) and Non-Involved ($M = 44.05$, $SD = 9.27$) LGBT participants on the WEMWBS. Findings indicated that Involved participants had higher levels of well-being, $t(40) = 1.64$, $p = .05$, $d = .71$. Findings indicated no significant differences between Involved and Non-Involved LGBT participants on the LGBT-specific Social Support Scale.

Discussion

The purpose of this study was to examine the relationship between social support and well-being, specifically LGBT-specific support. The hypothesis, based on previous research by Nesmith et al. (2008), that LGBT individuals with involvement in LGBT-specific support organizations would have greater levels of well-being was supported. Consistent with previous research, my findings indicate that individuals with an LGBT-specific support system respond positively to being surrounded by individuals similar to them, and having a special person in the LGBT community to whom they can relate.

Although I was expecting to find lower levels of well-being and social support in the LGBT sample, it was interesting that the overall scores of LGBT and Non-LGBT participants on the MSPSS showed no significant difference, yet significant differences were found on each of the three subscales: Friends, Family, and Significant Other. A possible explanation for this discrepancy is that each of the subscale scores affected the overall scores in a different way. For example, LGBT scores on the Friends subscale were much closer to Non-LGBT scores on the Friends subscale than they

were to the scores on the Significant Other subscale. In other words, unique individual differences were apparent on the subscales, but they were lost when combining the scores together as a whole. Additionally, regardless of LGBT identity, participants scored lower on the Significant Other subscale than on the Family or Friends subscale. This could indicate that participants did not have Significant Other support because they did not have a significant other. An item regarding relationship status should be included when conducting further research.

Contrary to my hypothesis, Involvement in LGBT support organizations was not a significant contribution to reported social support by LGBT adults. I think this finding could be attributed to the fact that adults who specifically lack a social support system intentionally seek out LGBT support organizations, while those who feel they have adequate support in other areas would not intentionally seek out support from an LGBT specific organization.

However, this finding could be specific to my study due to small sample sizes and a homogenous sample by location and access to social support groups. Prior research by D'Augelli (2003) and Marx and Kettrey (2016) has shown that involvement in LGBT organizations in adolescence can be a preventative measure to bullying and other negativity associated with homosexuality. One would expect that reducing bullying and negative connotations of homosexuality would lead to a greater feeling of social support. However, the lack of support for this hypothesis might actually indicate a greater value to the importance of LGBT-specific social support.

As discussed by Kann et al. (2011), participants can display some homosexual behaviors or attractions, yet not label themselves as LGBT, hence the inclusion of

sexual identity on a continuum as an item in the survey. However, the number of participants in each of the non-exclusively heterosexual categories was too small to conduct meaningful analyses on differences between these groups with regard to well-being.

Another limitation is the use of the WEMWBS. Although its validity has been discussed, the WEMWBS does not demonstrate criterion validity; that is, there is no “gold-standard” with which to compare it. Certainly, there are good examples of reliable and valid well-being scales, but there is currently no universally accepted scale exists that represents the positive attributes of well-being. Measuring the positive aspects of well-being could be considered an advantage because this positivity could reveal a different perspective of LGBT well-being, yet due to the lack of criterion validity, it could also be considered a pitfall.

Although 251 people participated in the study, I was most interested in just a small number of the scores: those from Involved and Non-Involved LGBT adults. The number of respondents in this sample was small, and consequently, I was able to conduct a limited number of basic analyses. Furthermore, the study included a limited number of variables that potentially impact well-being. Questions regarding the extent to which someone is involved in an LGBT support organization could be included to determine if there is a difference between those who are slightly involved and those who are more heavily involved in a support organization. Of course, all of these questions would necessitate a much larger number of LGBT-Involved participants.

References

- Almeida, J., Johnson, R. M., Corliss, H. L., Molnar, B. E., & Azreal, D. (2009). Emotional distress among LGBT youth: the Influence of perceived discrimination based on sexual orientation. *Journal of Youth and Adolescence*, 38(7), 1001-1014.
- American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC: Author. [Retrieved from www.apa.org/topics/lgbt/orientation.pdf.]
- Bailey, J. M., Vasey, P. L., Diamond, L. M., Breedlove, S. M., Vilain, E., & Epprecht, M. (2016). Sexual orientation, controversy, and science. *Psychological Science in the Public Interest*, 17 (2), 45-101. doi: 10.1177/1529100616637616
- Burdge, H., Sinclair, K., Laub, C., Russell, S. T. (2012). *Lessons that matter: LGBTQ inclusivity and school safety*. (Gay-Straight Alliance Network and California Safe Schools Coalition Research Brief No. 14). San Francisco: Gay- Straight Alliance Network.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61.
- D'Augelli, A. R. (2003). Lesbian and bisexual female youths aged 14 to 21: developmental challenges and victimization experiences. *Journal of Lesbian Studies*, 7(4), 9-22. Genders & Sexualities Alliance Network. N.p., n.d. Web. 28 Apr. 2017.

- Guest, L. M. (2014). Human sexuality as a continuum. *Dialogue (00122246)*, 57 (1), 57-64.
- Kann, L., O'Malley Olsen, E., McManus, T., Kinchen, S., Chyen, D., Harris, W. A., & Wechsler, H. (2011). Sexual identity, sex of sexual contacts, and health-risk behaviors. *Morbidity and Mortality Weekly Report*, 60, 1-4.
- Marx, R., & Kettrey, H. (2016). Gay-straight alliances are associated with lower levels of school-based victimization of LGBTQ+ youth: a systematic review and meta-analysis. *Journal of Youth & Adolescence*, 45 (7), 1269-1282.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. *Psychological Bulletin*, 129 (5), 674-697. doi: 10.1037/0033-2909.129.5.67
- Nesmith, A., Burton, D. L., Cosgrove, T. J. (2008). Gay, lesbian, and bisexual youth and young adults: social support in their own words. *Journal of Homosexuality*, 95-108.
- Russell, S. T., McGuire, J. K., Laub, C., & Manke, E. (2006). *LGBT student safety: steps schools can take. (California Safe Schools Coalition Research Brief No. 3)*. San Francisco: California Safe Schools Coalition.
- Stewart-Brown S & Janmohamed, K. (2008). *Warwick–Edinburgh Mental Well-being Scale (WEMWBS) User Guide Version 1*. Edited by Parkinson J. Glasgow: NHS Health Scotland.
- Stewart-Brown, S. L., Platt, S., Tennant, A., Maheswaran, H., Parkinson, J., Weich, S. & Clarke, A. (2011). The Warwick-Edinburgh Mental Well-being Scale (WEMWBS):

a valid and reliable tool for measuring mental well-being in diverse populations and projects. *Journal of Epidemiology and Community Health*, A38-A39.

Zimet, G. D., Powell, S. S., Farley, G. K., Werkman, S., Berkoff, K. A. (1990).

Psychometric characteristics of the Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*. 55: 610-617.

Zimet, G. D., Dahlem, N. W., Zimet, S. G., Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52: 30-41.

Appendix*Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)*

How often the following have been experienced in the last 2 weeks.

(1) None of the time

(2) Rarely

(3) Some of the time

(4) Often

(5) All of the time

1. I have felt optimistic about the future.
2. I have felt useful.
3. I have felt relaxed.
4. I have felt interested in other people.
5. I have had energy to spare.
6. I have dealt with problems well.
7. I have thought clearly.
8. I have felt good about myself.
9. I have felt close to other people.
10. I have felt confident.
11. I have made up my own mind about things.
12. I have felt loved.
13. I have felt interested in new things.
14. I have felt cheerful.

Multi-dimensional Scale of Perceived Social Support (MSPSS)

Level of agreement of experience in general

Family subscale: 3, 4, 8, 11

Friends Subscale: 6, 7, 9, 12

Significant Other Subscale: 1, 2, 5, 10

(1) Very Strongly Disagree

(2) Strongly Disagree

(3) Mildly Disagree

(4) Neutral

(5) Mildly Agree

(6) Strongly Agree

(7) Very Strongly Agree

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

LGBT-Specific Social Involvement

Level of agreement of experience in general

Includes modified prompts from the MSPSS

(1) Yes

(2) I'm not sure

(3) No

1. My campus/community has an LGBTQ-specific organization.

(1) Not at all

(2) Very little

(3) Moderately

(4) Very Much

2. I am involved in an LGBT-specific organization,

(1) Very Strongly Disagree

(2) Strongly Disagree

(3) Mildly Disagree

(4) Neutral

(5) Mildly Agree

(6) Strongly Agree

(7) Very Strongly Agree

(8) I am not involved in an LGBT-specific organization

3. There is a special person in my LGBT-specific organization who is around
when I am in need.

4. There is a special person in my LGBT-specific organization with whom I can share my joys and sorrows.
5. I get the emotional help and support I need from my LGBT-specific organization.
6. I have a special person in my LGBT-specific organization who is a real source of comfort to me.
7. My LGBT-specific organization really tries to help me.
8. I can count on my LGBT-specific organization when things go wrong.
9. I can talk about my problems with individuals in my LGBT-specific organization.
10. I have friends in my LGBT-specific organization with whom I can share my joys and sorrows.
11. There is a special person in my LGBT-specific organization who cares about my feelings.
12. Someone in my LGBT-specific organization is willing to help me make decisions.
13. I can talk about my problems with someone in my LGBT-specific organization.

(1) Very Strongly Disagree

(2) Strongly Disagree

(3) Mildly Disagree

(4) Neutral

(5) Mildly Agree

(6) Strongly Agree

(7) Very Strongly Agree

14. I have a member of the LGBT community I can look up to.

15. There is a member of the LGBT community who supports me.

Demographics

1. My sexual orientation is:

(1) Exclusively heterosexual

(2) Predominantly heterosexual, only incidentally homosexual

(3) Predominantly heterosexual, but more than incidentally homosexual

(4) Equally heterosexual and homosexual

(5) Predominantly homosexual, but more than incidentally heterosexual

(6) Predominantly homosexual, only incidentally heterosexual

(7) Exclusively homosexual

(8) No socio-sexual contacts or reactions

2. My age is:

()

3. My sex is:

(1) Female

(2) Male

(3) Other (please specify)

4. My race/ethnicity is:

(1) White/Caucasian

(2) Black/African American

(3) Hispanic/Latino/Latina

(4) Asian American

(5) Native American Indian

(6) Other (please specify)

5. My education status is:

(1) Current college student

(2) College graduate

(3) Non-student/non-college graduate