



Georgia Southern University
Digital Commons@Georgia Southern

Electronic Theses and Dissertations

Graduate Studies, Jack N. Averitt College of

Summer 2014

Risk Factors and Psychological Outcomes for LGB Individuals Residing in Rural Areas

Amanda M. Rickard

Follow this and additional works at: <https://digitalcommons.georgiasouthern.edu/etd>

 Part of the [Counseling Psychology Commons](#), and the [Multicultural Psychology Commons](#)

Recommended Citation

Rickard, Amanda M., "Risk Factors and Psychological Outcomes for LGB Individuals Residing in Rural Areas" (2014). *Electronic Theses and Dissertations*. 1052.
<https://digitalcommons.georgiasouthern.edu/etd/1052>

This dissertation (open access) is brought to you for free and open access by the Graduate Studies, Jack N. Averitt College of at Digital Commons@Georgia Southern. It has been accepted for inclusion in Electronic Theses and Dissertations by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.

RISK FACTORS AND PSYCHOLOGICAL OUTCOMES FOR LGB INDIVIDUALS
RESIDING IN RURAL AREAS

by

AMANDA M. RICKARD

(Under the Direction of C. Thresa Yancey)

ABSTRACT

Most research involving lesbian, gay, and bisexual (LGB) individuals residing in rural areas is either qualitative or restricted in geographic area. Consequently, the purpose of the current study was to determine if differences exist between rural and non-rural LGB individuals in risk factors and psychological outcomes. Seven hundred forty-seven LGB individuals completed self-report surveys examining risk factors and psychological outcomes. Results indicated that LGB individuals residing in rural areas reported higher levels of negative psychological outcomes as well as higher levels of some risk factors than their non-rural counterparts. Specifically, perceived social support, experiences of victimization/discrimination, and comfort disclosing sexual identity accounted for a significant amount of the variance for psychological distress for LGB individuals in rural areas. Comfort disclosing sexual identity to others, experiences of victimization/discrimination, identification with fundamental religious beliefs, and involvement in the LGB community explained variance in LGB identity development for rural participants. Lastly, thwarted belongingness was predicted by perceived social support, comfort in disclosing sexual identity to others, and involvement in the LGB community for LGB individuals in rural areas. Research, theoretical, and mental health implications were explored.

INDEX WORDS: Lesbian, Gay, Bisexual, Sexual minorities, Rural

RISK FACTORS AND PSYCHOLOGICAL OUTCOMES FOR LGB INDIVIDUALS
RESIDING IN RURAL AREAS

by

AMANDA M. RICKARD

B.S., Eastern Kentucky University, 1999

Psy.S., Eastern Kentucky University, 2003

A Dissertation Submitted to the Graduate Faculty of Georgia Southern University in Partial
Fulfillment of the Requirements for the Degree

DOCTOR OF PSYCHOLOGY

STATESBORO, GEORGIA

© 2014

AMANDA M. RICKARD

All Rights Reserved

RISK FACTORS AND PSYCHOLOGICAL OUTCOMES FOR LGB INDIVIDUALS
RESIDING IN RURAL AREAS

by

AMANDA M. RICKARD

Major Professor: C. Thresa Yancey
Committee: Jeff Klibert
K. Bryant Smalley
Lawrence Locker

Electronic Version Approved:
July 2014

DEDICATION

I would like to dedicate this dissertation to the most important people in my life: Nikki Barefoot, Isabella Pellegrino, and Sophia Pellegrino. Nikki is not only my life companion, best friend, and true love, but she is also my enthusiastic co-conspirator for LGBT research and advocacy. Nikki wholeheartedly supported me and every aspect of this project from its inception. Isabella, my eldest daughter, inspires me with her radical feminism and LGBT advocacy at the ripe old age of 10. When she was 6 years old, she told the Chick-Fil-A mascot cow that she did not eat at his restaurant because he was against gay marriage, which is just one of her many phenomenal acts of courage. Sophia, my youngest child, is the wisest practitioner of mindfulness and living life to the fullest whom I know. She brings such joy and laughter to our lives. She too is an LGBT ally, as evidenced by her talented rainbow artwork. It was with their love, empathy, compassion, support, encouragement, appreciation, and affirmation that I was able to complete this dissertation project and doctoral degree. I am forever in their debt.

ACKNOWLEDGEMENTS

I would like to express the deepest appreciation to my committee chair, Dr. Thresa Yancey, who is the most caring and compassionate professor I have ever met. Her dedication to her students is an inspiration. Her excellent guidance, support, and encouragement were instrumental in the completion of this dissertation project. I cannot thank her enough for going above and beyond during our work together.

I am so very grateful to Dr. Jeff Klibert, who provided much needed assistance and expertise regarding research design and data analyses. His passion for empowering student researchers facilitated the development of my idea to empirical fruition. I would like to thank Dr. Bryant Smalley, who not only supported this project but afforded me the opportunity to co-author a chapter on the subject in *Rural Mental Health: Issues, Policies, and Best Practices*. I also want to express appreciation to Dr. Larry Locker for offering encouragement and feedback.

In addition, I want to thank Dr. Jacob Warren, Dr. Smalley, and the Rural Health Research Institute (RHRI) for funding this research project. The funding provided by the RHRI Student Grant was crucial in securing a large and viable sample of LGB individuals. This project would not have been possible without the RHRI.

Finally, I want to express my gratitude to my colleagues at the Regents Center for Learning Disorders and the Counseling and Career Development Center (CCDC) for their support and encouragement. Specifically, Dr. George Shaver is the most wonderful supervisor, colleague, consultant, and sounding board. I could not have completed this degree or dissertation without his support and assistance. Additionally, several of my past and present colleagues at the CCDC have contributed to my interest, passion, and knowledge of LGBT issues, as well as my development as a clinician.

TABLE OF CONTENTS

	Page
DEDICATION.....	5
ACKNOWLEDGEMENTS.....	6
 CHAPTER	
1 INTRODUCTION.....	11
Purpose of the Study	11
Statement of Problem.....	11
Background and Significance.....	11
Purpose.....	12
 2 RISK FACTORS AND PSYCHOLOGICAL OUTCOMES FOR LGB INDIVIDUALS	
RESIDING IN RURAL AREAS.....	14
Heterosexism and Homophobia	14
Invisibility and “Don’t Ask, Don’t Tell”	16
Victimization and Discrimination	18
Isolation from LGB Community	19
Lack of Support.....	21
Psychological Distress, Mental Health Disorders, and Suicidal Risk.....	22
Mental Health Providers and Services	23
Positive Aspects of Rural Living	25
Current Study	27
3 RESEARCH METHODOLOGY	30
Participants.....	30

Procedures	30
Data Storage	31
Measures.....	32
Depression Anxiety Stress Scale 21 (DASS21).....	32
Identification and Involvement with the Gay Community Scale (IGCS).....	33
Interpersonal Needs Questionnaire-12 (INQ-12).....	33
Lesbian, Gay, and Bisexual Identity Scale (LGBIS)	34
Measure of Gay-Related Stressors (MOGS).....	35
Outness Inventory (OI)	35
Revised 12-Item Religious Fundamentalism Scale	36
Social Provisions Scale.....	37
Analytic Procedure	37
4 RESULTS.....	39
5 DISCUSSION.....	45
Rural Versus Non-Rural Differences	45
Relations Between Risk Factors and Distress by Rural Versus Non-Rural.....	47
Relations Between Risk Factors and LGB Identity by Rural Versus Non-Rural	49
Relations Between Risk Factors and Belongingness by Rural Versus Non-Rural	50
Implications	52
Research method implications	52
Theoretical implications.....	52
Mental health implications.....	54
Strengths.....	57

Limitations	58
Overall Conclusions	59
REFERENCES	62

LIST OF TABLES

Table 1: Means, Standard Deviations, and Minimum and Maximum.....	70
Table 2: Intercorrelations Among Measures of Victimization and Discrimination, Fundamental Religious Beliefs, Involvement in LGB Community, Perceived Social Support, Outness, Psychological Distress, LGB Identity Development, and Thwarted Belongingness in LGB Individuals Residing in Rural Areas	71
Table 3: Intercorrelations Among Measures of Victimization and Discrimination, Fundamental Religious Beliefs, Involvement in LGB Community, Perceived Social Support, Outness, Psychological Distress, LGB Identity Development, and Thwarted Belongingness in LGB Individuals Residing in Non-Rural Areas	72
Table 4: Stepwise Regression on Psychological Distress.....	73
Table 5: Stepwise Regression on LGB Identity.....	74
Table 6: Stepwise Regression on Thwarted Belongingness	75

CHAPTER 1

INTRODUCTION

Purpose of the Study

Statement of Problem

As current research on unique issues faced by lesbians, gay, and bisexual (LGB) individuals residing in rural areas is scant, this research offers a large-scale empirical exploration of issues highlighted in qualitative or geographically-restricted research. The aims of this research project were threefold: (1) elucidate differences in risk factors and psychological outcomes between rural versus non-rural LGB individuals, (2) examine if significant relationships exist between the risk factors and psychological outcomes for rural versus non-rural LGB individuals, and (3) identify robust factors in the prediction of three psychological outcome variables. The information will not only inform the multicultural understanding of this population, but also offer valuable clinical information to practitioners offering services to this population in rural areas.

Background and Significance

Most of the existing research involving LGB individuals residing in rural areas is either qualitative or geographically limited (Boulden, 2001; Cody & Welch, 1997; Eldridge, Mack, & Swank, 2006; Leedy & Connolly, 2007; Kennedy, 2010; McCarthy, 2000; Oswald & Culton, 2003; Willging, Salvador, & Kana 2006a). While valuable and rich in detail, the available information pertaining to this under-researched population has limitations regarding the generalizability of psychological outcomes and clinical applications for practitioners working with LGB individuals residing in rural areas. Furthermore, past research indicates LGB

individuals in rural areas may be more vulnerable than their non-rural counterparts to psychological risk factors related to exposure to victimization and discrimination, higher levels of internalized heterosexism and homophobia due to increased levels of fundamental religiosity, isolationism and lack of social opportunities with other LGB individuals, lack of social support, and decreased comfort level of disclosing sexual identity to others (Kennedy, 2010; Leedy & Connolly, 2007; McCarthy, 2000; Preston, D'Augelli, Kassab, & Starks, 2007; Willging et al., 2006a). Further confirmation of these risk factors and psychological outcomes such as difficulty developing a LGB identity, increased psychological distress, and lack of belongingness may prove helpful in garnering attention and resources for LGB individuals in rural areas, as well as alerting practitioners serving this population to these risk factors and potential psychological outcomes. Additionally, research has indicated that some practitioners in rural areas may not be aware of the best practices for providing therapeutic services to LGB clients (Eliason & Hughes, 2004; Willging, Salvador, & Kano 2006b). The current study sought to determine if LGB individuals residing in rural areas experience negative psychological outcomes due to exposure to the aforementioned risk factors.

Purpose

The purposes of this research project were threefold. The first purpose was to determine if a difference exists between rural and non-rural LGB individuals in the any of the risk factors (i.e., victimization/discrimination, fundamental religiosity, social opportunities with other LGB individuals, social support, and level of comfort disclosing sexual identity to others) or psychological outcomes (i.e., psychological distress, sexual identity, and thwarted belongingness). A secondary aim of the study was to examine if significant relationships exist between victimization/discrimination, fundamental religiosity, social opportunities with other

LGB individuals, social support, level of comfort disclosing sexual identity to others, psychological distress, sexual identity, and thwarted belongingness in rural and non-rural LGB individuals. Finally, this project also attempted to determine whether victimization/discrimination, fundamental religiosity, social opportunities with other LGB individuals, social support, and level of comfort disclosing sexual identity to others predict a unique amount of variance in psychological distress, sexual identity, or thwarted belongingness in rural and non-rural LGB individuals.

CHAPTER 2
RISK FACTORS AND PSYCHOLOGICAL OUTCOMES FOR LGB INDIVIDUALS
RESIDING IN RURAL AREAS

Much of the research involving LGB individuals residing in rural areas is either qualitative in nature or restricted in geographic area (Boulden, 2001; Cody & Welch, 1997; Eldridge et al., 2006; Leedy & Connolly, 2007; Kennedy, 2010; McCarthy, 2000; Oswald & Culton, 2003; Willging et al. 2006a). While the qualitative and restricted geographic area may limit generalizations that can be made from the results, these studies have yielded information that is consistent, valuable, and rich in detail about this under-researched population. These studies indicate that LGB individuals residing in rural areas may be more vulnerable than their non-rural counterparts to psychological risk factors related to exposure to victimization and discrimination, higher levels of internalized heterosexism and homophobia due to increased levels of fundamental religiosity, isolationism and lack of social opportunities with other LGB individuals, lack of familial and social support, and decreased comfort level of disclosing sexual identity to others (Kennedy, 2010; Leedy & Connolly, 2007; McCarthy, 2000; Preston et al., 2007; Willging et al., 2006a). Additionally, research has suggested that many mental health practitioners in rural areas may not be aware of the best practices for LGB individuals (Willging, Salvador, & Kano 2006b). Yet, there are positive aspects about living in rural areas for LGB individuals, and there are many proposed solutions for improving rural life for LGB individuals.

Heterosexism and Homophobia

Rural living is often synonymous with conservatism, religiosity, uniformity, gossip, social conformity, and heterosexual culture (Bell & Valentine, 1995; Oswald, 2002). Residing in a rural area is correlated with increased likelihood of harboring attitudes of heterosexism and

homophobia (Snively, Kreuger, Stretch, Watt, & Chadha, 2004). Some factors predictive of increased likelihood of heterosexist and homophobic attitudes among rural residents are religiosity or fundamentalism, fear of HIV/AIDS, gender, political orientation, and less contact with LGB individuals (Eldridge et al., 2006; Hopwood & Connors, 2002; Snively et al., 2004). Schools were identified by LGB individuals in rural Wyoming as institutions fraught with high levels of heterosexism and homophobia (Leedy and Connolly, 2007). With heterosexism and homophobia more likely in rural than urban areas, rural areas may be somewhat more dangerous environments to navigate for LGB individuals.

Furthermore, exposure to heterosexism, homophobia, and stigma from others can create internalized heterosexism and homophobia within LGB individuals. Kennedy (2010) found that gay men in rural Ontario, Canada continued to harbor negative feelings, guilt, and low self-esteem stemming from their childhood experience of religion in their family of origin. These same gay men, feeling oppressed and angry, had since rejected organized religion. Internalized heterosexism and homophobia, assessed via interviews, was a common theme for 85% of a sample of gay men living in rural areas of New England (Cody & Welch, 1997). The men experienced and internalized negative oppressive messages from parents, teachers, members of the clergy, and peers, which caused the men to feel ashamed and guilty about their sexuality. Some sought mental health assistance to change their sexual orientation. Many reported experiencing continuing heterosexist and homophobic treatment from others (Cody & Welch, 1997). Similarly, gay men living in rural Wyoming minimized the frequent experience of verbal and physical violence against themselves and others for being gay, which Bouldin (2001) asserted was evidence of internalized heterosexism and homophobia. Additionally, Bouldin suggested that the act of hiding their sexuality publicly in order to be accepted within their rural

communities may be evidence of internalized heterosexism and homophobia, as this type of oppression was unchallenged by the gay men (Bouldin, 2001).

Other studies suggest that a number of LGB individuals in rural areas conceal their sexual identity in public to be accepted within their communities, suggesting Bouldin's assertion could be generalized from gay men living in rural Wyoming to other LGB individuals residing in rural areas (Bell & Valentine, 1995; Leedy & Connolly, 2007; McCarthy, 2000; Oswald & Culton, 2003). Thus, researchers have found either through admission of feelings of shame and guilt or by omission of righteous indignation about experienced oppression LGB individuals residing in rural areas evidenced internalized heterosexism and homophobia.

Invisibility and “Don’t Ask, Don’t Tell”

Some LGB individuals attempt to conceal their sexual identity within the rural environment. LBG individuals have consistently reported to researchers that they fear coming out to their rural neighbors because they may be victimized, discriminated against, or ostracized (Bell & Valentine, 1995; Cody & Welch, 1997; McCarthy, 2000; Oswald & Culton, 2003). In one study, LGB individuals who lacked confidence and a sense of belongingness in their rural New Mexico communities reported experiencing fear of disclosure as a major stressor (Willging et al., 2006a). Those same LGB individuals living in rural areas in New Mexico reported being fearful of disclosing their sexual or gender identity to mental health providers for fear of bias, discrimination, and negative response (Willging et al., 2006a).

Boulden (2001) discovered an unspoken “don’t ask, don’t tell” mentality between gay men and their rural neighbors. A hyperawareness of surroundings and others was a common theme in the interviews Boulden conducted, and these gay men residing in rural Wyoming guarded against purposefully revealing their sexual identity in front of their neighbors in order to

be accepted in the community. The gay men described how they were careful to be on guard in public and not engage in behaviors such as holding hands with their partners, referring to their partners by pet names, swishing when they walked, or acting in any other effeminate ways (Bouldin, 2001). Oswald and Culton (2003) found that LGB individuals living in nonmetropolitan Illinois also felt the need to forgo drawing attention to their sexual identity in public in their rural surroundings to ensure safety. Similarly, LGB individuals surveyed by Leedy and Connolly (2007) in Wyoming also indicated they refrained from exhibiting behavior in public that would reveal their sexual identities. The gay men in rural Wyoming described developing public personas to improve their quality of life and ease of existence in rural culture, especially in community and work settings (Boulden, 2001). The hyperawareness and fear of discovery prompts LGB individuals in rural areas to attempt to remain invisible in their surroundings for safety and social motivations.

Leedy and Connolly (2007) posited that their respondents may have been selective about whom to come out to based on the nature of anticipated response, since their respondents rated the reactions of coworkers, friends, and neighbors as neutral or generally positive. This anticipatory planning regarding to whom to reveal their sexual identity seems consistent with the caution reported by LGB individuals residing in rural areas concerning how to navigate the heterosexist and homophobic landscape of rural community life.

However, many of the gay men interviewed by Boulden (2001) suspected many of the neighbors suspected or knew of their sexuality. The gay men reported other men in the community would avoid socializing with them or would not come to the gay men's homes for fear that association with them would imply they were also gay. Thus, despite the gay men's efforts to hide their sexual identity in public, they felt many in the community were silently

aware. Hence, the “don’t ask, don’t tell” label Boulden (2001) utilized to describe the interaction between the gay men and the heterosexual rural community.

Victimization and Discrimination

Despite attempts to remain invisible, LGB individuals residing in rural areas experience harassment and discrimination. Waldo, Hesson-McInnis, and D’Augelli (1998) found that heterosexist or homophobic victimization, a term encompassing a range of victimization from verbal harassment to physical assault motivated by heterosexism or homophobia, has similar correlates for young adults in urban and rural settings. Those individuals who do not conform to traditional gender stereotypes are more likely to be assumed to be LGB, and thus are more frequently targeted for victimization. Those individuals who are more open about their LGB sexual orientation are more likely to be victimized as well. The victimization leads to lowered self-esteem, which in turn exacerbates psychological distress. While suicidality is not a direct consequence of stressful life events, suicidality is caused by a period of psychological turbulence initiated by stressful experiences. Thus, since victimization leads to lowered self-esteem which in turn leads to increased psychological distress, both of these factors are jointly predictive of suicidality. However, a reduction in life stressors and problems not only directly improves self-concept and self-esteem but reduces psychological distress (Waldo et al., 1998).

A majority of LGB survey respondents from Wyoming reported they had suffered harassment and victimization (Leedy & Connolly, 2007). Some had experienced discrimination in regard to credit and banking decisions, tax benefits, entry into community groups, employment benefits, employment opportunities, and termination of employment. LGB individuals residing in the least densely populated counties in Wyoming indicated they had experienced the highest levels of discrimination at institutional and personal or community levels

(Leedy & Connolly, 2007). Swank, Fahs, and Frost (2013) found that LGB individuals who reside in rural areas reported higher incidences of hearing homophobic statements, experiencing property damage, and being discriminated against for employment, while LGB individuals residing in small towns reported higher levels of housing discrimination and being chased by strangers. LGB individuals residing in rural areas reported experiencing more stigma and enacted discrimination, which was exacerbated by living in Southern states (Swank, Frost, & Fahs, 2012). While only 10% of the gay men interviewed by Cody and Welch (1997) had been harassed in childhood or adolescence for being gay, 35% had been harassed for being gay as adults in rural northern New England. Bouldin (2001) indicated the gay men he interviewed reported they could not even walk down the street with women without being verbally harassed. The same gay men had objects and trash thrown onto their lawns and received threatening phone calls as well (Bouldin, 2001). This victimization was perpetrated despite attempts by the gay men to keep their sexuality as invisible as possible in public, as discussed in the previous section.

Unfortunately, LGB individuals may engage in maladaptive coping mechanisms to reduce the stressors and problems associated with rural life. When gay men experience intolerance from families, health care providers, and communities in rural areas they may engage in risky sexual behavior to relieve the stress caused by intolerance, regardless of self-esteem and internalized homophobia (Preston et al., 2007). LGB individuals also have high rates of tobacco and alcohol consumption (Greenwood & Gruskin, 2007). Sadly, these maladaptive coping mechanisms often lead to serious negative health consequences.

Isolation from LGB Community

LGB individuals living in rural areas may be more susceptible to negative effects from victimization and discrimination because they feel isolated and have fewer opportunities to

socialize with other LGB individuals through LGB-affirming organizations. LGB community support relieves psychological distress (Waldo et al., 1998). A lack of community-based LGB resources heightens feelings of social isolation among LGB individuals (McCarthy, 2000; Willging et al., 2006b). Oswald and Culton (2003) found that LGB respondents in nonmetropolitan Illinois rated the lack of LGB community as the worst thing about living in a rural area, and the respondents indicated the LGB community was too small, hidden, fragmented, and/or lacking in resources. Particularly, the resources were lacking for individuals looking for committed relationships, same-sex couples, and parents with children, as the gay bars that were available seemed to cater to young and single LGB individuals (Oswald & Culton, 2003).

While LGB individuals residing in rural Wyoming reported being active in their geographic community and having social ties with other LGB individuals locally, they reported a lack of LGB-affirming services, especially in the less densely populated counties (Leedy & Connolly, 2007). Additionally, it is important to note that there are no gay bars or bookstores, and there are no regular places for LGB individuals to congregate in Wyoming (Leedy & Connolly, 2007). Swank et al. (2012) found that LGB individuals residing in rural areas across the United States felt less connected to the LGB community than their non-rural counterparts. Negative aspects of rural living found by Cody and Welch (1997) were lack of visible gay community, difficulty meeting similar others, magnified sense of aloneness/difference/isolation, loss of friends to AIDS, and too much introspection with little distraction. The gay men interviewed coped with these drawbacks by living near colleges/universities or visiting nearby cities (Cody & Welch, 1997).

Some gays and lesbians find a small group of gay or lesbian friends to socialize with within the rural areas, which functions as a small LGB community (Bouldin, 2001; McCarthy,

2000). The groups go to dinner, socialize at each other's houses, go to the theater together, and engage in other small group social activities. Yet, even these small groups are kept secret and underground to minimize the risk of being exposed to their heterosexist and homophobic rural neighbors, and the small groups do not socialize with one another for the most part. To find and become an invited member of such a group can be quite challenging (Bouldin, 2001; McCarthy, 2000). Despite these small informal LGB groups, there remains a paucity of LGB-affirming services and organizations in rural communities, which in itself raises the risk for LGB individuals to feel isolated, vulnerable, and psychologically distressed.

Lack of Support

LGB individuals living in rural areas can also lack support, understanding, and acceptance from family and friends. Half of the gay men interviewed by Cody and Welch (1997) who were living in rural New England indicated they experienced some sort of censorship by their families regarding their sexual identity. Their families responded to coming out declarations with silence, disinterest, ambivalence, or a lack of support. Some of the men had not verbally come out to their families, and instead had developed an unspoken understanding about their sexual identity (Cody & Welch, 1997). While the gay men Bouldin (2001) interviewed spoke about close relationships with their families in rural Wyoming, there was no indication about whether they were out to their families. Waldo et al. (1998) found that unsupportive family and friends were more likely to victimize or enable victimization of an LGB individual. On the other hand, supportive family and friends were found to be more likely to protect an LGB individual from victimization and offer resources to help an LGB individual avoid victimization (Waldo et al., 1998). Cody and Welch (1997) found that interviewees dealt with family censorship and lack

of support by developing a family of choice from a group of close gay and non-gay friends within their communities.

Psychological Distress, Mental Health Disorders, and Suicidal Risk

In addition to these risk factors associated with rural living, research indicates LGB individuals are at higher risk in general for psychological distress and mental health disorders than heterosexual individuals. Gay and bisexual men reported higher levels of psychological distress than heterosexual men in a study by Cochran, Sullivan, and Mays (2003). LGB individuals retrospectively indicated experiencing higher levels of emotional stress or psychological distress in adolescence than heterosexual individuals retrospectively endorsed (Cochran et al., 2003; Koh & Ross, 2006). Additionally, LGB individuals have consistently been found to be at higher risk for depression, anxiety, and mood disorders than heterosexual individuals (Bostwick, Boyd, Hughes, & McCabe, 2010; Cochran & Mays, 2000; Cochran, Mays, Alegria, Ortega, & Takeuchi, 2007; Cochran et al., 2003; Gilman et al., 2001; King et al., 2008). Cochran et al. (2003) found that gay and bisexual men reported a higher prevalence of panic attacks than heterosexual men. Gay and bisexual men also appear to be at higher risk for eating disorders than heterosexual men (Feldman & Meyer, 2007). LGB individuals were found to have an increased risk for substance use and dependence disorders (Gilman et al., 2001; King et al., 2008). LGB individuals appear to have an increased risk for affective disorders, eating disorders, and substance use and dependence disorders than their heterosexual peers.

LGB individuals may also be at higher risk for suicidal thoughts and attempts than heterosexual individuals. Balsam, Beauchaine, Mickey, and Rothblum (2005) recruited LGB individuals and their heterosexual siblings for a study, which yielded results linking sexual orientation to increased risk for suicidal ideation, suicide attempts, and self-injurious behavior.

Lesbians and bisexual women who did not openly disclose their sexual identity to others were significantly more likely to have experienced suicide ideation or attempted suicide than heterosexual women (Koh & Ross, 2006). Gay and bisexual men were more likely than heterosexual men to report a recent suicide attempt (Cochran et al., 2007). Gay and bisexual men also reported a greater lifetime prevalence of suicide symptoms (e.g., thoughts of death, desire to die, suicide ideation, and suicide attempt) than heterosexual men (Cochran & Mays, 2000). Gilman et al. (2001) found that LGB individuals had a higher prevalence of suicidal thoughts and plans over the past 12 months than heterosexuals. LGB individuals appear to have increased risk for thinking about and attempting suicide than their heterosexual counterparts.

Mental Health Providers and Services

Unfortunately, despite being exposed to risk factors (e.g., heterosexism or homophobia, victimization, discrimination, invisibility, isolation, and lack of familial and social support) and at higher risk for psychological distress, mental health disorders, and suicidal behavior, LGB-affirming mental health services may not be readily available to LGB individuals in many rural areas. Willging et al. (2006b) found that rural mental health providers lacked appropriate training to treat LGB individuals, reported individual and institutional forms of bias against LGB individuals in institutions providing mental health services in rural areas, assumed clients were heterosexual, isolated LGB individuals in treatment facilities, discouraged expression of sexual or gender identity in group therapy by LGB individuals, and indicated many observed examples of fellow colleagues mistreating LGB individuals. Some mental health providers compensated for their biases by attempting to treat LGB individuals as no different from other clients (Willging et al., 2006b). This attempt at therapeutic neutrality is problematic because the mental health providers neglect confronting their own heterosexism and lack of training in LGB issues,

as well as failing to consider the impact sexual and gender identity issues may have on the clients' mental health problems (Willging et al., 2006b). Additionally, even mental health providers knowledgeable about LGB issues struggled with whether to encourage LGB individuals to live more openly or continue to hide their identity in their rural communities, when both options could have detrimental effects (Willging et al., 2006b).

However, this lack of knowledge of and sensitivity to LGB issues may not be unique to practitioners in rural areas. Eliason and Hughes (2004) found that mental health practitioners and substance abuse counselors in urban areas of Chicago and rural areas of Iowa had little formal training in LGB issues, did not differ in knowledge of specific LGB issues that might influence alcohol and drug treatment, and lacked knowledge about legal issues such as power of attorney, concepts of domestic partnership and internalized heterosexism or homophobia, and issues related to family of origin and current family. Additionally, nearly half of the counselors, both in the urban and rural areas, reported negative or ambivalent attitudes about LGB individuals (Eliason & Hughes, 2004).

A lack of LGB social networks, fear of discrimination based on sexual or gender identity, misconceptions of mental illness and substance abuse, and financial concerns were some factors preventing LGB individuals from seeking mental health services in rural New Mexico (Willging et al., 2006a). Those LGB individuals living in rural New Mexico indicated that they had experienced discrimination, inappropriate care, or premature discontinuation of care due to their sexual or gender identity when they sought mental health services in their communities. Several LGB individuals in the Willging et al. (2006a) study turned to religious institutions for treatment of emotional distress and substance abuse issues due to financial concerns, yet many of those individuals kept their sexual identities secret while seeking religious assistance. Participants from

Latino and Native American families reported that their family influenced their decision to utilize religious treatment options (Willging et al. 2006a).

LGB individuals reported significantly harmful treatment from mental health professionals based on their sexual identities, such as humiliation, laughter, and disparaging remarks (Willging et al., 2006a). Misconceptions about mental illness and substance abuse that prevent LGB individuals in rural areas from seeking mental health treatment include believing that mental illness is a sign of personal weakness that can be overcome by perseverance and hard work (Willging et al., 2006a). Access to LGB-affirming mental health services is limited in rural areas, and financial concerns as well as lack of referrals to such services due to limited LGB social networks prevent many LGB individuals from traveling to LGB-affirming providers in urban areas (Willging et al., 2006a). LGB individuals in non-metropolitan areas in Illinois also assumed that seeking mental health services would require either a suppression of the topic of their sexuality or that their sexuality would be treated with therapeutic neutrality (Oswald & Culton, 2003). These research findings expose a critical area where mental health practitioners need further specialized training, continuing education, and mandated practice standards to improve the care provided to LGB individuals, especially those residing in rural areas. Additionally, the relationship of mental health professionals and the LGB community may require repair due to the aforementioned experiences and any other unethical treatment that LGB individuals have suffered from mental health service providers.

Positive Aspects of Rural Living

Given all the aforementioned issues that may arise for LGB individuals living in rural areas, what attracts those individuals to reside in rural areas? Boulden (2001) found that the gay men he interviewed lived there by choice, were very happy, and had good lives in rural

Wyoming. The men valued the slower pace of rural life, enjoyed the beauty of the natural surroundings, appreciated the types of recreation and leisure activities available, and treasured the friendliness of people in small towns (Boulden, 2001). Cody and Welch (1997) found gay men reported positive aspects of rural life, which included simplicity, comfort of a small and quiet community, rural recreation activities, natural surroundings, affordable land, and privacy. Furthermore, these men indicated that rural living necessitated intentional nurturing of existing relationships, especially with lovers and partners. They reported relying on other gay men a lot whether as lovers or friends, and they indicated they treasured all of these longer and deeper relationships (Cody & Welch, 1997). Oswald and Culton (2003) found similar positive aspects reported by LGB respondents living in nonmetropolitan Illinois counties. LGB individuals appreciated a higher standard of living with easy access to a large city. They reported close, supportive relationships, and they indicated enjoying living near their families. The LGB individuals described the smaller social networks as having stronger ties than urban LGB groups (Oswald & Culton, 2003). Wienke and Hill (2013) found higher levels of happiness and job satisfaction among rural sexual minorities as compared to non-rural counterparts. Thus, despite being exposed to heterosexism and homophobia, victimization, discrimination, invisibility, isolation, and lack of familial and social support, LGB individuals continue to choose to live in rural areas for the abovementioned positive aspects. It may be important to understand what attracts LGB individuals to rural living, as these positive aspects may help mitigate some of the negative effects of the risk factors. At the very least, identifying the positive aspects allows for a broader understanding of rural life for LGB individuals.

Current Study

The current study had three specific goals. The first goal was to determine if there is a distinct pattern of risk factors for negative psychological outcomes in LGB individuals residing in rural areas versus non-rural areas. The second goal was to determine if those risk factors were significantly related to psychological outcomes such as LGB identity development, psychological distress, and thwarted belongingness. Lastly, the third goal was to determine the amount of variance in psychological outcomes that could be predicted by the linear combination of these risk factors.

First, the aim of this study was to identify any differences in risk factors and psychological outcomes between LGB individuals residing in rural areas versus non-rural areas. Based on previous literature, it was expected that LGB individuals residing in rural areas would report more experiences of victimization and discrimination, higher identification with fundamental religious beliefs, less identification and involvement in the LGB community, decreased social support, less comfort with disclosing sexual identity to others, higher levels of psychological distress, less developed LGB identities, and more thwarted belongingness compared to LGB individuals in non-rural areas (Boulden, 2001; Cody & Welch, 1997; D'Augelli, Pilkington, & Hershberger, 2002; Kennedy, 2010; Leedy & Connolly, 2007; McCarthy, 2000; Willging et al., 2006a).

Secondly, the study aimed to determine if risk factors would be significantly correlated with psychological outcomes across type of residence (rural versus non-rural). Based on previous research, it was predicted that both psychological distress and thwarted belongingness would be positively correlated with fundamental religious beliefs and experiences of victimization and discrimination, as well as negatively correlated with involvement in the LGB community,

comfort with disclosing sexual identity to others, and perceived social support for rural participants (Boulden, 2001; D'Augelli, Pilkington, & Hershberger, 2002; Kennedy, 2010; Leedy & Connolly, 2007; McCarthy, 2000; Willging et al., 2006a). It was predicted that LGB identity development would be positively correlated with involvement in the LGB community, comfort with disclosing sexual identity to others, and perceived social support, as well as negatively correlated with fundamental religious beliefs and experiences of victimization and discrimination for rural participants (Boulden, 2001; Kennedy, 2010; Leedy & Connolly, 2007; McCarthy, 2000; Willging et al., 2006a).

Lastly, this study aimed to identify the amount of variance within the psychological outcome variables that can be uniquely accounted for by the designated risk factors. Since there has been no previous empirical research concerning the role of the risk factors (i.e., experiences of victimization and discrimination, opportunities to socialize with other LGB individuals, comfort level disclosing sexual identity to others, identification with fundamental religious beliefs, and perceived social support) in the noted psychological outcomes (i.e., psychological distress, LGB identity development, and thwarted belongingness) for LGB individuals residing in rural areas, this aim was exploratory in nature regarding the amount of variance explained by the risk factors.

Overall, it was predicted that 1) LGB individuals residing in rural areas would differ from LGB individuals residing in non-rural areas in self-reports of risk factors and psychological outcomes, such that rural participants would report more experiences of risk factors and negative psychological outcomes, 2) risk factors would be significantly correlated with psychological outcomes across type of residence (rural versus non-rural) within this population,

and 3) risk factors would predict unique variance in the psychological outcomes within samples of LGB individuals residing in rural and non-rural areas.

CHAPTER 3

RESEARCH METHODOLOGY

Participants

The study specifically targeted LGB organizations nationwide for recruitment purposes. Men, women, and transgendered persons aged 18 years and older who self-identified as LGB from varied socioeconomic, racial/ethnic/cultural, religious, and ability groups were recruited as participants for this study. Participation was voluntary.

A large sample of LGB participants (N = 747) were recruited for this study. Of the total sample, 177 (23.7%) resided in rural areas and 570 (76.3%) resided in non-rural areas. The majority of the sample identified as women (60.0%), while 39.5% identified as men. Most participants identified as gay (34.7%) or lesbian (36.5%), while 14.5 % identified as bisexual and 14.6% identified as queer, questioning, or other moniker on the LGB spectrum. White, non-Hispanic American participants made up 80.3% of the sample, while African-American/Black (4.6%), Asian/Asian-American (4.7%), and Hispanic (4.4%) participants were represented in smaller proportions. The mean age was 31.26 (SD = 13.46) with participants ranging in age from 18 to 81.

Procedures

The study recruited LGB individuals through the use of snowball sampling emails and online communications to LGB organizations, listservs, and social networking websites. Within the emails and online communications, interested LGB individuals were asked to access a hyperlink or website address that directed them to the informed consent portion of the online survey on SurveyMonkey.com. Interested LGB individuals were asked to thoroughly read through the informed consent procedures. If interested LGB individuals decided to volunteer for

the study, they were asked to electronically sign the informed consent page. After giving their consent to participate in this study as a volunteer, they were directed to the survey which consisted of the informed consent form, demographic questionnaire, questionnaire measuring psychological distress, questionnaire measuring feelings of belongingness, questionnaire assessing level of identification and involvement in the LGB community, sexual identity questionnaire, questionnaire regarding experiences of victimization and discrimination, questionnaire assessing level of disclosure of sexual identity, religiosity questionnaire, and questionnaire measuring perceptions of social support. Participants were notified that they could skip any question and discontinue taking the survey at any time without penalty. Completion time for this survey was approximately 20 to 30 minutes.

After completing these questionnaires, participants were directed to a debriefing page that further explained the goals of the research and provided information regarding free mental health services accessible using a toll free phone number. The final page of the survey provided incentive information regarding the gift card raffle. All participants who completed the survey were entered into monthly raffles to win \$50.00 gift cards to Amazon.com. In order to maintain anonymity, during the debriefing process participants were directed to send an email to a remotely accessed account expressing their desire to be entered into the raffle. This process ensured that the identities of the participants remained disconnected from their responses, while providing a delivery method for the incentive. The primary investigator did not have the ability to attach identifying characteristics of the participants to their responses.

Data Storage

SurveyMonkey.com was utilized to store all entered data onto a Microsoft Excel spreadsheet. The primary researcher retrieved the data from SurveyMonkey.com. Data were

then transferred from a Microsoft Excel spreadsheet to an SPSS data file. Data within the SPSS file will be kept password protected and stored on a secure hard drive for five years.

Measures

The following scales, which either are public domain for noncommercial use or permission from the original author was obtained by the primary investigator, were utilized in the study: Depression Anxiety Stress Scale 21; Identification and Involvement with the Gay Community Scale; Interpersonal Needs Questionnaire; Lesbian, Gay, and Bisexual Identity Scale; Measure of Gay-Related Stressors; Outness Inventory; Revised Religious Fundamentalism Scale; and Social Provisions Scale. Questions about demographic information were measured utilizing items designed by the primary investigator.

Depression Anxiety Stress Scale 21 (DASS21). The DASS21 is a 21-item scale, which yields an overall score and three subscale scores: depression, anxiety, and stress (Brown, Chorpita, Korotitsch, & Barlow, 1997). For the purposes of this study, the overall score was utilized as a measure of psychological distress. The DASS21 is a brief version of the DASS, a 42-item instrument, with strong internal consistency and validity in both clinical and nonclinical samples (Brown et al., 1997; Lovibond & Lovibond, 1995). The DASS21 has also been found to have strong internal consistency for the subscales (Cronbach $\alpha = .87-.94$) with clinical and community samples (Antony, Bieling, Cox, Enns, & Swinson, 1998). With clinically depressed samples, the internal consistency was strong for both the total score (Cronbach $\alpha = .97$ and subscales (Cronbach $\alpha = .92-.96$) (Page, Hooke, & Morrison, 2007). Norton (2007) found moderate to strong internal consistency for the DASS21 across the four most prevalent racial/ethnicity groups in the United States, as well as consistency in convergent and divergent validity across racial/ethnicity groups. Additionally, Page et al. (2007) found their confirmatory

factor analysis supported the three-factor structure proposed by Lovibond and Lovibond (1995). In the area of concurrent validity, the scores derived from the DASS21 were moderately to strongly correlated with scores obtained from the Beck Anxiety Inventory, Beck Depression Inventory, and State-Trait Anxiety Inventory (Antony et al., 1998). In the current study, the DASS21 had strong internal consistency ($\alpha = .94$).

Identification and Involvement with the Gay Community Scale (IGCS). The IGCS is an 8-item instrument, which assesses perceived level of identification and involvement in the gay community (Vanable, McKirnan, & Stokes, 1998). For the purposes of this study, the IGCS measured social isolation as it relates to lack of access to the LGB community. The IGCS yielded moderate internal consistency (Cronbach $\alpha = .78$) and test-retest reliability was .74 (Vanable et al., 1998). In the area of validity, construct validity was initially supported by Stokes, McKirnan, & Burzette (1993) who found the IGCS questions positively correlated with self-reported sexual behavior, disclosure of sexual identity to others, and safe sexual practices. In a later study, IGCS scores were positively correlated with Kinsey ratings of sexual orientation and differentiated by the sexual orientation of respondents (Vanable et al., 1998). In the current study, IGCS displayed adequate internal consistency ($\alpha = .73$).

Interpersonal Needs Questionnaire-12 (INQ-12). The INQ-12 is a 12-item scale measuring perceived burdensomeness and thwarted belongingness. For this study, only the thwarted belongingness scale was used. The thwarted belongingness scale demonstrated high internal consistency with a Cronbach's alpha of .92 (Freedenthal, Lamis, Osman, Kahlo, & Gutierrez, 2011). Construct validity was reflected in significant moderate negative correlations between thwarted belongingness and measures of social support and reasons for living (Freedenthal, et al., 2011). Construct validity was further supported by significant moderate

positive correlations between thwarted belongingness and measures of depressive symptoms, hopelessness, and suicide-specific constructs (Freedenthal et al., 2011). Van Orden, Cukrowicz, Witte, and Joiner (2011) found the INQ-12 to be viable for use with older adults, rather than just the undergraduate population used in the original normative sample. In the current study, the thwarted belongingness items from the INQ-12 demonstrated good internal consistency ($\alpha = .88$).

Lesbian, Gay, and Bisexual Identity Scale (LGBIS). The LGBIS is a 27-item scale which includes the following eight subscales: Acceptance Concerns, Concealment Motivation, Identity Uncertainty, Internalized Homonegativity, Difficult Process, Identity Superiority, Identity Affirmation, and Identity Centrality (Mohr & Kendra, 2011). For the purposes of this study, the subscales of Internalized Homonegativity, Concealment Motivation, Acceptance Concerns, and Difficult Process were averaged to obtain the Negative Identity score, which was utilized to measure sexual identity development (Mohr, 2005). The mean Cronbach's alpha estimates across samples for this measure ranged from .75 to .91, indicating moderate to high internal consistency (Mohr & Kendra, 2011). The 6-week test-retest correlations ranged from .70 to .92 (Mohr & Kendra, 2011).

The LGBIS demonstrated moderate to strong construct validity among subscales. Specifically of concern for this study, Internalized Homonegativity was positively correlated with another measure of internalized homonegativity and negatively correlated with a measure of connectedness to other LGB individuals and the LGB identity (Mohr & Kendra, 2011). The Concealment Motivation subscale was negatively correlated to a measure of revealing sexual identity to others and positively correlated with measures of internalized homonegativity and concealing identity from others (Mohr & Kendra, 2011). The Acceptance Concerns subscale was

negatively correlated with measures of perceptions of how others evaluate LGB individuals and revealing sexual identity to others (Mohr & Kendra, 2011). The Difficult Process subscale was positively correlated with measures of internalized homonegativity and negative psychosocial functioning (Mohr & Kendra, 2005). Additionally, the Difficult Process subscale was negatively correlated with positive psychosocial functioning (Mohr & Kendra, 2005). In the current study, the LGBIS Negative Identity subscale items were reversed in scoring to provide a measure of positive identity development. Those items exhibited strong internal consistency ($\alpha = .90$).

Measure of Gay-Related Stressors (MOGS). The MOGS is a 56-item instrument that measures different types of stressors for LGB individuals and consists of ten subscales: family, family reactions to my lover, violence, misunderstanding, work discrimination, general discrimination, visibility from friends and family, visibility from general public, HIV/AIDS, and sexual orientation conflict (Lewis, Derlega, Berndt, Morris, & Rose, 2001). For the purposes of the present study, the violence, work discrimination, and general discrimination subscales were utilized to measure the variable of victimization/discrimination. Lewis et al. (2001) found those subscales yielded moderate to high internal consistency (Cronbach $\alpha = .73-.90$). In the area of validity, the MOGS scores were positively correlated with dysphoria, life stressors, and depressive symptoms (Lewis et al., 2001; Lewis, Derlega, Griffin, & Krowinski, 2003). The ten stress factors measured by MOGS accounted for a significant proportion of the variance in the reported dysphoria (Lewis et al., 2001). Additionally, the scores on the MOGS were negatively correlated with scores on a measure pertaining to openness about sexual identity (Lewis et al., 2001). In the current study, the MOGS had strong internal consistency ($\alpha = .93$).

Outness Inventory (OI). The OI is an 11-item questionnaire designed to assess how openly LGB individuals disclose their sexual identity to others (Mohr & Fassinger, 2000). In the

current study, the scale measured the degree to which the respondent's sexual identity is known to family members, friends, coworkers, and religious community. The scale consists of three subscales: out to family, out to world, and out to religion. The overall score, overall outness, was utilized for the purposes of this study. The Cronbach's alpha coefficients for the OI ranged from .78 to .97, indicating good internal consistency (Mohr & Fassinger, 2000). Scores on OI were positively correlated with a measure of sexual identity development, indicating good construct validity (Mohr & Fassinger, 2000). In the current study, the OI displayed moderate internal consistency ($\alpha = .79$).

Revised 12-Item Religious Fundamentalism Scale. The Revised 12-Item Religious Fundamentalism Scale is a 12-item scale that measures respondents' proclivity for adhering to strict, inflexible religious beliefs and teachings (Altemeyer & Hunsberger, 2004). The Revised 12-Item Religious Fundamentalism Scale was utilized to measure religiosity in the current study. The Revised 12-Item Religious Fundamentalism Scale has alpha reliability coefficients of .91 to .92 (Altemeyer & Hunsberger, 2004). The Revised 12-Item Religious Fundamentalism Scale was positively and moderately correlated with measures of authoritarianism, religious emphasis in childhood, belief in a traditional God, frequency of church attendance, belief in creation science, religious ethnocentrism, dogmatism, racial or ethnic prejudice, and hostility toward LGB individuals (Altemeyer & Hunsberger, 2004). The Revised 12-Item Religious Fundamentalism Scale was negatively correlated with a measure of doubts about religion (Altemeyer & Hunsberger, 2004). These significant correlations with other measures demonstrate sound construct validity of the Revised 12-Item Religious Fundamentalism Scale. In the current study, the Revised 12-Item Religious Fundamentalism Scale exhibited good internal consistency ($\alpha = .89$).

Social Provisions Scale. The Social Provisions Scale is a 24-item instrument with 6 subscales: guidance, reassurance of worth, social integration, attachment, nurturance, and reliable alliance (Cutrona & Russell, 1987). For the purposes of this study, the reliable alliance was utilized to measure perceived social support from both family and friend relationships (Cutrona & Russell, 1987). Reliable alliance has moderate internal consistency with a Cronbach alpha of .65 (Cutrona & Russell, 1987). The construct validity has been supported by correlations between the scores obtained on the Social Provisions Scale and measures of loneliness and interpersonal relationships (Cutrona & Russell, 1987; Kraus, Bazzini, Davis, Church, & Kirchman, 1993). In the current study, the reliance alliance demonstrated good internal consistency ($\alpha = .86$).

Analytic Procedure

An exploratory factor analysis was utilized to assess if the three subscales of gay-related stress loaded on a single factor that could be described as victimization/discrimination. Reliability coefficients for each measure were examined to determine internal consistency. Initial analysis involved a MANOVA to determine rural versus non-rural differences in the five risk factors (victimization/discrimination, perceived social support, involvement in the LGB community, level of disclosure of sexual identity to others, and identification with fundamental religious beliefs) and three outcome variables (identity, distress, and belongingness). Since significant differences occurred within the predictor and outcome variables, subsequent analyses were split by rural versus non-rural status. Separate Pearson product correlation matrices were examined independently for LGB individuals residing in rural and non-rural areas. Stepwise regression analyses were utilized to determine if risk factors (i.e., victimization/discrimination, perceived social support, involvement in the LGB community, level of disclosure of sexual

identity to others, and identification with fundamental religious beliefs) predicted any significant variance in psychological distress, identity development, and thwarted belongingness.

CHAPTER 4

RESULTS

An exploratory principal component analysis was analyzed with the three gay-related stressors subscales (violence, work discrimination, and general discrimination) to obtain component scores reflecting unique, non-overlapping features of victimization/discrimination experiences. Using Kaiser's recommendation for factor selection, only components scores with a minimum eigenvalue of 1.0 were retained. With these criteria, the analysis resulted in one factor that accounted for 73% of the total variance among gay-related stressors subscale measures. The identified factor consisted of primary loadings on all three gay-related stressors measures and was termed *victimization/discrimination*.

Descriptive statistics were examined for all variables independently by LGB individuals residing in rural and non-rural settings. Means, standard deviations, and minimum/maximum scores are presented in Table 1.

A multivariate analysis of variance (MANOVA) was analyzed to determine if there were rural versus non-rural differences in self-reported levels of risk factors and psychological outcomes. As expected, the multivariate ANOVAs yielded significant differences between rural and non-rural residents, *Wilks' Lambda* = .96, $F(8, 734) = 4.24, p < .01, \eta^2 = .04$. Further univariate ANOVAs revealed significant area of residence differences (rural versus non-rural) in the reporting of three risk factors and all three psychological outcome variables: victimization and discrimination $F(1, 741) = 19.61, p < .01, \eta^2 = .03$, social opportunities with other LGB individuals $F(1, 741) = 4.53, p = .03, \eta^2 = .01$, comfort level disclosing sexual identity to others $F(1, 741) = 6.71, p = .01, \eta^2 = .02$, psychological distress $F(1, 741) = 11.47, p < .01, \eta^2 = .02$, LGB identity development $F(1, 741) = 8.39, p < .01, \eta^2 = .01$, and thwarted belongingness $F(1,$

741) = 6.63, $p = .01$, $\eta^2 = .01$. Specifically, LGB individuals residing in rural areas reported more victimization and discrimination ($M_s = 31.11$, $SD = 15.08$ versus 26.50 , $SD = 11.00$), fewer opportunities to socialize with other LGB individuals ($M_s = 21.57$, $SD = 5.46$ versus $M_s = 22.57$, $SD = 5.43$), decreased comfort in disclosing sexual identity to others ($M_s = 4.62$, $SD = 1.43$ versus 4.93 , $SD = 1.39$), higher levels of psychological distress ($M_s = 37.31$, $SD = 12.77$ versus 34.14 , $SD = 10.17$), less developed LGB identity ($M_s = 99.66$, $SD = 24.32$ versus 105.10 , $SD = 20.84$), and a lack of belongingness ($M_s = 25.82$, $SD = 7.39$ versus 27.30 , $SD = 6.41$) compared to LGB individuals residing in non-rural areas.

Bivariate correlations were conducted to determine if significant relationships existed among risk factors (i.e., victimization and discrimination, identification with fundamental religious beliefs, lack of social opportunities with other LGB individuals, lack of social support, and decreased comfort level of disclosing sexual identity to others) and outcome variables (i.e., psychological distress, LGB identity development, and thwarted belongingness) across type of residence (i.e., rural or non-rural). Results from these analyses are presented in Tables 2 and 3.

In regard to LGB individuals residing in rural and non-rural areas, results of bivariate correlations between risk factors and psychological outcomes indicated that psychological distress was significantly correlated with victimization and discrimination (rural $r = .45$, $p < .01$; non-rural $r = .35$, $p < .01$), lack of social support (rural $r = -.51$, $p < .01$; non-rural $r = -.35$, $p < .01$), and decreased comfort level in disclosing sexual identity to others (rural $r = -.24$, $p < .01$; non-rural $r = -.30$, $p < .01$). However, no significant relationships were found between psychological distress and identification with fundamental religious beliefs (rural $r = .05$, $p = .50$; non-rural $r = .07$, $p = .09$) or psychological distress and lack of social opportunities with other LGB individuals (rural $r = -.12$, $p = .10$; non-rural $r = -.07$, $p = .08$). These results were partially

consistent with the expectations presented in this study. Overall, it appears that LGB individuals residing in rural and non-rural areas who experience victimization and discrimination, a lack of social support, and decreased comfort level in disclosing sexual identity to others are more likely to report higher levels of psychological distress.

Results revealed that LGB identity development was significantly correlated with victimization and discrimination (rural $r = -.29, p < .01$; non-rural $r = -.24, p < .01$), identification with fundamental religious beliefs (rural $r = -.30, p < .01$; non-rural $r = -.21, p < .01$), lack of social opportunities with other LGB individuals (rural $r = .27, p < .01$; non-rural $r = .28, p < .01$), lack of social support (rural $r = .36, p < .01$; non-rural $r = .27, p < .01$), and decreased comfort level in disclosing sexual identity to others (rural $r = .62, p < .01$; non-rural $r = .61, p < .01$). These results were consistent with the expectations presented in this study; therefore, the null hypothesis was rejected. Overall, it appears that LGB individuals in rural and non-rural areas who experience victimization and discrimination, identification with fundamental religious beliefs, lack of social opportunities with other LGB individuals, a lack of social support, and decreased comfort level in disclosing sexual identity to others are more likely to have a less developed LGB identity.

Results also revealed that thwarted belongingness was significantly correlated with victimization and discrimination (rural $r = -.18, p < .05$; non-rural $r = -.22, p < .01$), lack of social support (rural $r = .61, p < .01$; non-rural $r = .59, p < .01$), lack of social opportunities with other LGB individuals (rural $r = .32, p < .01$; non-rural $r = .26, p < .01$), and decreased comfort level in disclosing sexual identity to others (rural $r = .37, p < .01$; non-rural $r = .36, p < .01$). However, no significant relationships were found between thwarted belongingness and identification with fundamental religious beliefs (rural $r = .05, p = .50$; non-rural $r = -.02, p = .68$).

These results were partially consistent with the expectations presented in this study. Overall, it appears that LGB individuals residing in rural and non-rural areas who experience victimization and discrimination, a lack of social support, a lack of social opportunities with other LGB individuals, and decreased comfort level in disclosing sexual identity to others are more likely to feel a lack of belongingness.

Stepwise regressions were analyzed to determine if the risk factors (i.e., victimization and discrimination, identification with fundamental religious beliefs, lack of social opportunities with other LGB individuals, lack of social support, and decreased discomfort level of disclosing sexual identity to others) could predict unique variance in each of the psychological outcomes (i.e., psychological distress, LGB identity development, and thwarted belongingness). Two regression analyses (i.e., rural and non-rural) were analyzed for each outcome variable. The five risk factors were identified as predictor variables, while psychological distress, LGB identity development, and thwarted belongingness were identified as the outcome variables. Results from these analyses are presented in Tables 4, 5, and 6.

The first set of models examined if the linear combination of risk factors could predict variance in psychological distress. In the first step of the regression, perceived social support predicted 25% of the variance of psychological distress for rural LGB individuals, $F(1, 175) = 59.70, p < .01$. The results for the second step demonstrated that experiences of victimization and discrimination predicted an additional 7% of the variance, $F_{change}(1, 174) = 16.89, p < .01$. Lastly, the degree of disclosure of sexual identity predicted an additional 3% of the total variance in psychological distress, $R^2_{total} = .35, F_{change}(1, 173) = 7.22, p < .01$.

Similarly, significant results were found for LGB individuals residing in non-rural areas. In the first step, experiences of victimization and discrimination predicted 35% of the variance of

psychological distress, $F(1, 567) = 79.74, p < .01$. The second step revealed that the degree of disclosure of sexual identity predicted an additional 12% of the variance, $F_{change}(1, 566) = 67.56, p < .01$. Finally, perceived social support predicted an additional 3% of the variance in the third step of the model, $R^2_{total} = .50, F_{change}(1, 565) = 25.68, p < .01$.

The second set of models examined if the linear combination of risk factors could predict variance in LGB identity development. In the first step, degree of disclosure of sexual identity predicted 62% of the variance of LGB identity development for LGB individuals residing in a rural area, $F(1, 173) = 107.45, p < .01$. The results for the second step indicated experiences of victimization and discrimination predicted an additional 7% of the variance, $F_{change}(1, 172) = 28.74, p < .01$. In the third step, identification with fundamental religious beliefs predicted an additional 2% of the variance, $F_{change}(1, 171) = 11.86, p < .01$. Lastly, involvement in the LGB community predicted an additional 2% of the total variance in the final model, $R^2_{total} = .73, F_{change}(1, 170) = 7.21, p < .01$.

Furthermore, significant results were also found for LGB individuals residing in non-rural areas. In the first step, results indicated that the degree of disclosure of sexual identity predicted 37% of the variance of LGB identity development, $F(1, 567) = 335.72, p < .01$. The results for the second step revealed that experiences of victimization and discrimination predicted an additional 6% of the variance, $F_{change}(1, 566) = 65.53, p < .01$. Next, involvement in the LGB community predicted an additional 3% of the variance, $F_{change}(1, 565) = 26.53, p < .01$. In the final step of the model, identification with fundamental religious beliefs predicted an additional 1% of the total variance in LGB identity development, $R^2_{total} = .47, F_{change}(1, 1564) = 9.75, p < .01$.

The third set of models examined if the linear combination of risk factors could predict variance in thwarted belongingness. For LGB individuals residing in rural areas, significant results were found. In the first step, perceived social support predicted 37% of the variance of thwarted belongingness, $F(1, 175) = 100.73, p < .01$. The results for the second step indicated that the degree of disclosure of sexual identity predicted an additional 5% of the variance, $F_{change}(1, 174) = 16.61, p < .01$. In the final step of the model, LGB community predicted an additional 2% of the total variance, $R^2_{total} = .44, F_{change}(1, 173) = 8.63, p < .01$.

Similar findings were also revealed in the model for LGB individuals residing in non-rural areas. In the first step, results indicated that perceived social support predicted 34% of the variance of thwarted belongingness, $F(1, 568) = 299.41, p < .01$. The second step in the regression model indicated that the degree of disclosure of sexual identity predicted an additional 5% of the variance, $F_{change}(1, 567) = 46.76, p < .01$. In the third step, involvement in the LGB community predicted an additional 2% of the variance, $F_{change}(1, 566) = 18.51, p < .01$. In the fourth step of the model, experiences of victimization and discrimination predicted an additional 1% of the variance, $F_{change}(1, 565) = 10.14, p < .01$. Finally, in the last step, identification with fundamental religious beliefs predicted 0.4% of the total variance in thwarted belongingness, $R^2_{total} = .42, F_{change}(1, 564) = 4.87, p < .05$.

CHAPTER 5

DISCUSSION

The purpose of the current study was to determine if 1) LGB individuals residing in rural areas would differ from LGB individuals residing in non-rural areas in self-report of risk factors and psychological outcomes, such that rural participants would report more experiences of risk factors (i.e., more experiences of victimization and discrimination, fewer opportunities to socialize with other LGB individuals, less comfort in disclosing their sexual identity to others, less perceived social support, and more identification with fundamental religious beliefs) and negative psychological outcomes (i.e., higher levels of psychological distress, less developed LGB identities, and more feelings of thwarted belongingness), 2) risk factors would be significantly correlated with psychological outcomes across type of residence (rural and non-rural) within this population, and 3) risk factors would predict the variance in the psychological outcomes within a sample of LGB individuals residing in rural and non-rural areas.

Rural Versus Non-Rural Differences

A MANOVA was utilized to examine the differences between rural and non-rural residents on the five risk factor measures (more experiences of victimization and discrimination, fewer opportunities to socialize with other LGB individuals, less comfort in disclosing their sexual identity to others, less perceived social support, and more identification with fundamental religious beliefs) and three psychological outcome measures (psychological distress, LGB identity development, and thwarted belongingness). The results revealed significant differences between the two (rural and non-rural) groups on three risk factors and all three of the outcome measures. These findings are partially consistent with the proposed hypotheses and support research indicating that LGB individuals residing in rural areas report experiencing more

victimization and discrimination (Bouldin, 2001; Cody & Welch, 1997; Leedy & Connolly, 2007; Swank et al., 2013), fewer opportunities to socialize with other LGB individuals (Bouldin, 2001; Cody & Welch, 1997; Leedy & Connolly, 2007; McCarthy, 2000; Oswald & Culton, 2003; Swank et al., 2012; Willging et al., 2006b), and decreased comfort in disclosing sexual identity to others (Bell & Valentine, 1995; Bouldin, 2001; Cody & Welch, 1997; Leedy & Connolly, 2007; McCarthy, 2000; Oswald & Culton, 2003; Swank et al., 2013; Willging et al., 2006a) compared to LGB individuals residing in non-rural areas. Although there was no previous research specifically regarding rural residence of LGB individuals and the outcome measures, the proposed hypotheses that LGB individuals residing in rural areas would experience higher levels of psychological distress, less developed LGB identity, and a lack of belongingness compared to LGB individuals residing in non-rural areas were supported by this study. To utilize the findings of the current study, future research of sexual minorities residing in rural areas may want to explore how the risk factors mediate or moderate the psychological outcomes.

However, the findings did not support the hypotheses that LGB individuals in rural areas would report more identification with fundamental religious beliefs and less perceived social support than LGB individuals residing in non-rural areas. Despite rural living being associated with less social support for LGB individuals (Cody & Welch, 1997) and higher levels of fundamental religious beliefs (Bell & Valentine, 1995; Eldridge et al., 2006; Hopwood & Connors, 2002; Oswald, 2002), the results indicated that LGB individuals residing in rural areas have similar levels of fundamental religious beliefs and perceived social support as their non-rural counterparts. This finding suggested that despite more frequent exposure to fundamental religious beliefs in rural areas, rural-living LGB individuals identify with fundamental religious beliefs at rates comparable to non-rural LGB residents. Additionally, the previous qualitative

research suggesting that LGB individuals residing in rural areas experience a lack of social support may have been related to individual factors of those sampled for the qualitative study, as both rural and non-rural LGB respondents in this study endorsed high levels of social support overall. To examine the role of fundamental religious beliefs and perceived social support in the lives of sexual minorities residing in rural areas, future research could focus on sampling sexual minorities with lower levels of sexual identity development or involvement with LGB organizations, as these individuals may be more likely to identify with fundamental religious beliefs or perceive lower levels of social support.

Relations Between Risk Factors and Distress by Rural Versus Non-Rural

Additionally, the current study examined potential relationships between risk factors (i.e., victimization and discrimination, opportunities to socialize with other LGB individuals, disclosure of their sexual identity to others, perceived social support, and identification with fundamental religious beliefs) and psychological distress for LGB individuals residing in rural and non-rural areas. Based on previous research, it was expected that most, if not all, risk factors would be associated with psychological distress, particularly for rural residents. For both rural and non-rural residents, three of the five risk factors were associated with psychological distress. Psychological distress was negatively correlated with perceived social support and disclosure of sexual identity to others. Additionally, psychological distress was positively correlated with victimization and discrimination. These relationships, as well as the indicated direction, were consistent with proposed hypotheses. For LGB rural residents, perceived social support was the most robust predictor of psychological distress, with victimization and discrimination and disclosure of sexual identity to others each predicting smaller portions of the variance. Inversely, victimization and discrimination was the best predictor of psychological distress for non-rural

respondents, while disclosure of sexual identity and perceived social support predicted smaller portions of the variance. Overall, these findings are consistent with research indicating perceived social support (Cody & Welch, 1997; Waldo et al., 1998), victimization and discrimination (Bouldin, 2001; Leedy & Connolly, 2007), and disclosure of identity to others (Bouldin, 2001; Koh & Ross, 2006) are related to psychological distress for LGB individuals. Future research in this area will be important in order to identify the impact of perceived social support, victimization/discrimination, and comfort disclosing sexual identity to others on psychological distress for sexual minorities.

Interestingly, fundamental religious beliefs and involvement in the LGB community were not significantly related to psychological distress for LGB individuals residing in rural or non-rural areas. The lack of relationship between fundamental religious beliefs and psychological distress was inconsistent with themes from previous qualitative research, which indicated LGB individuals felt conflicted about fundamental religious beliefs and victimized by their former churches (Cody & Welch, 1997). Additionally, fundamental religious beliefs have been linked to higher levels of homophobia and heterosexism in previous studies (Eldridge et al., 2006; Hopwood & Connors, 2002). However, the lack of connection between fundamental religious beliefs and psychological distress in this study may be due to the overall low levels of fundamental religious beliefs endorsed by respondents. While the fundamental religious beliefs of those around them may negatively impact LGB individuals, LGB individuals both in rural and non-rural areas report relatively low levels of believing fundamental religious tenets.

In relation to involvement in the LGB community, findings are inconsistent with previous research suggesting that LGB community support relieves psychological distress (Waldo et al., 1998). However, the relative ease with which individuals can access LGB communities through

online resources may have relieved difficulty rural residents reported in earlier studies (Bouldin, 2001; Cody & Welch, 1997; Leedy & Connolly, 2007; McCarthy, 2000; Oswald & Culton, 2003; Willging et al., 2006). This appears to be evident given the similar rates of LGB community involvement endorsed by both rural and non-rural residents. To further explore the association of fundamental religious beliefs and involvement in the LGB community with psychological distress, future research could focus on sampling sexual minorities with lower levels of sexual identity development or participation in LGB organizations.

Relations Between Risk Factors and LGB Identity by Rural Versus Non-Rural

Additionally, the current study examined potential relationships between risk factors (i.e., victimization and discrimination, opportunities to socialize with other LGB individuals, disclosure of their sexual identity to others, perceived social support, and identification with fundamental religious belief) and LGB identity development for LGB individuals residing in rural and non-rural areas. Based on previous research, it was expected that most, if not all, risk factors would be associated with LGB identity development, particularly for rural residents. For both rural and non-rural residents, all five risk factors were associated with LGB identity development. LGB identity development was negatively correlated with identification with religious fundamental beliefs and victimization and discrimination. Additionally, LGB identity development was positively correlated with perceived social support, involvement in the LGB community, and disclosure of sexual identity to others. These relationships, as well as the indicated direction, were consistent with proposed hypotheses. For both LGB rural and non-rural residents, disclosure of sexual identity to others was the most robust predictor of LGB identity development, with victimization and discrimination, identification with fundamental religious beliefs, and involvement in the LGB community each predicting smaller portions of the variance.

Recently, Lapinski and McKirnan (2013) also found a strong association between LGB identity development and disclosure of sexual identity to others. In keeping with these findings, it is recommended that victimization and discrimination, opportunities to socialize with other LGB individuals, disclosure of their sexual identity to others, perceived social support, and identification with fundamental religious belief be considered in future research designed to predict LGB identity development.

Relations Between Risk Factors and Belongingness by Rural Versus Non-Rural

Lastly, the current study examined potential relationships between risk factors (i.e., victimization and discrimination, opportunities to socialize with other LGB individuals, disclosure of their sexual identity to others, perceived social support, and identification with fundamental religious beliefs) and thwarted belongingness for LGB individuals residing in rural and non-rural areas. Based on previous research, it was expected that most, if not all, risk factors would be associated with thwarted belongingness, particularly for rural residents. For both rural and non-rural residents, four of the five risk factors were associated with thwarted belongingness. Thwarted belongingness was positively correlated with perceived social support, involvement in the LGB community, and disclosure of sexual identity to others. Furthermore, lack of belongingness was negatively correlated with victimization and discrimination. These relationships, as well as the indicated direction, were consistent with proposed hypotheses. For LGB rural residents, perceived social support was the most robust predictor of thwarted belongingness, with disclosure of sexual identity to others and involvement in the LGB community each predicting smaller portions of the variance. Similarly, perceived social support was the best predictor of thwarted belongingness for non-rural LGB respondents, while disclosure of sexual identity, involvement in the LGB community, victimization and

discrimination, and fundamental religious beliefs predicted smaller portions of the variance. Overall, these findings are consistent with research indicating perceived social support (Fowler, Wareham-Fowler, & Barnes, 2013) has been linked to feelings of belongingness in the general population. Based on these findings, it is recommended that perceived social support, involvement in the LGB community, disclosure of sexual identity to others, and victimization/discrimination be considered in future research designed to predict thwarted belongingness in sexual minorities.

Interestingly, fundamental religious beliefs were not significantly related to thwarted belongingness for LGB individuals residing in rural or non-rural areas. The lack of relationship between fundamental religious beliefs and thwarted belongingness was inconsistent with themes from previous qualitative research, which indicated LGB individuals felt conflicted about fundamental religious beliefs and victimized by their former churches (Cody & Welch, 1997). However, despite not having a strong correlation with thwarted belongingness, fundamental religious beliefs did explain a small amount of variance in thwarted belongingness for LGB individuals residing in non-rural areas. This may be due to fundamental religious beliefs being less commonly associated with non-rural areas, suggesting those LGB individuals residing in non-rural areas who identify with fundamental religious beliefs may feel a lack of belongingness due to the rarity of fundamental religious beliefs among non-rural residents in general. To further explore the association of fundamental religious beliefs and thwarted belongingness, future research could sample sexual minorities with lower levels of sexual identity development or participation in LGB organizations, as these individuals may more strongly identify with fundamental religious beliefs.

Implications

The current study highlights a variety of implications that are worth noting. The implications may serve researchers who wish to conduct empirical investigations with sexual minorities, theorists who are trying to understand sexual minorities, and mental health practitioners providing services to LGB individuals.

Research method implications. The current study relied heavily on LGB organizations for recruitment, which may have limited recruitment with LGB individuals do not identify with or are not involved with LGB organizations. Furthermore, individuals who do not identify as LGB due to lower levels of identity development were also inadvertently not represented in the current study. Additionally, males and racial minorities were underrepresented in the sample. To avoid these types of underrepresentation in future sexual minority research, researchers may want to consider ways to improve the diversity of the sample. However, Bowen's (2005) study involved recruiting men who had sex with men utilizing banner ads and participant reimbursement, and she also noted difficulty with racial diversity within her online survey sample. Swank, Fahs, and Frost (2013) found that race and class factors affected the risk for discrimination and victimization. This effect may be illustrative of reasons certain males and racial minorities do not identify their sexual identity or affiliate with LGB organizations, as the risk for negative consequences may be greater for them.

Theoretical implications. The results of the current study may offer some important insights into the risk factors and psychological outcomes for LGB individuals, particularly those residing in rural areas. The current study proposed that risk factors (i.e., victimization and discrimination, opportunities to socialize with other LGB individuals, disclosure of their sexual identity to others, perceived social support, and identification with fundamental religious beliefs)

may be linked to psychological outcomes (i.e., psychological distress, LGB identity development, and thwarted belongingness). First, it is worth noting that LGB individuals in rural areas reported higher rates of victimization and discrimination, psychological distress, and thwarted belongingness, as well as lower rates of involvement in the LGB community, disclosing their sexual identity to others, and development of their LGB identity compared to their non-rural counterparts. These findings are consistent with previous research findings (Bell & Valentine, 1995; Bouldin, 2001; Cody & Welch, 1997; Leedy & Connolly, 2007; McCarthy, 2000; Oswald & Culton, 2003; Swank et al., 2013; Swank et al., 2012; Willging et al., 2006a). Unfortunately, LGB individuals residing in rural areas experience higher levels of several risk factors and negative psychological outcomes as compared to non-rural counterparts.

Surprisingly, rural and non-rural participants reported similar levels of identification with fundamental religious beliefs and perceived social support. Previous research (Bell & Valentine, 1995; Cody & Welch, 1997; Eldridge et al., 2006; Hopwood & Connors, 2002; Oswald, 2002; Snively et al., 2004) suggested these factors would be associated with residence in a rural area for sexual minorities. Overall, identification with fundamental religious beliefs was low among LGB participants across rural and non-rural residence. This may suggest that in order to identify as a sexual minority and affiliate with an LGB organization LGB individuals reject fundamental religious beliefs due to their heterosexist and homophobic tenets. This study may not have been completed by LGB individuals who have not yet rejected fundamental religious beliefs, which may have negatively impacted exposure to recruitment attempts. Fortunately, the amount of perceived social support was strong among both rural and non-rural LGB individuals participating in this study. While this finding is in contrast to previous findings, it may suggest

that LGB individuals are able to obtain and maintain sufficient social support regardless of living in a rural area.

Mental health implications. The findings of the current study may offer some useful perspectives on how to reduce psychological distress, improve LGB identity development, and decrease thwarted belongingness for individuals identifying as LGB. Interventions regarding the five risk factors may be indicated depending on the presenting concerns of LGB individuals.

Mental health practitioners may wish to incorporate interventions to increase social support in order to decrease psychological distress and thwarted belongingness particularly in rural residents. This may include strengthening LGB-identified clients' "chosen family," as they may experience rejection from family members. This may be helpful in reducing the increased risk of suicide for LGB individuals (Haas et al., 2011), especially given the relationship between thwarted belongingness and suicide risk (Van Orden et al., 2011).

Since experiences of victimization/discrimination were correlated with LGB individuals' psychological distress and LGB identity development in rural and non-rural areas as well as thwarted belongingness for non-rural residents, mental health providers may wish to work with LGB-clients in preventing and reframing experiences of victimization and discrimination. Additionally, if LGB individuals experience post-traumatic stress disorder symptoms related to victimization and harassment experiences, practitioners may also employ exposure therapies and improve coping strategies. Practitioners are cautioned to avoid treating sexual minorities as the problem, but rather collaborate with the rural LGB community to be an ally in order to advocate for an end to the oppression, discrimination, and victimization of LGB individuals (Boulden, 2001; Cody & Welch, 1997). At a community and societal level, practitioners may be interested in advocating for nondiscrimination policies regarding sexual orientation. Oswald and Culton

(2003) proposed many ways practitioners could help improve life for LGB individuals living in rural areas: strengthen LGB-affirmative resources, improve public support for LGB residents, and pursue legal advocacy; make contacts within the LGB community and distribute business cards among members or advertise within a LGB publication; collaborate with the LGB community to develop programs to meet needs such as parenting classes, relationship enhancement groups, drug- and alcohol-free social events, retirement workshops, and legal rights classes; offer community workshops to school, law enforcement, health care workers, and other community service providers on LGB issues; prepare a welcoming climate within the agency or office for LGB individuals and their families; refer LGB and family members to support groups (e.g., Parents and Friends of Lesbians and Gays); encourage local positive media portrayals of LGB individuals; and become an ally and advocate for LGB at local, state, and national levels.

To decrease psychological distress, facilitate growth in LGB identity development, and improve feelings of thwarted belongingness, mental health practitioners, both in rural and non-rural areas, may want to focus on interventions to increase comfort in disclosing sexual identity. The results of the current study suggest that comfort in disclosing sexual identity is associated with psychological distress, LGB identity development, and thwarted belongingness for LGB individuals residing both in rural and non-rural areas. Increasing the comfort with sexual identity disclosure may be achieved by practitioners through identifying and addressing barriers, such as internalized heterosexism and homophobia, conflict between sexual and religious identities, fears of losing social support, and lack of involvement in the LGB community. Preston, D'Augelli, Cain, and Schulze (2002) suggest utilizing peer gatekeepers and leaders to help address LGB health and mental health care issues in rural areas.

The results of the current study indicate that identification and involvement with the LGB community is correlated with LGB identity development and thwarted belongingness. Mental health practitioners may be able to facilitate identification and involvement in the LGB community by providing information, resources, and referrals to LGB organizations. To combat limited access to the LGB communities in rural areas, practitioners may be able to provide online resources for clients. Snively (2004) proposes creating nonclinical-based gay/straight community groups for adolescents and young adults in rural areas, as young people need a non-school, non-clinical acceptance-based group alternative that is not bound by bureaucracy. LGB adults can serve as mentors, volunteers, and board members for these groups, which may also be a way to strengthen LGB-affirming communities in rural areas for adults as well.

Identification with fundamental religious beliefs is negatively correlated LGB identity development for rural and non-rural LGB individuals, as well as positively correlated with feelings of thwarted belongingness for non-rural LGB participants. The current research indicates the possible need for addressing conflicts between sexual identity and religious beliefs by mental health practitioners. This may be accomplished through identifying conflicts between sexual identity and religious beliefs, providing a supportive environment to work through those conflicts, and exploring resources that can help with these conflicts (e.g., Unitarian Universalists' fellowships and programming that emphasizes accepting and affirming attitudes toward sexual identity and religious beliefs). Researchers have suggested many ways to improve the quality of life for LGB individuals living in rural areas. Leedy and Connelly (2007) recommend persuading human service providers and administrators to recognize and address their own heterosexism, as well as advocate for culturally competent services and programming for LGB individuals. State governments can require mandates, similar to racial and ethnic minority mandates, to require

mental health providers to obtain training about LGB issues, confront their own heterosexism, and recognize how their own attitudes and behaviors affect services provided to LGB individuals (Willging et al., 2006b).

By implementing any of these suggestions, mental health practitioners could actively improve life for rural LGB individuals. Understanding the risk factors that are associated with psychological outcomes, mental health providers can tailor interventions to issues of relevance for rural LGB clients. However, mental health practitioners in both rural and non-rural settings are encouraged to seek additional training regarding providing culturally sensitive services to sexual minority clients.

Strengths

The current study exhibits some strengths, which contribute uniquely to the current research involving LGB individuals residing in rural areas. In contrast to several qualitative studies, the current study was quantitative in nature. Even though identifying LGB individuals for recruitment provided challenging, this study logged 948 individuals accessing the survey, with 888 participants answering at least some of the questions. The 747 usable surveys represent a sizable sample and fairly low attrition rate, especially considering the challenges of recruitment of a hidden minority group. Additionally, the sample included an age range of 18-81 with a mean age of 31.46, suggesting that the sample was not primarily composed of college-age participants.

Additionally, this study was not limited in geographic scope, as was the case for some previous studies involving LGB individuals residing in rural areas. There were participants from all states except Alaska, Rhode Island, and South Dakota. A cursory exploration of the zip codes entered by participants suggested that the majority of the participants were residing in Northeast,

Southeast, and West Coast states, while there were fewer participants from Midwest, Mountain, and Southwest states.

Limitations

The limitations to the current study should be considered. Despite attempting to reach a diverse sample, the current study relied heavily on LGB organizations for recruitment. Thus, sexual minorities who do not identify with or are not involved with LGB organizations were likely underrepresented by the current research. Furthermore, individuals who do not identify as LGB due to lower levels of identity development were also inadvertently absent from the current study. This is particularly problematic when attempting to apply the results obtained to rural populations, as those LGB individuals in rural areas have less access to the LGB community and may experience negative consequences for identifying as a sexual minority.

The sex of participants indicated more females (60%) completed the survey than males. This may be related to the belief that males who identify as sexual minorities face more discrimination and victimization than females who identify as sexual minorities (Bowen, 2005). Thus, males may have been underrepresented in LGB organizations, which were utilized for study recruitment.

Similarly, racial minorities were underrepresented in the study's sample. Each racial minority group, Black/African Americans, Asian Americans, and Hispanics/Latinos, made up less than 5% of the sample, with minority participants making up less than 20% of the overall sample. This underrepresentation may be due to the double and triple oppression racial minorities experience when identifying as sexual minorities. Black/African American and Hispanic/Latino communities often identify with religious beliefs at higher rates; therefore, members of those racial groups sometimes face pressure to hide their sexual identity, in order to

be accepted within their racial and religious communities (Bates, 2010; Miller, 2011; Potoczniak, Crosbie-Burnett, & Saltzburg, 2009). Thus, racial minorities may be less likely to openly identify as sexual minorities, and they may also be hesitant to participate in LGB organizations, which may contribute to their lack of participation in the current study.

Overall Conclusions

The current findings offer interesting associations between risk factors (i.e., victimization and discrimination, opportunities to socialize with other LGB individuals, disclosure of their sexual identity to others, perceived social support, and identification with fundamental religious beliefs) and psychological outcomes (i.e., psychological distress, LGB identity development, and thwarted belongingness) for LGB individuals residing in rural areas. LGB rural residents reported more victimization and discrimination experiences, psychological distress, and thwarted belongingness than non-rural residents who identify as LGB. The rural participants also reported less involvement in the LGB community, comfort with disclosing their sexual identity to others, and development of their LGB identity than their non-rural counterparts. These findings suggest that LGB individuals residing in rural areas may experience increased exposure to risk factors and negative psychological outcomes compared to LGB individuals residing in non-rural areas. Specifically, perceived social support, experiences of victimization/discrimination, and comfort disclosing sexual identity accounted for a significant amount of the variance for psychological distress in LGB individuals in rural areas. Comfort disclosing sexual identity to others, experiences of victimization/discrimination, identification of fundamental religious beliefs, and involvement in the LGB community explained variance in LGB identity development for LGB individuals residing in rural areas. Lastly, thwarted belongingness was predicted by perceived

social support, comfort in disclosing sexual identity for others, and involvement in the LGB community for LGB individuals in rural areas.

In terms of practical application, these findings suggest mental health practitioners may be able to intervene with LGB individuals in rural areas in the areas of social support, comfort disclosing sexual identity to others, and involvement in the LGB community to reduce psychological distress and thwarted belongingness. Mental health practitioners may also address symptoms associated with victimization and discrimination in order to reduce psychological distress and enhance LGB identity development. Therapeutic attention may be warranted when religious beliefs are in conflict with sexual identity, which may also help develop LGB identity.

Several important themes arose from the current study. LGB individuals who may have chosen to reside in a rural area for a variety of reasons (e.g., love of the natural landscape, wide open spaces, affordable land, recreational activities, friendly small town neighbors, happiness, and job satisfaction) must also contend with the values of constancy, social conformity, uniformity, and heterosexuality. A number of these LGB individuals attempt to keep their sexuality invisible in public through guardedness, hyperawareness, and personas, while all the while knowing many of their neighbors probably suspect or know the truth anyway. This attempt at invisibility does not always successfully shield them from victimization ranging from verbal harassment to physical assault, and they do not have the LGB-affirming resources and social networks available to their urban counterparts to offset the psychological toll inflicted by this oppression. The isolation and lack of opportunities to socialize with other LGB individuals may be offset by attaining entry into one of the small secretive informal groups that often form in rural areas; however, entry is often challenging as the group's members vigilantly protect each other's identity. This may forge deeper and longer committed relationships with partners and

lovers, as well as with other “chosen” family members in rural areas for LGB individuals. Yet, these relationships often do not completely salve the wounds of unsupportive or rejecting family members. Unfortunately, LGB individuals in rural settings fear disclosing their sexual identity to mental health service providers, despite often being at high risk for psychological distress and substance abuse. Yet, their fear is not unfounded, as previous research uncovered unethical and inhumane treatment of LGB individuals at the hands of the very mental health professionals assigned to care for them. Additionally, mental health providers in general have a lack of training, understanding, and sensitivity to the issues important in the treatment of LGB individuals. Thus, why would those individuals trust mental health providers? Fortunately, there is much that can be done to train mental health providers and advocate for LGB individuals in rural settings, and the first step is to utilize the findings of this study to raise awareness of risk factors and negative psychological outcomes for LGB individuals residing in rural areas.

REFERENCES

- Altemeyer, B., & Hunsberger, B. (2004). A Revised Religious Fundamentalism Scale: The short and sweet of it. *International Journal for the Psychology of Religion, 14*(1), 47-54.
doi:10.1207/s15327582ijpr1401_4
- Antony, M. M., Bieling, P. J., Cox, B. J., Enns, M. W., & Swinson, R. P. (1998). Psychometric properties of the 42-item and 21-item versions of the Depression Anxiety Stress Scales in clinical groups and a community sample. *Psychological Assessment, 10*(2), 176-181.
doi:10.1037/1040-3590.10.2.176
- Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). Mental health of lesbian, gay, bisexual, and heterosexual siblings: Effects of gender, sexual orientation, and family. *Journal of Abnormal Psychology, 114*(3), 471-476. doi:10.1037/0021-843X.114.3.471
- Bates, D. (2010). Once-married African-American lesbians and bisexual women: Identity development and the coming-out process. *Journal of Homosexuality, 57*(2), 197-225.
doi:10.1080/00918360903488848
- Bell, D. D., & Valentine, G. G. (1995). Queer country: Rural lesbian and gay lives. *Journal of Rural Studies, 11*(2), 113-122. Retrieved from EBSCOhost.
- Bostwick, W. B., Boyd, C. J., Hughes, T. L., & McCabe, S. (2010). Dimensions of sexual orientation and the prevalence of mood and anxiety disorders in the United States. *American Journal of Public Health, 100*(3), 468-475. doi:10.2105/AJPH.2008.1529
- Boulden, W. T. (2001). Gay men living in a rural environment. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 12*(3-4), 63-75.
doi:10.1300/J041v13n01_06

- Bowen, A. (2005). Internet sexuality research with rural men who have sex with men: Can we recruit and retain them? *Journal of Sex Research, 42*(4), 317-323.
- Brown, T. A., Chorpita, B. F., Korotitsch, W., & Barlow, D. H. (1997). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in clinical samples. *Behavior Research and Therapy, 35*(1), 79-89. doi:10.1016/S0005-7967(96)00068-X
- Cochran, S. D., & Mays, V. M. (2000). Lifetime prevalence of suicide symptoms and affective disorders among men reporting same-sex sexual partners: Results from NHANES III. *American Journal of Public Health, 90*(4), 573-578. doi:10.2105/AJPH.90.4.573
- Cochran, S. D., Mays, V. M., Alegria, M., Ortega, A. N., & Takeuchi, D. (2007). Mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 75*(5), 785-794.
doi:10.1037/0022-006X.75.5.785
- Cochran, S. D., Sullivan, J., & 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.
doi:10.1037/0022-006X.71.1.53
- Cody, P. J., & Welch, P. L. (1997). Rural gay men in northern New England: Life experiences and coping styles. *Journal of Homosexuality, 33*(1), 51-67. doi:10.1300/J082v33n01_04
- Cutrona, C. E., & Russell, D. W. (1987). The provisions of social relationships and adaptation to stress. In W.H. Jones & D. Perlman (Eds.), *Advances in Personal Relationships* (Vol. 1, pp. 37-67). Greenwich, CT: JAI Press Inc.

- D'Augelli, A. R., Pilkington, N. W., & Hershberger, S. L. (2002). Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychology Quarterly, 17*(2), 148-167. doi:10.1521/scpq.17.2.148.20854
- Eldridge, V., Mack, L., & Swank, E. (2006). Explaining comfort with homosexuality in rural America. *Journal of Homosexuality, 51*(2), 39-56. doi:10.1300/J082v51n02_03
- Eliason, M. J., & Hughes, T. (2004). Treatment counselor's attitudes about lesbian, gay, bisexual, and transgendered clients: Urban vs. rural settings. *Substance Use & Misuse, 39*(4), 625-644. doi:10.1081/JA-120030063
- Feldman, M. B., & Meyer, I. H. (2007). Eating disorders in diverse lesbian, gay, and bisexual populations. *International Journal of Eating Disorders, 40*(3), 218-226. doi:10.1002/eat.20360
- Fowler, K., Wareham-Fowler, S., & Barnes, C. (2013). Social context and depression severity and duration in Canadian men and women: Exploring the influence of social support and sense of community belongingness. *Journal of Applied Social Psychology, 43*(Suppl 1), E85-E96. doi:10.1111/jasp.12050
- Freedenthal, S., Lamis, D. A., Osman, A., Kahlo, D., & Gutierrez, P. M. (2011). Evaluation of the psychometric properties of the Interpersonal Needs Questionnaire-12 in samples of men and women. *Journal of Clinical Psychology, 67*(6), 609-623. doi:10.1002/jclp.20782
- Gilman, S. E., Cochran, S. D., Mays, V. M., Hughes, M., Ostrow, D., & Kessler, R. C. (2001). Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *American Journal of Public Health, 91*(6), 933-939. doi:10.2105/AJPH.91.6.933

- Greenwood, G. L., & Gruskin, E. P. (2007). LGB tobacco and alcohol disparities. In I. H. Meyer, & M. E. Northridge (Eds.), *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations* (pp. 566-583). New York, NY US: Springer Science + Business Media. Retrieved from EBSCOhost.
- Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D'Augelli, A. R., & ... Brown, G. K. (2011). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality*, 58(1), 10-51. doi:10.1080/00918369.2011.534038
- Hopwood, M., & Connors, J. (2002). Heterosexual attitudes to homosexuality: Homophobia at a rural Australian university. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research*, 14(2), 79-94. doi:10.1300/J041v14n02_07
- Kennedy, M. (2010). Rural men, sexual identity and community. *Journal of Homosexuality*, 57(8), 1051-1091. doi:10.1080/00918369.2010.507421
- King, M., Semlyen, J., Tai, S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, 8(70) 1-17. doi:10.1186/1471-244X-8-70
- Koh, A. S., & Ross, L. K. (2006). Mental health issues: A comparison of lesbian, bisexual and heterosexual women. *Journal of Homosexuality*, 51(1), 33-57. doi:10.1300/J082v51n01_03
- Kraus, L. A., Bazzini, D., Davis, M. H., Church, M., & Kirchman, C. M. (1993). Personal and social influences on loneliness: The mediating effect of social provisions. *Social Psychology Quarterly*, 56(1), 37-53.

- Lapinski, J., & McKirnan, D. (2013). Forgive me father for I have sinned: The role of a Christian upbringing on lesbian, gay, and bisexual identity development. *Journal of Homosexuality, 60*(6), 853-872. doi:10.1080/00918369.2013.774844
- Leedy, G., & Connolly, C. (2007). Out of the cowboy state: A look at lesbian and gay lives in Wyoming. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 19*(1), 17-34. doi:10.1300/J041v19n01_02
- Lewis, R. J., Derlega, V. J., Berndt, A., Morris, L. M., & Rose, S. (2001). An empirical analysis of stressors for gay men and lesbians. *Journal of Homosexuality, 42*(1), 63-88. doi:10.1300/J082v42n01_04
- Lewis, R., Derlega, V., Griffin, J., & Krowinski, A. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social & Clinical Psychology, 22*(6): 716-729.
- Lovibond, P. F., & Lovibond, S. H. (1995). The structure of negative emotional states: Comparison of the Depression Anxiety Stress Scales (DASS) with the Beck Depression and Anxiety Inventories. *Behavior Research and Therapy, 33*(3), 335-343. doi:10.1016/0005-7967(94)00075-U
- McCarthy, L. (2000). Poppies in a wheat field: Exploring the lives of rural lesbians. *Journal of Homosexuality, 39*(1), 75-94. doi:10.1300/J082v39n01
- Miller, S. J. (2011). African-American lesbian identity management and identity development in the context of family and community. *Journal of Homosexuality, 58*(4), 547-563. doi:10.1080/00918369.2011.556937
- Mohr, J. J. (2005). *The Lesbian, Gay, and Bisexual Identity Scale (LGBIS)*. Retrieved from <http://mason.gmu.edu/~jmohr/measures.html>.

- Mohr, J. J., & Fassinger, R. (2000). Measuring dimensions of lesbian and gay male experience. *Measurement & Evaluation in Counseling & Development (American Counseling Association)*, 33(2), 66.
- Mohr, J. J., & Kendra, M. S. (2011). Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale. *Journal of Counseling Psychology*, doi:10.1037/a0022858
- Norton, P. J. (2007). Depression Anxiety and Stress Scales (DASS-21): Psychometric analysis across four racial groups. *Anxiety, Stress & Coping*, 20(3), 253-265.
doi:10.1080/10615800701309279
- Oswald, R. (2002). Who am I in relation to them? Gay, lesbian, and queer people leave the city to attend rural family weddings. *Journal of Family Issues*, 23(3), 323-348.
doi:10.1177/0192513X02023003001
- Oswald, R., & Culton, L. S. (2003). Under the rainbow: Rural gay life and its relevance for family providers. *Family Relations*, 52(1), 72-81. doi:10.1111/j.1741-3729.2003.00072.x
- Page, A. C., Hooke, G. R., & Morrison, D. L. (2007). Psychometric properties of the Depression Anxiety Stress Scales (DASS) in depressed clinical samples. *British Journal of Clinical Psychology*, 46(3), 283-297.
- Potoczniak, D., Crosbie-Burnett, M., & Saltzburg, N. (2009). Experiences regarding coming out to parents among African American, Hispanic, and White gay, lesbian, bisexual, transgender, and questioning adolescents. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research*, 21(2-3), 189-205.
doi:10.1080/10538720902772063

- Preston, D., D'Augelli, A. R., Cain, R. E., & Schulze, F. W. (2002). Issues in the development of HIV-preventive interventions for men who have sex with men (MSM) in rural areas. *The Journal of Primary Prevention, 23*(2), 199-214. doi:10.1023/A:1019968315959
- Preston, D., D'Augelli, A. R., Kassab, C. D., & Starks, M. T. (2007). The relationship of stigma to the sexual risk behavior of rural men who have sex with men. *AIDS Education and Prevention, 19*(3), 218-230. doi:10.1521/aeap.2007.19.3.218
- Snively, C. A. (2004). Building community-based alliances between GLBTQQA youth and adults in rural settings. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 16*(3-4), 99-112. doi:10.1300/J041v16n03_07
- Snively, C. A., Kreuger, L., Stretch, J. J., Watt, J., & Chadha, J. (2004). Understanding homophobia: Preparing for practice realities in urban and rural settings. *Journal of Gay & Lesbian Social Services: Issues in Practice, Policy & Research, 17*(1), 59-81. doi:10.1300/J041v17n01_05
- Stokes, J. P., McKirnan, D. J., & Burzette, R. G. (1993). Sexual behavior, condom use, disclosure of sexuality, and stability of sexual orientation in bisexual men. *Journal of Sex Research, 30*(3), 203-213.
- Swank, E., Fahs, B., & Frost, D. (2013). Region, social identities, and disclosure practices as predictors of heterosexist discrimination against sexual minorities in the United States. *Sociological Inquiry, 83*(2), 238-258.
- Swank, E., Frost, D. M., & Fahs, B. (2012). Rural location and exposure to minority stress among sexual minorities in the United States. *Psychology & Sexuality, 3*(3), 226-243. doi:10.1080/19419899.2012.700026

- Van Orden, K. A., Cukrowicz, K. C., Witte, T. K., & Joiner, T. R. (2011). Thwarted belongingness and perceived burdensomeness: Construct validity and psychometric properties of the Interpersonal Needs Questionnaire. *Psychological Assessment*, doi:10.1037/a0025358
- Vanable, P. A., McKirnan, D. J., & Stokes, J. P. (1998). Identification and Involvement with the Gay Community Scale. In C. M. Davis, W. H. Yarber, R. Bauserman, G. Schreer, & S. L. Davis (Eds.) *Sexuality Related Measures: A Compendium*. Thousand Oaks, CA: Sage.
- Waldo, C. R., Hesson-McInnis, M. S., & D'Augelli, A. R. (1998). Antecedents and consequences of victimization of lesbian, gay, and bisexual young people: A structural model comparing rural university and urban samples. *American Journal of Community Psychology*, 26(2), 307-334. doi:10.1023/A:1022184704174
- Wienke, C., & Hill, G. J. (2013). Does place of residence matter? Rural–urban differences and the wellbeing of gay men and lesbians. *Journal of Homosexuality*, 60(9), 1256-1279. doi:10.1080/00918369.2013.806166
- Willging, C. E., Salvador, M., & Kano, M. (2006a). Pragmatic help seeking: How sexual and gender minority groups access mental health care in a rural state. *Psychiatric Services*, 57(6), 871-874. doi:10.1176/appi.ps.57.6.871
- Willging, C. E., Salvador, M., & Kano, M. (2006b). Unequal treatment: Mental health care for sexual and gender minority groups in a rural state. *Psychiatric Services*, 57(6), 867-870. doi:10.1176/appi.ps.57.6.867

Table 1
Means, Standard Deviations, and Minimum and Maximum Scores for Victimization and Discrimination, Fundamental Religious Beliefs, Involvement in LGB Community, Perceived Social Support, Outness, Psychological Distress, LGB Identity Development, and Thwarted Belongingness in LGB Individuals Residing in Rural and Non-Rural Areas

Variables (N)	Mean (SD)	Min-Max Scores
LGB Individuals Residing in Rural Areas		
Victimization and Discrimination (N = 175)	31.11 (15.08)	16.00 – 96.00
Fundamental Religious Beliefs (N = 175)	-29.79 (17.05)	-48.00 – +48.00
Involvement in LGB Community (N = 175)	21.57 (5.46)	0.00 – 36.00
Perceived Social Support (N = 175)	14.56 (2.43)	4.00 – 16.00
Outness (N = 175)	4.62 (1.43)	11.00 – 77.00
Psychological Distress (N = 175)	25.82 (7.39)	0.00 – 63.00
LGB Identity Development (N = 175)	99.66 (24.32)	27.00 – 187.00
Thwarted Belongingness (N = 175)	25.82 (7.38)	5.00 – 35.00
LGB Individuals Residing in Non-Rural Areas		
Victimization and Discrimination (N = 568)	26.50 (10.96)	16.00 – 96.00
Fundamental Religious Beliefs (N = 568)	-32.38 (16.39)	-48.00 – +48.00
Involvement in LGB Community (N = 568)	22.57 (5.43)	0.00 – 36.00
Perceived Social Support (N = 568)	14.90 (2.02)	4.00 – 16.00
Outness (N = 568)	4.93 (1.39)	11.00 – 77.00
Psychological Distress (N = 568)	34.14 (10.17)	0.00 – 63.00
LGB Identity Development (N = 568)	105.10 (20.84)	27.00 – 187.00
Thwarted Belongingness (N = 568)	27.30 (6.41)	5.00 – 35.00

Table 2
Intercorrelations Among Measures of Victimization and Discrimination, Fundamental Religious Beliefs, Involvement in LGB Community, Perceived Social Support, Outness, Psychological Distress, LGB Identity Development, and Thwarted Belongingness in LGB Individuals Residing in Rural Areas

Variables	MOGS	RRFS	IGCS	SPS	OI	DASS	LGBIS	INQ
MOGS		.20**	.22**	-.43**	.02	.45**	-.29**	-.18*
RRFS			.05	-.22**	-.11	.05	-.30**	-.08
IGCS				.15	.35**	-.12	.27**	.32**
SPS					.24**	-.51**	.36**	.61**
OI						-.24**	.62**	.37**
DASS							-.35**	-.54**
LGBIS								.39**
INQ								

Note: MOGS = Victimization and Discrimination; RRFS = Fundamental Religious Beliefs; IGCS = Involvement in LGB Community; SPS = Perceived Social Support; Outness = OI; DASS = Psychological Distress; LGBIS = LGB Identity Development; and INQ = Thwarted Belongingness.

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

Table 3
Intercorrelations Among Measures of Victimization and Discrimination, Fundamental Religious Beliefs, Involvement in LGB Community, Perceived Social Support, Outness, Psychological Distress, LGB Identity Development, and Thwarted Belongingness in LGB Individuals Residing in Non-Rural Areas

Variables	MOGS	RRFS	IGCS	SPS	OI	DASS	LGBIS	INQ
MOGS		.11**	.14**	-.29**	.01	.35**	-.24**	-.22**
RRFS			-.10*	-.07	-.12**	.07	-.21**	-.02
IGCS				.12**	.27**	-.07**	.28**	.26**
SPS					.24**	-.35**	.27**	.59**
OI						-.30**	.61**	.36**
DASS							-.41**	-.51**
LGBIS								.38**
INQ								

Note: MOGS = Victimization and Discrimination; RRFS = Fundamental Religious Beliefs; IGCS = Involvement in LGB Community; SPS = Perceived Social Support; Outness = OI; DASS = Psychological Distress; LGBIS = LGB Identity Development; and INQ = Thwarted Belongingness.

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

Table 4
Stepwise Regression on Psychological Distress for LGB Individuals Residing in Rural and Non-Rural Areas

Variables	Beta	β	SE β	t-values	F _{change}	R ²
Rural-DASS						
1 st Step					59.70	.25**
Social Support	-.50**	-2.69	.35	-7.73		
2 nd Step					16.90	.32**
Social Support	-.38**	-2.05	.37	-5.56		
Victim./Discrim.	.28**	.25	.06	4.11		
3 rd Step					7.22	.35**
Social Support	-.33**	-1.77	.38	-4.70		
Victim./Discrim.	.31**	.27	.06	4.51		
Outness	-.17**	-1.56	.58	-2.69		
Non-Rural-DASS						
1 st Step					79.74	.12**
Victim./Discrim.	.35**	.33	.04	8.93		
2 nd Step					67.56	.22**
Victim./Discrim.	.36**	.33	.04	9.53		
Outness	-.31**	-2.25	.27	-8.22		
3 rd Step					25.68	.50**
Victim./Discrim.	.30**	.28	.04	7.80		
Outness	-.26**	-1.89	.28	-6.83		
Social Support	-.20**	-1.00	.20	-5.07		

Note: DASS = Psychological Distress; Invol. LGB Comm. = Involvement in LGB Community; Vitcim./Discrim. = Victimization/Discrimination.

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

Table 5
Stepwise Regression on LGB Identity Development for LGB Individuals Residing in Rural and Non-Rural Areas

Variables	Beta	β	SE β	t-values	F _{change}	R ²
Rural-LGBIS						
1 st Step					107.45	.38**
Outness	-.62**	10.15	1.01	10.37		
2 nd Step					28.74	.47**
Outness	.62**	10.58	.94	11.23		
Victim./Discrim.	-.30**	-.48	.09	-5.36		
3 rd Step					11.86	.51**
Outness	.60**	10.24	.92	11.15		
Victim./Discrim.	-.26**	-.42	.09	-4.77		
Fundamentalism	-.19**	-.27	.08	-3.44		
4 th Step					7.21	.53**
Outness	.55**	9.65	.97	9.65		
Victim./Discrim.	-.30**	-5.35	.09	-5.35		
Fundamentalism	-.20**	-.28	.08	-3.64		
Involv. LGB Comm.	.16**	.70	.26	2.69		
Non-Rural-LGBIS						
1 st Step					335.72	.37**
Outness	.61**	9.17	.50	18.32		
2 nd Step					62.53	.43**
Outness	.61**	9.21	.48	19.39		
Victim./Discrim.	-.25**	-.48	.06	-7.91		
3 rd Step					26.53	.46**
Outness	.57**	8.55	.48	17.69		
Victim./Discrim.	-.27**	-.52	.06	-8.74		
Involv. LGB Comm.	.17**	.64	.12	5.15		
4 th Step					9.75	.47**
Outness	.56**	8.40	.48	17.45		
Victim./Discrim.	-.26**	-.50	.06	-8.33		
Involv. LGB Comm.	.16**	.61	.12	4.89		
Fundamentalism	-.10**	-.12	.04	-3.12		

Note: LGBIS = LGB Identity Development; Involv. LGB Comm. = Involvement in LGB Community; Victim./Discrim. = Victimization/Discrimination.

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

Table 6
Stepwise Regression on Thwarted Belongingness for LGB Individuals Residing in Rural and Non-Rural Areas

Variables	Beta	β	SE β	t-values	F _{change}	R ²
Rural-INQ						
1 st Step					100.73	.37**
Social Support	.60**	1.85	.18	10.04		
2 nd Step					16.61	.42**
Social Support	.55**	1.67	.18	9.18		
Outness	.24*	1.26	.31	4.08		
3 rd Step					8.63	.45**
Social Support	.53**	1.64	.18	9.15		
Outness	.18**	.96	.32	3.00		
Involv. LGB Comm.	.18**	.24	.08	2.94		
Non-Rural-INQ						
1 st Step					299.41	.35**
Social Support	.59**	1.86	.11	17.30		
2 nd Step					46.76	.40**
Social Support	.53**	1.69	.11	15.81		
Outness	.23**	1.07	.16	6.84		
3 rd Step					18.51	.41**
Social Support	.52**	1.66	.11	14.11		
Outness	.19**	.90	.16	6.84		
Involv. LGB Comm.	.14**	.17	.04	4.30		
4 th Step					10.14	.43**
Social Support	.49**	1.55	.11	14.11		
Outness	.20**	.92	.16	5.83		
Involv. LGB Comm.	.16**	.19	.04	4.81		
Victim./Discrim.	-.11**	-.06	.02	-3.19		
5 th Step					4.87	.43*
Social Support	.49**	1.55	.11	14.15		
Outness	.21**	.95	.16	6.03		
Involv. LGB Comm.	.17**	.20	.04	5.01		
Victim./Discrim.	-.12**	-.07	.02	-3.44		
Fundamentalism	.07*	.03	.01	2.21		

Note: INQ = Thwarted Belongingness; Involv. LGB Comm. = Involvement in LGB Community; Victim./Discrim. = Victimization/Discrimination.

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