

2010

# Experiences of Gay Women Across Generations: Have Times Really Changed?

Kristen T. Nosti

*Philadelphia College of Osteopathic Medicine, kristen.nosti@kidspace.org*

Follow this and additional works at: [http://digitalcommons.pcom.edu/psychology\\_dissertations](http://digitalcommons.pcom.edu/psychology_dissertations)



Part of the [Psychology Commons](#)

---

## Recommended Citation

Nosti, Kristen T., "Experiences of Gay Women Across Generations: Have Times Really Changed?" (2010). *PCOM Psychology Dissertations*. Paper 247.

This Dissertation is brought to you for free and open access by the Student Dissertations, Theses and Papers at DigitalCommons@PCOM. It has been accepted for inclusion in PCOM Psychology Dissertations by an authorized administrator of DigitalCommons@PCOM. For more information, please contact [library@pcom.edu](mailto:library@pcom.edu).

Philadelphia College of Osteopathic Medicine

Department of Psychology

EXPERIENCES OF GAY WOMEN ACROSS GENERATIONS:  
HAVE TIMES REALLY CHANGED?

By Kristen T. Nosti, M.S.

Submitted in Partial Fulfillment of the Requirements of the Degree of

Doctor of Psychology

July 2010

**PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE  
DEPARTMENT OF PSYCHOLOGY**

**Dissertation Approval**

This is to certify that the thesis presented to us by Kristen T. Nosti on the 22th day of July, 2010, in partial fulfillment of the requirements for the degree of Doctor of Psychology, has been examined and is acceptable in both scholarship and literary quality.

**Committee Members' Signatures:**

**Virginia Salzer, PhD, Chairperson**

**Petra Kottsieper, PhD**

**Wendy Lawson, PsyD**

**Robert A DiTomasso, PhD, ABPP, Chair, Department of Psychology**

### Acknowledgments

I wish to express my sincere appreciation to my chairperson, Dr. Virginia Salzer. Without her ongoing support, encouragement, flexibility, and consideration this endeavor would not have been possible. I would also like to thank my committee members, Dr. Petra Kottsieper and Dr. Wendy Lawson, for their time, attention, and invaluable feedback.

I would like to recognize and acknowledge the faculty within the Department of Clinical Psychology at Philadelphia College of Osteopathic Medicine. Their ability to impart knowledge and encourage professional and personal growth was evident within every interaction.

A special thanks is given to all the women who took the time to complete the surveys. Their willingness to share their personal experiences and disclose private events made this study possible. They are the women who have paved the past and continue to carve out the future.

To my life partner, Toni, and our son, Andrew, this accomplishment would have been impossible without your constant love, support, and encouragement. It was because of you and your sacrifices that I was able to achieve this goal.

Lastly, I wish to acknowledge my mother who may be absent from earth but never gone from my heart. It was through your unconditional love and belief in me that I learned to believe in and accept myself.

## Abstract

Society's awareness of homosexuality has greatly increased over the past several decades. The current study sought to examine the experiences of lesbians in different age cohorts / generational groups utilizing an independent-measure research design. Survey data was used from 129 anonymous self identified adult lesbians who belonged in the Silent Generation, Baby Boomer, Generation X, or Millennial group. Significant generational differences ( $p < .05$ ) were found regarding researched sexual minority milestones in relation to ages of self-identification, first same-sex sexual act, and self disclosure / coming out. Results showed that 50% of the women had tried to ignore or change their sexual orientation. Forty-one percent reported that they had felt discriminated against due to their sexual orientation and several women endorsed mental health and relational concerns related to their sexuality. As society's position continues to evolve, it is important that research in this area reflects these changes.

## Table of Contents

Dissertation Approval.....	iii
Chapter One: Statement of the Problem .....	1
Statement of the Problem.....	1
Purpose of the Study .....	2
Overview of Literature Review .....	3
Relevance to Cognitive Behavior Therapy .....	3
Chapter Two: Literature Review .....	5
Homosexuality.....	5
History of Homosexuality.....	5
Definition.....	12
Prevalence.....	13
Etiology.....	15
Pre-natal Development.....	15
Genetic Predisposition.....	17
Interaction of Biology and Environment.....	18
Models of Sexual Identity Formation.....	19
Cass.....	20
Coleman.....	22
Chapman & Brannock.....	23
Minton & McDonald.....	24
Sophie.....	25
Carrion & Lock.....	25

Trolden.....	27
McCarn & Fassigner.....	29
Minitory Stress.....	31
Concealable Stigmas.....	35
Comorbid Issues.....	38
Mental Health.....	38
Discrimination.....	44
Disclosure.....	49
Protective Factors.....	56
Generational Characteristics.....	60
Silent Generation.....	61
Baby Boomers.....	62
Generation X.....	62
Millennials.....	63
Generational Experiences of Sexual Minorities.....	64
Chapter Three: Hypotheses.....	72
Chapter Four: Methods.....	77
Overview.....	77
Design and Design Justification.....	77
Participants.....	78
Measures.....	79
Procedure.....	79
Chapter Five: Results.....	81

Participants.....	81
Sexual Identity Scale.....	81
Milestones.....	82
Ignoring Sexual Orientation.....	83
First Relationship.....	83
First Sexual Experience.....	84
Heterosexual Relationships.....	84
Marriage & Official Ceremonies.....	84
Children.....	85
Known Someone.....	85
Subject Discussed.....	86
Age of "Coming Out" .....	86
Percentage Out.....	86
People / Domains Out.....	87
Ages of Disclosure to Specific Individuals.....	89
People / Domains Not Out.....	93
Perceived Family Support.....	96
Perceived Social Support.....	97
Reason(s) for Disclosure.....	97
Method(s) of Disclosure.....	98
Gay / Lesbian Organizations.....	98
Discrimination.....	99
Mental Health / Relational Concerns.....	99



Chapter Six: Discussion.....	105
Participants .....	105
Discussion of Hypotheses.....	106
Discussion of Other Areas Explored.....	115
Summary.....	132
Further Directions.....	134
Limitations of the Study.....	141
Conclusions.....	142
References.....	143
Appendices.....	155
Tables.....	180

## List of Tables

Table 1. <i>Sexuality Identity Formation Models and their Corresponding Stages /</i> <i>Phases</i> .....	180
Table 2. <i>Demographic Characteristics of the Participants</i> .....	181
Table 3. <i>Mean Scores on the Sexual Identity Scale by Age Group</i> .....	182
Table 4. <i>Mean Ages in Years of Milestones by Age Group</i> .....	183
Table 5. <i>Frequency of Self-Reports of Ever Having Tried to Ignore Homosexual</i> <i>Feelings</i> .....	184
Table 6. <i>Mean Ages in Years of First “Real” Lesbian Relationship by Age</i> <i>Group</i> .....	184
Table 7. <i>Mean Ages in Years of Official Ceremony to another Woman by Age</i> <i>Group</i> .....	185
Table 8. <i>Mean Ages in Years of First Coming-Out Experience by Age Group</i> .....	185
Table 9. <i>Percentage of Domains in Which Respondents are Out by Age Group</i> .....	186
Table 10. <i>Percentages of Domains with Corresponding Mean Ages of Disclosure of</i> <i>Sexual Orientation by Age Groups</i> .....	187
Table 11. <i>Mean Ages in Years When Disclosed to Specific Individuals by Age</i> <i>Group</i> .....	192
Table 12. <i>Percentage of Domains in which Respondents are Not Out by Age Group</i> ..	201
Table 13. <i>Mean Level of Perceived Support Across Domains by Age Group</i> .....	208
Table 14a. <i>Frequency of Self-Reports Concerning Depression by Age Group</i> .....	211
Table 14b. <i>Frequency of Self-Reports Concerning Anxiety by Age Group</i> .....	212
Table 14c. <i>Frequency of Self-Reports Concerning Anger by Age Group</i> .....	213

Table 14d. <i>Frequency of Self-Reports Concerning Alcohol/Drug Use by Age</i>	
<i>Group</i> .....	214
Table 14e. <i>Frequency of Self-Reports Concerning Obsessive-Compulsive Behaviors by</i>	
<i>Age Group</i> .....	215
Table 14f. <i>Frequency of Self-Reports Concerning Eating Disorders by Age Group ..</i>	216
Table 14g. <i>Frequency of Self-Reports Concerning Attentional Problems by Age</i>	
<i>Group</i> .....	217
Table 14h. <i>Frequency of Self-Reports Concerning Self-Confusion by Age Group .....</i>	218
Table 14i. <i>Frequency of Self-Reports Concerning Family Conflict by Age Group .....</i>	219
Table 14j. <i>Frequency of Self-Reports Concerning Relational Issues by Age Group .....</i>	220
Table 14k. <i>Frequency of Self-Reports Concerning Feelings of Isolation by Age</i>	
<i>Group</i> .....	221
Table 15. <i>Comparisons of Studies regarding Ages of Milestones .....</i>	222

List of Appendices

Appendix A. Cover Letter / Informed Consent .....	155
Appendix B. Survey .....	157
Appendix C. Feedback Summary to Participants .....	163
Appendix D. Power Point .....	171

Epigraph

"We don't have to engage in grand, heroic actions to participate in the process of change.

Small acts, when multiplied by millions of people, can transform the world."

~ *Howard Zinn (Historian)*

## Chapter One: Statement of the Problem

### *Statement of the Problem*

Unlike many other minority groups, people who are homosexual have the option to conceal their sexual orientation. Researchers have stated that hiding a concealable stigma may be related to considerable stress. Having to decide if or when to disclose, worrying about being found out, feeling isolated from others, fear of discrimination and victimization, and feeling that part of one's life is a lie can all be seen as significant sources of stress. The majority of the original models (e.g., Carrion & Lock, 1977; Cass, 1979; Coleman, 1982; Sophie, 1985/1986) pertaining to sexual identity formation indicate that as part of healthy development there is the need to come out or disclose one's orientation to others. More recent theorists (e.g., McCarn & Fassinger, 1996) indicate that open disclosure may not be necessary for true authenticity. Over time, society's position regarding homosexuality has changed from that of pathology to one of an alternative sexual orientation. The Stonewall Riots in 1969 are frequently cited as the beginning of the gay liberation movement. Homosexuality was removed as a mental illness from the Diagnostic and Statistical Manual (DSM-III) in 1980. Around the same time, the Human Rights Campaign was formed. PFLAG (Parents, Families, and Friends of Lesbians and Gays) was established in 1981. In February of 2000, the Division 44 Taskforce of the American Psychological Association Code of Ethics provided guidelines for the ethical treatment of lesbians, gays, and bisexual clients. Over the years, more public figures, politicians, and celebrities have disclosed their sexual orientation bringing it into more prevalence in the media. While homosexuality is still considered a sexual minority status, younger lesbians have been exposed to what many perceive as positive

social changes pertaining to homosexuality. Much of the prior research that examined various aspects of homosexuality, whether it was the timing and sequence of the coming out process, issues pertaining to discrimination, correlates with mental health issues, suicide rates, and substance abuse issues make mention of how changes in society's position on homosexuality should have an impact on many issues gay and lesbian people face. Cass (1979), who proposed one of the earlier and most frequently cited models of sexual identity formation, stated "... it is expected that over time, changes in societal attitudes and expectations will require changes in the model" (p. 235). Sophie (1985/1986) reported "...the process of the development of a lesbian identity, or of a change in sexual orientation in general, must be viewed in the context of current social and historical conditions" (p. 50). However, pertaining to lesbians, there has been little direct empirical research examining different age cohorts and comparing their experiences of being a member of a sexual minority group.

#### *Purpose of the Study*

The purpose of the present study is to examine generational differences among lesbians. It evaluates their coming out decisions, perceived changes in social support over the years, and the impact that this support may have on lesbians' willingness to disclose their sexual orientation. The present study examines differences in generations pertaining to age of self-identification as a lesbian, age of disclosure to others (coming out), domains (groups of people) and number of disclosures, perceived social support both from family members and, more generally, in society, heterosexual experiences, and possible treatment concerns. It is proposed that given the changes in society's stance on homosexuality, younger lesbians, as compared to older ones, will self-identify and

disclose at an earlier age; that these younger individuals will be out to more people and across more domains; and that they will perceive more social support, both from family members and society as a whole.

#### *Overview of Literature Review*

The subsequent literature review will describe changes in society's perception and classification of homosexuality in addition to the prevalence and suggested etiology. Major theories of sexual identity formation will be reviewed. Minority stress and the impact of concealing a stigma will be discussed. Homosexuality and comorbid issues will be presented, explaining the possible link. The issue of disclosure and identity management will be reviewed. Protective factors will be presented. Lastly, generational characteristics will be presented and how these characteristics may or may not impact lesbians and their experiences.

#### *Relevance to Cognitive Behavior Therapy*

Despite the mental health field's position that homosexuality is not a mental illness that requires treatment, there are still those individuals who practice within the field who seek to "cure" it. For many homosexuals, they experience what can be described as legalized discrimination. Like other minority groups that have come before, they are denied many of the rights and benefits that our society naturally grants heterosexuals. Faced with both direct and indirect threats of harm and maltreatment, many gay and lesbian individuals must manage considerable stress, fear rejection, worry about safety, and struggle with personal decisions about if, when, and to whom to disclose. They may seek support and therapy to help manage their feelings and the many decisions they have to face. Based upon prior experiences of discrimination, homophobia



(homonegativity), family rejection, and self-confusion, they may present with feelings of hopelessness, depression, alienation, substance abuse, and perhaps even suicidal thoughts. Despite the earlier positions on sexual identity formation, disclosure may not be the best viable option. Treatment providers must be aware and sensitive to all these issues. They must know and be able to professionally manage their own personal feelings regarding homosexuality. While many graduate programs address multicultural issues and study various minority groups and proposed models, few truly address gay and lesbian issues. Many universities and colleges seek out ethnic/racial minority faculty members to serve as role models and mentors. The same emphasis is not given to those of a different sexual orientation. Having an increased awareness of the unique needs and challenges that many gay and lesbian individuals face is just the beginning. Treatment providers must also know how to best approach and clinically address the needs of these individuals.

## Chapter Two: Literature Review

### *Homosexuality*

When a person hears the word “homosexual,” a variety of thoughts, feelings, and images may come to mind. Originally considered a mental illness defined as a sexual deviation involving pathological behavior (Diagnostic and Statistical Manual, 1<sup>st</sup> ed., 1952), homosexuality is now considered an alternative sexual orientation. Despite its declassification, there are still groups of people who view it as morally wrong, unnatural, and a sickness that requires treatment. As with other minority groups, many homosexuals are confronted with discrimination, victimization, and prejudice. However, unlike other minorities whose group membership is observable (e.g., race, gender), homosexuals can decide to conceal their sexual orientation from others. Many sexual identity formation theorists have indicated that in order to develop a fully integrated sense of self, it is necessary for homosexual people to be “out,” or to disclose their sexual orientation to others. Faced with daily heterosexism, this process can be very challenging. With the change in public opinion over the years with what appears to be a greater acceptance of homosexuality (Brewer, 2003), it would appear that the process would be less difficult for those coming out today versus those who did in the previous decades.

### *History of Homosexuality*

Same-sex attraction and behavior is not a new phenomenon. However, how it is viewed can be, and has been, very different. Part of this difference involves how a mental illness is defined. What may be considered “normal” in one culture could vastly differ in another culture. Each society develops its own norms, moral standards, roles,

and expectations. Each society formulates its beliefs on what is normal and abnormal. These beliefs can change over time.

The Diagnostic and Statistical Manual (DSM), created by the American Psychiatric Association (APA), is used to diagnose a variety of mental health issues or psychiatric disorders. Composed of leading researchers in the field, the APA is charged with the task of deciding what to include in the DSM as a diagnosable disorder. The first edition of the DSM was published in 1952. At that time, homosexuality was listed under the category of “Psychopathic Personality with Pathological Sexuality.” In the second edition of the DSM published in 1968, homosexuality was described as a “Sociopathic Personality Disturbance.” Throughout this time period, various research was occurring which called into question the proposed pathology of homosexuality (see Mondimore, 1996, for a review). Two notable researchers at the time were Alfred Kinsey (1894 – 1956) and Evelyn Hooker (1907 – 1996). In 1948, Kinsey published “Sexual Behavior in the Human Male” followed by “Sexual Behavior in the Human Female” published in 1953. The results of his research challenged many societal beliefs concerning sexuality held at that time. Kinsey reported that his findings indicated that sexuality falls on a continuum between exclusively heterosexual and exclusively homosexual with most “normal” people falling somewhere in between the two end points. In 1958, Hooker published the results of her study in which she compared 30 heterosexual and 30 homosexual men, who were matched for age, IQ, and education, on a variety of psychological tests/instruments (Rorschach, Thematic Apperception Test, and Make-A-Picture-Story Test). Her findings indicated that when three psychologists examined the

data, they could not differentiate the heterosexual and homosexual men based on their responses (Herek).

Many cite the Stonewall Riots as the beginning of the Gay Liberation Movement. On June 28, 1969, New York City police officers raided the Stonewall Inn, an establishment in Greenwich Village frequented by gay individuals. The officers had a warrant authorizing them to search for the illegal sale of alcohol. Many patrons were escorted out of the bar and some were even arrested. A crowd began to gather around the bar and responded with verbal attacks against the police which escalated into violence. A total of three riots occurred over the course of five days. The crowd, which was estimated at over 2,000 people, fought with over 400 officers. Many of the protestors proclaimed, "Gay Power." Numerous arrests took place as well as countless injuries. The event received intensive media coverage. Today, many major cities in the United States and some in other countries hold Gay Pride Marches on the last Sunday in June in honor of the Stonewall event (Belge).

It should be pointed out, however, that the fight for gay rights actually began much earlier than the Stonewall Riots. The Mattachine Society, which was started in 1951 by Harry Hay in Los Angeles, CA, consisted predominantly of a group of homosexual male activists who sought to unify isolated homosexuals and to increase gay awareness. The Society encouraged other homosexuals to fight for their rights (Kaczorowski). The Daughters of Bilitis (DOB) was established in 1955 in San Francisco, CA providing similar consciousness raising functions for lesbians (Garnets & D'Augelli, 1994). Formed by Phyllis Lyon and Del Martin, a lesbian couple, the DOB is noted to have been the first national lesbian political and social organization in the United

States (Thelphano). The first student gay rights group, the Student Homophile League, was formed in 1966 by Stephen Donaldson (born Robert Martin) at Columbia University (Beemyn).

In 1973, the American Psychiatric Association (APA), at the urging of many gay activists and confronted with the results of new research, passed a resolution to remove homosexuality per se as a mental disorder in the third edition of the DSM (1980). It added a new category regarding homosexuals who were disturbed by their same sex attraction (ego-dystonic homosexuality), however no such category existed for heterosexuals. In its resolution, the APA took a further step and requested that homosexuals be given all the same rights and privileges as heterosexuals. The resolution stated:

Whereas homosexuality per se implies no impairment in judgment, stability, reliability, or general social or vocational capabilities, therefore, be it resolved that the American Psychiatric Association deplors all public and private discrimination against homosexuals in such areas as employment, housing, public accommodations, licensing and declares that no burden of proof of such judgment, capacity, or reliability shall be placed upon homosexuals greater than that imposed on any other person. Further, the American Psychiatric Association supports and urges the enactment of civil rights legislation at the local, state, and federal level that would offer homosexual citizens the same protections now guaranteed to others on the basis of race, creed, color, etc. Further, the American Psychiatric Association supports and urges the repeal of all discriminatory legislation singling out homosexual acts

by consenting adults in private (American Psychiatric Association, 1974, p. 497). By the time that the Diagnostic and Statistical Manual, 3<sup>rd</sup> Edition, Revised was published in 1987, there was no specific category related to problems resulting from same sex attractions.

The Human Rights Campaign (HRC) was founded in 1980. It provides support and assistance to sexual minority individuals. “As the largest national gay, lesbian, bisexual and transgender civil rights organization, HRC envisions an America where GLBT (*gay, lesbian, bisexual, and transgender*) people are ensured of their basic equal rights, can be open, honest and safe at home, at work and in the community” (Human Rights Campaign, 2008). In addition to HRC, there are other national organizations which have been formed over the years that are available to support sexual minorities. Some of these include the National Gay and Lesbian Task Force; National Association of Lesbian, Gay, Bisexual and Transgender Community Centers; National Coming Out Project; Lambda Legal; and American Veterans for Equal Rights. There are also national hot lines such as the Gay and Lesbian National Hotline (888-843-GLNH).

In addition to specific organizations for sexual minority individuals, several religious institutions have also changed their stance regarding homosexuality. Across the United States, there are identifiable churches, synagogues, temples, and other places of worship who support their homosexual congregation. Some examples include the following: Mormon – Affirmation, Buddhist – Gay Buddhist Fellowship, Muslim – Al-Fatiha Foundation, Catholic – Dignity/USA, Jewish – World Congress of Gay, Lesbian, Bisexual and Transgender Jews, Baptist – Rainbow Baptist, Seventh-Day Adventist –

SDA Kinship International, Mennonite – Brethren/Mennonite Council for Lesbian and Gay Concerns, and Lutheran – Lutheran Concerned.

Part of the change in our society today is the possible exposure people have to homosexuality as opposed to earlier decades. This exposure has been both positive and negative. Various celebrities such as Rosie O'Donnell, Ellen DeGeneres, and Cynthia Nixon; musicians such as Elton John, the Indigo Girls (Amy Ray and Emily Saliers), and Melissa Etheridge; and professional/national athletes such as Greg Lauganis and Martina Navratilova have openly acknowledged their homosexuality. Matthew Shepard's vicious beating and subsequent death in October of 1998 received national coverage. Various politicians or their family members have either disclosed themselves or been "outed" by others (e.g., Mary Cheney, daughter of Vice President Dick Cheney, prior Congresswomen Barbara Jordan [1936-1996], and Congresswoman Tammy Baldwin). Rachel Maddow, a political commentator, was the first openly gay person to be hired to host a prime-time news program in the United States. There are Showtime series, such as "Queer as Folk" and "The L Word" broadcasted on a weekly basis. Sit-coms (e.g., Will and Grace) have aired on prime time television with main characters who are homosexual. Individuals can go to their local library or bookstore and find various books regarding homosexuality. Internet access has also allowed more information to be available to people.

Within the mental health field itself, change can be seen in the kind of attention and research given to gay and lesbian issues. Originally, corresponding with the DSM's position on homosexuality, researchers examined gay people from an illness model perspective. There was the belief that when the cause was discovered, as with most

illnesses, a cure could be developed. Over time, with the recognition that homosexuality is not a sexual or personal defect, many researchers have attempted to promote an increased understanding of the many issues, frequently imposed by society, gay people must contend with throughout their lives. Specific journals, such as *The Journal of Homosexuality*; the *Journal of Lesbian, Gay, and Bisexual Identity*; the *Journal of Gay and Lesbian Psychotherapy*; and the *Journal of Gay and Lesbian Social Services: Issues in Practice, Policy, and Research* have been developed. A variety of mental health disciplines have developed and incorporated ethical standards and guidelines in the recognition and treatment of sexual minorities with mental health issues. There are individuals who actively advocate for affirmative research of lesbians, gays, and bisexuals. Division 44 of the American Psychological Association is one example. It is the Society for the Psychological Study of Lesbian and Gay Issues.

Despite the many positive historical changes that have occurred over the past 50 years, discrimination based on sexual orientation continues to exist. A prime example of this discrimination is the “Defense of Marriage Act” which was passed in 1996 by the United States House of Representatives. This act defined marriage for federal programs as the legal union between a man and a woman. As such, it prohibits same-sex couples from receiving federal marriage rights and benefits. This act also enables individual states the right to not recognize same-sex marriages/unions performed in other states. The states that have legal civil unions (civil unions offer the same rights and responsibilities as marriage but only on a state level resulting in no recognition by the federal government) are Connecticut, New Hampshire, New Jersey, and Vermont. The states which have domestic partnership (which is fundamentally similar to civil unions)



are Hawaii, Maine, Oregon, Washington, and the District of Columbia. Massachusetts is the only state where gay couples can legally marry (Henig & Robertson, 2007).

California was a state that had allowed gay couples to legally marry but then passed Proposition 8 in the general election on November 4, 2008 and it went into effect immediately on the following day. (Those gay couples who were married in California between June of 2008 and November of 2008 are still legally married.)

### *Definition*

There does not appear to be one, universally accepted definition of “homosexuality.” Some view it as a sexual preference to someone of the same gender. Yet, if this sexual preference is not acted upon, is the person really homosexual? To others, it involves sexual contact with someone of the same sex. However, it should be pointed out that some individuals may engage in same-sex sexual contact and not consider themselves to be homosexual. In addition, how does one define sexual contact? For some, sexual fantasies involving a same-sex individual is important. That same person may be involved in heterosexual intercourse and fantasizing about a same-sex person. Is that person considered homosexual? Does it mean having a sexual experience with the same sex, genital contact, more same-sex as opposed to opposite-sex contact, or self-identification? Others refer to it as a same-sex sexual orientation. The following is the stance taken by the American Psychological Association:

Sexual orientation refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, or both sexes. Sexual orientation also refers to a person’s sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions. Research over

several decades has demonstrated that sexual orientation ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex. However, sexual orientation is usually discussed in terms of three categories: heterosexual (having emotional, romantic, or sexual attractions to members of the other sex), gay/lesbian (having emotional, romantic, or sexual attractions to members of one's own sex), and bisexual (having emotional, romantic, or sexual attractions to both men and women) (2008, p.1).

While the American Psychological Association has provided this definition, it does not take into consideration the issue of psychological attraction versus actual behaviors. Does the person need to self-identify or can others label them based upon observable behaviors? If someone is celibate, what is his/her sexual orientation if actual behaviors are required for a specific label?

### *Prevalence*

It is difficult to obtain reliable estimates regarding the prevalence of homosexuality. Part of this difficulty comes out of how homosexuality is defined. To further complicate matters, due to the stigmatized status, many people may not disclose their sexual orientation. "For many people, throughout much of the twentieth century, the topic of homosexuality was shrouded in secrecy. Because of religious, legal, and cultural repression, many individuals orientated toward same-sex sexuality remained 'in the closet,' keeping their sexual orientation hidden" (Patterson, 1995, p. 3). There is also a difference in prevalence versus incidence. Some individuals may have engaged in sexual behavior with the same sex but not necessarily define themselves as homosexual.

The results of the Kinsey (1948 & 1953) research are often used as an estimated prevalence. He found that among the men who were interviewed, 37% reported some homosexual contact, 13% reported more homosexual contact than heterosexual contact, and 4% reported exclusively homosexual contact. Among the women, 13% reported some homosexual contact, 4% reported more homosexual than heterosexual contact, and 1% reported exclusively homosexual contact (as cited in Avert, 2008). It should be stressed that these statistics were produced prior to the more formalized Gay Liberation Movement when it is believed fewer people were open about their sexuality. McWirter, Sanders, and Reinish (1990) reported that their findings showed that 13.95% of males and 4.25% of females indicated having either “extensive” or “more than incidental” homosexual contact. Diamond (1993) conducted a review of studies from the United States, Japan, Philippines, Thailand, Palau, China, Britain, France, and Denmark regarding rates of homosexuality and bisexuality. While he readily acknowledged that there were significant methodological differences among all the studies, Diamond concluded that five to six percent of males and two to three percent of females report having engaged in same-sex behavior. Laumann et al. (1994), who used data from the 1992 National Health and Social Life Survey, reported that the incidence of homosexual desire was 7.7% for men and 7.5% for women. Savin-Williams and Ream (2007) found a prevalence rate for nonheterosexuality to vary between 1% and 15% of their participants who were studied over a 6 year period. These authors stated, “Thus, to the question, ‘How many gays are there?’ depends on which component of sexual orientation (behavior, attraction, identity) is used, how much of a component must be present to determine a cut-off point, and which biological sex is being assessed” (p. 393).

### *Etiology*

The cause or causes of homosexuality remains a highly debated topic. Nature (biological) versus nurture (environmental) continues to be questioned. Within the homosexual population itself, some people indicate that they were born gay while others believe that it is one of personal choice.

#### *Pre-natal Development.*

Different theories have been proposed regarding the biological basis for homosexuality in women. The neuroendocrine theory posits that during prenatal developmental, the female fetus is exposed to abnormally high levels of male hormones (e.g., testosterone) which then influences the developing brain to function more similarly to a male brain. To date, however, this theory cannot be supported or refuted because lesbian brains have not been examined (Harrison, 1994).

Congenital adrenal hyperplasia (CAH), a rare disorder, is caused by prenatal exposure to abnormally high levels of androgen (a hormone that stimulates or controls the development and maintenance of masculine characteristics). The result is that a genetic female can have varying degrees of masculinized genitals. If an increase in androgen for females is related to homosexuality, then it could be deduced that more women diagnosed with CAH should be homosexual. Dittman, Kappes, and Kappes (1992) compared 34 females diagnosed with CAH to 14 of their sisters (ages ranged from 11 to 41). Using a semi-structured interview, sexual behavior was assessed. The authors indicated that the results showed an increased rate of homosexual/bisexual fantasies and experiences in the CAH women as compared to the control group (their sisters). However, the study also reported that while 20% of the CAH women and 0% of the

sisters reported having had or specifically wished for a “relationship with a female partner,” the group difference was not statistically significant. In addition, the authors themselves derived the indicators for heterosexual, homosexual, and bisexual interests and orientation. Thus, while some studies have explored this hypothesis, the results have been mixed (Pattatucci, 1995). In addition, there are many homosexual women who do not have CAH.

The effects of synthetic estrogen diethylstilbestrol (DES) on women’s sexual orientation have also been examined. Originally prescribed to pregnant women to prevent miscarriages, the use of DES was stopped in 1971 due to adverse side effects, specifically a rare cancer of the cervix and vagina in the female children. As part of a larger study, Meyer-Bahlburg et al. (1995) compared 97 women who were exposed to DES to 117 women who were not exposed (PAP group, Well group, Sister group, and control group). Their findings indicated that four women in the DES group reported a lifelong, predominantly bisexual or homosexual orientation and six reported a current bisexual or homosexual orientation (in the last 12 months) compared to 0 in the other groups. The researchers indicated that most of the differences they found between the DES group and the other groups were related to degrees of bisexuality which usually involved solely imagery and not actual physical sexual contact. While the authors indicated that their data support their hypothesis that exposure to prenatal estrogens may play a role in the development of sexual orientation, they also stated that they do not believe that a given biological factor by itself can be expected to completely determine a complex behavior such as homosexuality. They indicated that sexual orientation involves the interaction of both biological and social influences throughout an individual’s life.

*Genetic Predisposition.*

Some researchers have questioned if there is a genetic component to homosexuality. It has been suggested that homosexuality is prominent in families. While several studies have found increased rates of reported homosexuality in second-degree and third-degree relatives of lesbians, environmental influences could not be ruled out (Pattatucci & Hamer, 1995). To further explore this possibility, researchers have examined identical twins who were raised apart. Eckert, Bouchard, Bohlen, and Heston (1986) studied 55 pairs of monozygotic female twins. Of the 55 pairs studied, only 3 women were categorized as lesbian and there were no twin pairs in which both females were lesbian. Veniegas and Conley (2000) concluded, "Despite America's growing belief in biological explanations of sexual orientation, there is no evidence that biology plays a major role in determining whether women are heterosexual, lesbian, or bisexual" (p. 277).

There are some individuals who feel that the scientists and researchers who are exploring a possible biological basis for homosexuality are actually perpetuating the negative and possibly homophobic stance of homosexuality. Stein (1994) addressed the relevance of scientific research concerning homosexuality to gay and lesbian rights. He pointed out that most of the biological research, to date, examined deficits, abnormalities, or excesses in some biological facet of the homosexual person which continues to reinforce that there is something inherently wrong with the homosexual person. Stein also stated that equal attention should be given to the etiology of heterosexuality which is not occurring. He cautions how future scientists may use the results of this scientific inquiry (e.g., reparative therapy to convert homosexuals, aborting fetuses thought to be

homosexual, and genetic engineering to prevent homosexuality). Stein urges for the practice of “good” research in both the scientific and ethical sense.

*Interaction of Biology and Environment.*

In an attempt to counter what he perceived as a premature position for the biological explanation of homosexuality, Bem (2000) proposed a theory to explain sexual orientation. In his theory, the Exotic-Becomes-Erotic (EBE), Bem proposes how biological factors might interact with both personal experiences and sociocultural influences to explain essentially the spectrum of sexuality, not solely homosexuality. According to Bem, biological variables, such as genes and prenatal hormones, code for childhood temperament. These temperaments predispose the child to enjoy, and usually engage in, some activities over others (sex-typical activities which are gender conforming or sex-atypical activities which are gender non-conforming). The gender conforming child will feel different from opposite-sex peers and the gender non-conforming will feel different from same-sex peers (Exotic). These feelings of being different will produce a heightened physiological arousal to either opposite- or same-sex peers. “... the theory claims that every child – conforming or nonconforming – experiences heightened, nonspecific physiological arousal in the presence of peers from whom he or she feels different. For most children, this arousal is neither affectively toned nor consciously experienced” (p. 533). Bem states that this arousal, regardless of the specific source or affective tone, subsequently turns into erotic attraction (Erotic). The author points out that society’s norms and expectations influence a person’s awareness and interpretation of this early physiological arousal. He indicates that in the United States culture, most people “are primed to anticipate, recognize, and interpret opposite-sex arousal as erotic or

romantic attraction and to ignore, repress, or differently interpret comparable same-sex arousal” (p. 539). Bem cited different studies (e.g., aggression, gender nonconformatory play in twins and sexual orientation) that support his overall theory of sexual orientation development. He readily acknowledges, however, that he might be wrong and biology may be the determinant in homosexuality. Bem stated that at the very least there is no alternative theory to date that offers a more direct or alternative path between biological factors and sexual orientation.

To date, the cause or causes of homosexuality is unknown. While different theories have been developed, there has been little empirical evidence that strongly supports one position over the others. It remains unclear if something occurs in utero to the developing fetus, if it is something genetic, or possibly a combination of both biology and environment. Certain researchers have expressed concern regarding this line of scientific inquiry and how it may continue to perpetuate an assumption that there is something inherently wrong with homosexuality. No such attention is given to the etiology of heterosexuality.

#### *Models of Sexuality Identity Formation*

As homosexuality began to receive more public attention and awareness, different theories have been developed that describe how a homosexual identity is formed. A person’s identity involves the individual’s comprehension or understanding of himself or herself. A person’s sense of self is thought to develop over time and involves how he or she views himself or herself as an individual and as compared to others. The majority of the homosexual identity theories describe a developmental process in which the homosexual person progresses through sequential stages, usually starting with the self as



the target of attention and then involving others. These theories do not attempt to explain the origins of homosexuality but rather the development of a homosexual identity. While not meant to be all inclusive, several of the more frequently cited and more recent theories or models are presented below (See Table 1).

*Cass (1979).*

Vivienne Cass (1979) proposed a six-stage model of homosexual identity formation intended to apply to both gay men and women. According to Cass, the model is based upon two assumptions. She believed that identity is acquired through a developmental process and that the interaction between individuals and their environments is the central point for stability of, and change in, behavior. Cass indicated that her model is based upon interpersonal congruency theory in that movement from one stage to another is motivated by the incongruency between the individual's personal perception of self and how that person sees other people's perception of her. Cass felt that in order to have a fully integrated sense of self, the homosexual individual must move through all the developmental stages, although the length of time needed will vary for different people. Identity foreclosure, the choice not to develop any further, according to Cass, can occur at any stage. Cass (1984) went on to empirically test her model and the results provided support for her identified stages. The following are Cass' six stages: Stage 1 is Identity Confusion. At this stage, the person becomes aware of homosexuality and that it may have relevance to her. She is questioning her own thoughts, feelings, and behaviors. However, the possibility of being homosexual is in conflict with both how the person was raised and heterosexual society. "Who am I" is the question. Disclosure to others about one's confusion is extremely rare. Stage 2 is

Identity Comparison. The person is confronted with feelings of alienation and isolation at this stage. Due to feeling that she might be homosexual, she no longer feels like she fits in with the heterosexual society as well as her family and peer group. There is confusion regarding behavior and expectations for the future because they had all been previously formed on a heterosexual identity. The feeling that “I am different” is paramount. Stage 3 is Identity Tolerance. At this stage, as a result of feeling isolated and alienated, the person seeks contact with other homosexual people. The person does not accept a homosexual identity but rather tolerates it. “I probably am a homosexual” is the position. Disclosure to non-homosexuals is very limited. Frequently, the person maintains two separate images – a private one (homosexual) and a public one (heterosexual). Stage 4 is Identity Acceptance. As a result of increased contact with other homosexuals, the individual can “normalize” her homosexual feelings and accept it as a way of life. “I am homosexual” is the stance. At this stage, the person may disclose her sexual orientation to selective significant heterosexual people in her life. Stage 5 is Identity Pride. Within this stage, the person is aware of the conflict or incongruency between her own self concept as being homosexual and society’s heterosexual rejection of it. An “us (homosexual) versus them” (heterosexuals) position is taken. Group identity becomes strong. The heterosexual establishment is rejected. Disclosure is a coping strategy and purposefully done to confront society’s stigmatization. There is an immersion in the lesbian/gay culture. Stage 6 is Identity Synthesis. At this stage, while gay pride feelings are still strong, there is no longer the “us versus them” position. The person’s personal and public sexual identities are congruent. As a result, being

homosexual is no longer seen as the person's identity but rather simply one part of who she is.

*Coleman (1982).*

Eli Coleman (1982) proposed a five stage developmental model of homosexual identity formation. Similar to Cass' model, Coleman states that some individuals do not follow each stage, can become stuck at a stage, or not progress through all of them (similar to Cass' Identity Foreclosure). When this happens, the person will never achieve identity integration (similar to Cass' Identity Synthesis). However, Coleman indicates that people can address various developmental tasks of different stages at the same time. Yet, for full identity integration, all developmental tasks must be completed. The following are Coleman's five stages: Pre-Coming Out, Coming Out, Exploration, First Relationship, and Integration. Pre-Coming Out is the first stage. While the person may feel different, he is not consciously aware of his homosexual feelings. Through the use of psychological defenses (e.g., denial, repression, rationalization, reaction formation), he protects himself from rejection from his family and society as a whole. Subsequently, while feeling that something is wrong, he is unable to describe it. The second stage is Coming Out. At this stage, the first developmental task is for the person to acknowledge his same-sex feelings. Once acknowledged, the next developmental task is disclosure of these feelings to some one else. Coleman indicated that through disclosure the task of self-acceptance begins. Exploration is the next stage. The person is experimenting with his new sexual identity. He interacts with other homosexual people, socially and sexually. Developmental tasks involve developing new interpersonal skills (as a homosexual), developing a sense of personal attractiveness and sexual competence, and

recognizing that one's self-esteem is not formulated on sexual encounters. At the First Relationship stage, the developmental task is to learn how to function in a homosexual relationship within a heterosexual society. The final stage is Integration. At this stage, the person has developed one self-image from what was previously a public identity (heterosexual) and a private identity (homosexual).

*Chapman & Brannock (1987).*

Beata Chapman and JoAnn Brannock (1987) conducted a survey of 197 women in which they found support for their Proposed Model of Lesbian Development (Chapman & Brannock, 1985, as cited in Chapman & Brannock, 1987) (renamed the Proposed Model of Lesbian Identity Awareness and Self-Labeling). Their model contains five stages. Stage One is Same Sex Orientation. The person feels connected to other females but may or may not recognize her feelings as being different from other females. Stage Two is Incongruence. At this stage, the person experiences her first recognition that her feelings towards other females are different from heterosexual females. This recognition can produce feelings of isolation, confusion, or separateness. Stage Three is Self-Questioning / Exploration. During this stage, the person realizes that she might be a lesbian. She begins exploring her feelings either through contact with other homosexual women or through interactions with heterosexual men. At Stage Four, Self-Identification, the person takes the position that she is a lesbian. In Stage Five, Choice of Lifestyle, the woman decides whether or not to seek out other women for long term intimate relationships.

*Minton & McDonald (1984).*

Henry Minton and Gary McDonald (1984) viewed the formation of a homosexual identity as a life-long developmental process. These authors believed that many of the sexual identity developmental stages outlined by other researchers could be explained by their model. Drawing upon Habermas' theory of ego development (Habermas, 1979, as cited in Minton & McDonald, 1984), the authors indicated that a homosexuality identity generally develops in a three stage process in which there are specific developmental tasks associated with each stage. Additionally, there is the process of forming a homosexual self-image and then the notion of managing that image. The first stage is the Egocentric Stage. At this stage, the person experiences a same-sex attraction. It is considered egocentric because the individual is labeling himself as homosexual based upon his own feelings as opposed to a global understanding of homosexuality. The second stage is the Sociocentric Stage. At this point, due to social norms being internalized, the person realizes his homosexual identity may be at odds with society's expectations of heterosexuality. This realization may cause confusion and stress for the person. At the final stage, the Universalistic Stage, the individual is able to critically evaluate societal norms and decide to accept those that apply and reject those that do not. It should be noted that Minton and McDonald based their model on homosexual males. They stated, "although the stages in the process of homosexual identity formation are theoretically the same for females and males, because of the paucity of research on the homosexual identity in females, this paper deals chiefly with males" (p. 91). The position that the process may be theoretically the same for gay men and gay women is not necessarily supported by other researchers.

*Sophie (1985/1986).*

Based upon six pre-existing theories of gay/lesbian identity development (Cass, 1979, Coleman, 1982; Raphael, 1974; Spaulding, 1982; Plummer, 1975, and McDonald, 1982), Joan Sophie (1985/1986) proposed a general stage theory specifically for lesbian identity development. She identified four stages. The first stage is Awareness. It is characterized by an awareness of same-sex attractions with no disclosure of these feelings to others and feelings of alienation. Testing / Exploration is the second stage. It involves exploring the same-sex attraction, increased contact with other homosexuals, no disclosure or extremely selective disclosure to non-homosexuals, feelings of alienation in relation to heterosexual society, and no intimate homosexual relationships occur yet. Identity Acceptance is the third stage. During this stage, there is an increased preference for interactions with other homosexuals, a negative self identity as a lesbian precedes a positive one, and limited to no disclosure to non-homosexuals. The final stage is Identity Integration. At first, the world is dichotomized into two parts, those who are homosexual and those who are heterosexual. Anger and pride are involved. Disclosure to others takes place. Finally, a stable identity is formed. Sophie indicated that the reason why the model fared so well with the data was due to its general nature. She pointed out that there is a great deal of variability in one's lesbian identity development and that, despite other models' proposed stages, this development is not inherently linear.

*Carrion & Lock (1977).*

Victor Carrion and James Lock (1977) proposed an eight stage psychodynamic model of homosexual identity formation. The authors attempted to address in their model how societal intolerance of homosexuality can negatively affect identity formation. Stage

one is called Internal Discovery of the Sexual Orientation. At this time, the person has a feeling of same-sex attraction. Carrion and Lock indicate that the person may respond in one of four ways to this feeling. He may experience bewilderment (feelings of curiosity or wonder), shame (feeling different which is threatening), minimization (downplaying these feelings), or denial (purposefully ignoring the feeling). The successful completion of the second stage, Inner Exploration of Attraction to the Sexual Object, is dependent upon the individual's reaction in the first stage. If the initial response was one of bewilderment, there is a mental exploration shift from a general position that something is happening to something is happening directly to the person. If shame was involved initially and influence factors have not changed, the feelings of shame will increase. With minimization of sexual feelings, the person may engage in thoughts and behaviors to enable him to maintain this position which, according to the authors, can increase the person's difficulties resulting in ambivalence in interpersonal relationships and dysfunctional social and familial interactions. Denial can be resolved in different ways. If the person can accept his real feelings, he can move forward to an early self acceptance. If the person continues to deny his underlying feelings, the denial becomes stronger and can result in stress and possible psychological problems. Carrion and Lock indicate that only after the person accepts his sexual attraction can the individual proceed to the third stage of Early Acceptance of an Integrated Sexual Self. At this point, the person is able to accept his sexual orientation as part of his self-identity. Stage four is Congruence Probing. The person begins testing out his sexual identity. As a result of this probing, the person discovers that there are other homosexual individuals. With a positive sense of belonging or through the influence of positive supports, the person can

move to the fifth stage which is Further Acceptance of an integrated Sexual Self. At this point, disclosure of one's sexual orientation occurs. Carrion and Lock indicate that once this stage is obtained, regression to an earlier stage is less likely to occur. Stage six is Self-Esteem Consolidation. The person must address conflicts that arise out of how the person sees himself versus the way he is seen by others. Mature Formation of an Integrated Self-Identity is stage seven. At this point, the homosexual individual has reached comfort in who he is and other people's opinions no longer impact this self-acceptance. The final stage is an Integrated Self-Identity within a Social Context. The person is prepared to help improve society's understanding of homosexuality and those who are personally struggling with their own sexual orientation.

*Troiden (1989).*

Richard Troiden (1989) used a sociological theory to develop a model of homosexual identity formation applicable to both men and women. He indicated that he synthesized several models which resulted in four stages. Unlike some other models, Troiden stated that homosexual identity formation is not a linear, step-by-step process. Progress through the stages may be back and forth with the characteristics of the stages overlapping and re-occurring in somewhat different ways for different people. Stage one is Sensitization. Troiden indicated that this stage occurs before puberty in which there is the assumption of heterosexuality. At this time, feelings begin to emerge of being different from same-sex peers, however, few will label this different feeling as homosexual. Stage two is Identity Confusion. There is a feeling of uncertainty and inner turmoil regarding the person's sexual status. Troiden stated that by middle to late adolescence, the person begins to have a perception of himself as "probably"



homosexual. He indicated that lesbians and gay males typically respond to their identity confusion by adopting one or more of the following strategies: denial (deny the homosexual components of their feelings, activities, or fantasies), repair (attempt to rid themselves of their homosexual feelings and behaviors), avoidance (they may inhibit behaviors or interests that they believe are associated with homosexuality, they may limit their exposure to the opposite sex to prevent others from realizing their lack of heterosexual interests, they may avoid information about homosexuality, they may assume an anti-homosexual position, they may become immersed in heterosexual involvements, they may engage in activities to escape their homosexual feelings), redefining (redefine behaviors or feelings along more conventional lines) and acceptance (acknowledge their homosexual feelings and seek more information). Stage three is Identity Assumption. Troiden indicated that this stage usually occurs during or after late adolescence. At this time, the homosexual identity becomes both a self identity and one that is at least presented to other homosexuals. During this stage, there are regular interactions with other homosexuals, sexual experimentation, and exploration of the homosexual subculture. Troiden stated that while a homosexual identity is assumed during this stage, it is tolerated but not necessarily accepted. Once a homosexual identity is adopted, the person is confronted with the issue of the stigma surrounding homosexuality. As a result, the person may adopt one of several stigma-evasion strategies. With capitulation, homosexual activity is avoided because the person has internalized a stigmatizing view of homosexuality. This strategy may lead to self-hatred and feelings of despair. With minstrelization, the person behaves as the popular, wider culture expects – in highly stereotyped, gender-inappropriate fashions. With passing, the

homosexual person behaves as if he is heterosexual, concealing his true sexual orientation, frequently living a double life. With group alignment, the homosexual becomes actively involved in the homosexual community. Stage four is Commitment. At this time, homosexuality is adopted as a way of life. There is self acceptance and comfort with the homosexual identity and role.

*McCarn & Fassinger (1996).*

Susan McCarn and Ruth Fassinger (1996) felt that sexual identity formation models cannot be applied uniformly to both men and women. They believe that “there are elements of female socialization that uniquely and profoundly affect the experience of lesbian identity formation: the repression of sexual desire, the interrelationship of intimacy and autonomy, and the recent availability of reinforcement for nontraditional role behavior” (p. 518). They also stated that most of the existing sexual identity formation models have failed to address the important difference between the personal and reference group component of identity. Their model stated that lesbian identity is formed as an individual sexual identity through membership of an oppressed minority group. The authors used the term “phases” rather than “stages” because they felt that phases implied greater flexibility. The process of identity formation is seen as continuous and circular. Their model has four phases with two parallel branches that influence each other. The two branches are individual sexual identity and group membership identity. Phase one is Awareness. For the individual sexual identity development, there is an awareness of feeling different from the heterosexual population. For the group membership identity development, there is an awareness that there are people who are not heterosexual. Phase two is Exploration. At the individual level, there is active

examination of sexual feelings but not necessarily sexual behaviors. For the group membership, there is an active pursuit of knowledge/information about homosexuality and the possibility of belonging to this group. Phase three is Deepening/Commitment. Based upon the knowledge obtained during Phase two, on the individual level there is greater self-knowledge and the firming of personal sexual choices. At the group level, there is the increased awareness and commitment to the homosexual community. It is recognized how this group is oppressed and how membership in it will have consequences. This group membership may produce feelings of excitement, pride, rage, or internal conflict. Stage four is Internalization/Synthesis. At the individual level, there is a fuller self-acceptance of same-sex desire/love as part of one's overall identity. At the group level, the woman, having experienced the other three phases, has fully identified herself as a member of a minority group and understands all the meanings attached with this membership. It should be pointed out that unlike most other models, disclosure is not seen as a developmental advancement, although it is recognized that particularly in the last phase of group membership it has occurred at least to some degree. The authors stated that they believe "...disclosure is so profoundly affected by environmental oppression that to use it as an index of identity development forces an individual to take responsibility for her own victimization" (p. 522).

While the models presented differ in varying degrees on the specific number of stages / phases presented, overall, each attempts to outline and explain the complexities of developing a homosexual identity within a heterosexual context. Each addresses the task of first awareness and self questioning progressing to contact with similar others to the eventual possibility of the development of an integrated self as a gay individual. Each

stresses, either directly or indirectly, the interactive process between the individual and those around him or her. Hanley-Hackenbruck (1989) described six variables that influence this developmental process. The variables are gender, race or ethnicity, geographic location, societal attitudes / values at a given historical time, and individual variations. Pertaining to gender, it has been noted that there are socialization differences between males and females. One example is the view of women's sexuality and sexual drive which has changed significantly over time. It has long been accepted that men are sexual beings. Overall, gay men and lesbian women are more like all other men and women, respectively, than they are like themselves solely based on their sexual orientation. Attitudes regarding homosexuality can vary depending on ethnicity and religious affiliation. Certain groups are more accepting than others. Part of the formation of a homosexual identity is contact or exposure to similar others. In certain regional or geographic locations, such as small rural areas, such contact may be very limited or non-existent. As already reviewed earlier, society's position, or at least the formal medical position, regarding homosexuality has changed over the past several decades. Specific individual factors, such as religious background, family norms, educational level, coping style can impact the development of a gay identity. Each of these categories of variables can impact the timing, sequence, and / or duration of the identified stages / phases which can help explain why not every gay person's experience is identical.

#### *Minority Stress*

Almost everyone has experienced stress at some point in their lives. What may be stressful for one person may be a normal experience for another. Dohrenwend (2000) has evaluated the impact of external events or conditions on individuals. He found that when

these experiences exceed an individual's ability to cope, it may leave them vulnerable to mental or somatic illnesses. Stress may be the result of personal dispositions or resources, events in the environment, or a combination of both.

Minority stress is a term used to explain the excess stress a person may experience as a result of being part of a minority, and usually stigmatized, group. There are three underlying assumptions regarding minority stress. The first is that it is unique. Minority stress is in addition to the general stressors that are experienced by all people. As a result, stigmatized individuals are required to adapt or manage a stress that non-stigmatized individuals do not. The second assumption is that minority stress is chronic. It is related to relatively stable and enduring underlying cultural and social structures. Lastly, minority stress is socially based. It is the result of societal opinions / structures that have little to do with the specific person (Meyer, 2003).

One type of minority stress has been termed "gay-related stress" by Rosario, Schrimshaw, Hunter, and Gwadz (2002). These authors stated that gay-related stress refers to "the stigmatization of being, or being perceived to be, GLB (*gay, lesbian, bisexual*) in a society in which homosexuality is negatively sanctioned" (p. 967). They indicate that gay-related stress involves different dimensions. One aspect of it pertains to external factors. It involves the experiences of rejection, alienation, verbal harassment, and even violence perpetrated by those individuals who are opposed to homosexuality. Another aspect of it is more internal. For some gay individuals, they may internalize society's negative attitude regarding homosexuality (referred to as internalized homophobia). There may be stress for some gay people that others will find out about their sexual orientation (referred to as discomfort with homosexuality). Rosario et al.

believe that this discomfort is due to the gay individuals fear of rejection and discrimination once discovered.

After an extensive review of the literature, Lews, Derlega, Berndt, Morris, and Rose (2001) attempted to empirically categorize stressors experienced by homosexual individuals by developing a 70-item measure to assess gay related stress. Two samples were combined. Participants were obtained through a separate enclosure with the materials in a free gay and lesbian newspaper in Virginia. These enclosures were distributed at various gay and lesbian bookstores nationwide, college campus gay student organizations, and at a gay and lesbian festival in St. Louis (no time line was identified in the study). The participants were asked to indicate on a 4-point scale (0 = no stress to 3 = severe stress) the degree of stress caused by specific life events that may have affected them. They also completed a 20-item questionnaire (the Center for Epidemiological Studies Depression Scale, CES-D, Radloff, 1977) designed to assess depressive symptoms in nonclinical populations and four questions regarding their openness about their sexual orientation and social involvement with other gay and lesbian individuals. A total of 557 men and 421 women who identified as either exclusively homosexual, predominantly homosexual, or bisexual comprised the final group. Respondents who indicated a bisexual orientation (n = 71) were excluded from any analyses involving cross-orientation comparisons. The average age was 32 with a range of 15 years of age to 60 with the majority being Caucasian (89%). The results indicated that gay men and women report stressors associated with difficulties being out to both family members and in general (visibility issues); difficulties encountered with family members due to their sexual orientation, including family members' reactions to a partner (family conflict);

concerns regarding possible and actual job loss and other economic stressors as well as discriminatory practices (discrimination at work); discrimination involving social services and housing (general discrimination); concerns regarding verbal and physical attacks due to their sexual orientation (violence and harassment); HIV/AIDS concerns; shame/guilt and problems accepting their own sexual orientation (conflict over one's sexual orientation); and society's lack of acceptance and ignorance of homosexuality (misunderstanding). The authors found that those individuals who were currently in a relationship reported less dysphoria and less conflict regarding their sexual orientation. However, these individuals reported more stressors related to family reactions to partners, more concerns about societal misunderstanding, and less concern regarding HIV/AIDS. Few differences were found between those who identified as exclusively homosexual versus predominantly homosexual. Participation in gay/lesbian groups was associated with less dysphoria; less visibility stress among family, friends, and the general public; and less conflict about one's sexual orientation. Those gay and lesbian individuals who endorsed higher levels of stress also reported more dysphoria. Openness about one's sexual orientation was associated with less dysphoria, less stress based on visibility, and less conflict about one's sexual orientation, but more stress regarding others' misunderstanding of them and more stress involving family issues.

While there are many different minority groups who experience stress due to their group membership, gay-related stress is somewhat unique and different from the other minority stress. Whereas any minority individual can internalize society's negative appraisal of their group membership or fear alienation, discrimination, or threats of violence, for many gay people, they are confronted with the fear of rejection and

estrangement from their own family members. For other minority groups, their families are usually a source of support and reassurance. They can serve as role models as to how to manage mainstream society's perception of them. This is normally not the case for homosexual individuals. For all the reasons and probably more, some gay people will choose to live their lives partially shrouded in secrecy.

### *Concealable Stigmas*

Stigma has been defined in various ways depending on the focus of the research. A common dictionary definition involves a mark of disgrace. Stafford and Scott (1986) indicate that a stigma is a "characteristic of a person that is contrary to a norm of a social unit" (p. 80). Crocker, Major, and Steele (1998) stated that "stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular context" (p. 505). Link and Phelan (2001), in response to researchers criticizing the lack of clarity in defining stigma, developed a definition incorporating different aspects of the research. They stated the following:

... stigma exists when the following interrelated components converge. In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics - to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them." In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct



categories, and the full execution of disapproval, rejection, exclusion, and discrimination (p. 367).

Utilizing this framework, it becomes apparent that gay people are placed into a stigmatized group. The fact that people can be grouped into heterosexual or non-heterosexual distinguishes a difference. Public opinion, at least in the not so distant past, viewed homosexuality negatively, as a defect or deviant behavior. Society has historically sought to keep gay people separate from the larger society as evidenced by such things as laws prohibiting same-sex sexual activities, the “Don’t Ask, Don’t Tell” military stance, religious institutions which condemn homosexuality, and present day conversion therapy. Legalized discrimination continues to exist (e.g., Defense of Marriage Act) that results in loss of basic human rights. To date, the heterosexual population, overall, continues to exert its position as the majority power group. However, unlike other stigmatized groups, homosexuals can choose to conceal their sexual orientation from others.

Pachankis (2007) proposed a model which attempts to predict the cycle that may be encountered by anyone who conceals a stigma, regardless of the minority group to which the person belongs. He developed his model from theories regarding stigma, secrecy, self-disclosure, self-presentation, and self-monitoring. The model starts with a situation in which certain aspects of the situation are likely to bring about certain cognitive, affective, and behavioral responses. “Prior theorizing and work suggests that individuals with a concealable stigma experience difficulty in those situations in which (a) one’s stigma is made salient, (b), one’s concealed stigma is likely to be discovered, and (c) the consequences of being discovered are costly” (p. 331). The model speaks to

the cognitive, affective, and behavioral implications of concealing a stigma. The cognitive implications involve preoccupation, increased vigilance of stigma discovery, and suspiciousness. These cognitive processes then are proposed to induce or enhance negative affective states. These negative affective states, in turn, may increase the person's preoccupation, vigilance, and suspiciousness. There are then behavioral implications or difficulties that result from these cognitive and affective processes. Individuals with concealable stigmas may engage in impression management, self-monitoring, social avoidance or isolation, place increased importance in interpersonal feedback, or engage in maladaptive behavior in close relationships. Pachankis identifies some possible outcomes that result in concealing a stigma. He acknowledges that while hiding a stigma may enable the person to avoid experiencing discrimination and prejudice, it does not alleviate the knowledge the person has of society's negative evaluation of the stigma. This knowledge may lead to a negative self-regard. Pachankis speaks of identity ambivalence that can result from an inconsistent view of one's self across situations and time. Hiding a stigma can produce a lack of access to group-based self-protective attributions. Concealing may produce a negative self-view and diminished self-efficacy.

Unlike most other minority groups, homosexual individuals are theoretically placed in a unique position. They can choose not to disclose their minority group membership. Gay people can take the steps to purposefully conceal their sexual orientation from others. Based upon Pachankis' (2007) model, there can be negative consequences for this concealment (e.g., negative self-regard, poor self-efficacy),

however, the same can be said for disclosure (e.g., fear of rejection, alienation, discrimination, violence).

### *Comorbid Issues*

As stated previously, in the past, homosexuality was considered a mental illness. Researchers and therapists drew conclusions indicating that homosexuality was the cause of various other mental health issues or they co-varied together, maintaining the stance of the illness model. Although the professional view of human sexuality changed, which impacted the de-classification of homosexuality as an illness, researchers continued to find a high proportion of homosexuals who met the criteria for having a mental health disorder.

### *Mental Health*

Fergusson, Horwood, Ridder, and Beautrais (2005) examined the relationship between sexual orientation and mental health in a birth cohort residing in New Zealand. The group was studied from their birth in mid 1977 to the age of 25. Areas examined included suicide, major depression, anxiety disorders (including generalized anxiety disorder, panic disorder, agoraphobia, social phobia, and specific phobias), alcohol dependence, cannabis dependence, and other illicit drug dependence. Of the 967 participants (498 females and 469 males), 2.8% identified as predominantly homosexual. By age 25, slightly over 8% reported having had some form of same-sex sexual experience. These authors found that, with the exception of alcohol dependency, there was a significant trend for rates of disorders to increase with increasing non-exclusive heterosexual orientation. In other words, as individuals' sexual experiences / orientations moved further away from 100% heterosexual, the trend for rates of disorders increased,

with those identified as exclusively homosexual having the highest rates. As compared to exclusively heterosexual men, males classified as predominantly homosexual had an overall rate of problems that was five times higher. Of these men, 85.7% reported symptoms for anxiety disorders, 71.4% for major depression, and 42.9% for illicit drug dependence. Approximately 71% reported suicidal ideation and 28.6% indicated that they had made a suicide attempt. As compared to exclusively heterosexual women, women classified as predominantly homosexual had an overall rate of problems that was 2.3 times higher. Fifty percent of these women reported symptoms consistent with major depression, 40% for anxiety disorders, and 10% for illicit drug dependence. Approximately 30% reported that they had experienced suicidal ideation and of these, 10% reported a suicide attempt. One limitation of this study is that the authors used a latent class analysis to combine indicators of sexual orientation. They combined same sex behaviors and attraction to form three groups: exclusively heterosexual orientation, predominantly heterosexual but with some same-sex inclinations or experiences, and predominantly homosexual. It is possible that the participants themselves may not agree with their classification. Another limitation is the generalizability of the study. The social climate pertaining to homosexuality in New Zealand in the mid 1977s to early 2000s may be different from that in other countries. Despite its limitations, it is one of the few longitudinal studies exploring sexual orientation.

Cochran, Mays, Alegria, Ortega, and Takeuchi (2007) examined mental health and substance use disorders among Latino and Asian American lesbian, gay, and bisexual adults. Areas examined included the following: any depressive disorder, any anxiety disorder, alcohol abuse/dependency, drug abuse/dependency, any substance use disorder,

any eating disorder, any psychiatric disorder, suicide attempt, and any suicide symptom. Using data collected from the National Latino and Asian American Survey, 4.8% of the participants identified as lesbian, gay, bisexual, and/or reported recent same-sex sexual experiences (84 gay/bisexual men, 161 lesbian/bisexual women). Individuals were asked about symptoms experienced within the last year and over their lifetime. For gay/bisexual men, 25.4% reported symptoms of any psychiatric disorder over their lifetime and 15.6% over the last year. Symptoms pertaining to any anxiety were the most commonly endorsed (18.7% lifetime prevalence, 10.9% 1-year prevalence). Regarding suicide, 11.7% of the gay/bisexual men reported any suicide symptoms over their lifetime with 8% having made an attempt; 3% reported any suicide symptoms over the last year with 2.4% having made an attempt. For lesbian/bisexual women, 33.9% reported symptoms of any psychiatric disorder over their lifetime and 21.9% over the last year. The most commonly endorsed symptoms were for any depressive disorder with 24.7% reported a lifetime prevalence and 16.0% reported a 1-year prevalence. Regarding suicide, 13.6% of the lesbian/bisexual women indicated any suicidal symptoms over their lifetime with 8.5% having made a suicide attempt; 2.6% reported any suicidal symptoms over the last year with 2.4% having made an attempt. A limitation to this study is that the researchers combined gay and bisexual individuals into the same group (lesbian/bisexual women and gay/bisexual men). While taken together they comprise a sexual minority, it cannot be assumed that gay and bisexual individuals experience the same stressors or are faced with the same issues.

Cochran, Sullivan, and Mays (2003) explored the prevalence of mental health disorders, psychological distress, and mental health service use among sexual minorities.

Using data from the MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS, Brim et al., 1996), the authors examined one-year prevalence rates of major depression, generalized anxiety disorder, panic disorder, alcohol dependency, and drug dependency. Distress was measured by self-report of current mental and emotional health and back when they were 16 years old. Mental health service use was assessed by how many times in the past 12 months respondents had seen a psychiatrist, psychologist, professional counselor, marriage therapist, social worker, general practitioner or medical doctor, and/or attended self-help groups. Participants were also asked if they had taken prescription medication over the past 30 days for “nerves,” anxiety, or depression. Of the 2917 midlife adults, 25 to 74 years of age, who participated, 2844 identified as heterosexual, 41 as homosexual, and 32 as bisexual. The results showed that gay and bisexual men, as compared to heterosexual men, were 4.7 times more likely to meet the criteria for a panic disorder and 3.0 times more likely to meet the criteria for major depression. In addition, nearly 20% of the gay and bisexual men met the criteria for two or more disorders. For lesbian and bisexual women, as compared to heterosexual women, significantly more met the criteria for generalized anxiety disorder and were also more likely to meet the criteria for two or more disorders. Regarding mental health service use, gay and bisexual men were more likely to indicate using at least one type and were also more likely to report taking prescribed medication as compared to heterosexual men. About two-thirds of the lesbian and bisexual women reported using mental health services. The authors concluded that sexual minority orientation is associated with somewhat higher rates of mental health disorders and use of mental health services. They also showed higher rates of comorbidity by meeting the

criteria for two or more disorders assessed, a "... rate three to nearly four times greater than that observed among heterosexuals of the same gender" (p. 58). A limitation of the study was the fact that the researchers combined homosexual and bisexual individuals into one group to increase power. In addition, while the study was published in 2003 the data was collected in 1995 and may be dated at this time.

Acknowledging the possible impact of sociopolitical influences on sexual minority individuals, D'Augelli, Grossman, Hershberger, and O'Connell (2001) evaluated different aspects of the mental health of older lesbian, gay, and bisexual adults. These authors stated the following:

Lesbian, gay, and bisexual (lgb) adults of earlier generations were not only considered "mentally ill" by mental health professionals for most of their adult lives, but they also knew that their sexual desires were deemed immoral by society, and that their sexual activities were illegal .... This pervasive stigma was a major contributor to the invisibility of older lgb adults. They were born in a period when most lgb people concealed their sexual orientation from family, friends, and employers. To avoid rejection, some decided to follow a "heteronormal lifestyle," including marriage and child-rearing ... (p. 149).

The data was collected during 1997 and 1998. Participants included 416 lesbian, gay, and bisexual adults who ranged in age from 60 to 91 (with a mean of 68.5). Seventy-one percent were males and 29% were females. Ninety-two percent identified as gay or lesbian and 8% identified as bisexual. The majority were Caucasian (90%), 3% were African American, and 2% were Latino or Latina. Thirty-two percent of the participants reported being a parent. The sample was recruited through 19 agencies and groups (18 in

the United States and 1 in Canada) providing social and recreational services to older gay, lesbian, and bisexual adults and through snowball sampling. A questionnaire was completed that assessed self-esteem, internalized homophobia, loneliness, alcohol abuse, drug abuse, mental health, physical health, suicidal thoughts and attempts, involvement in lesbian, gay, bisexual communities, and degree of disclosure / outness. The results indicated that 80% of the participants indicated that they were glad to be lesbian, gay or bisexual and 8% reported being depressed about their sexual orientation. Nine percent reported that they had attended counseling to stop their same-sex feelings. Seventeen percent endorsed that they wished that they were heterosexual. Regarding lifetime suicidality, 61% stated that they had never considered suicide, 29% stated rarely, 8% stated sometimes, and 2% said often. Of those who did consider it, 10% stated that it was somewhat related to their sexual orientation and 7% stated that it was very related. Of the participants who endorsed suicidal thinking within the last year (12%), 6% stated that it was related to their sexual orientation. Regarding disclosure, approximately 20% said that less than 25% of the people they know are aware of their sexual orientation, 20% said 25% to 50% know, 22% said that 51% to 75% knew, and 37% said that more than 75% knew. Men, as compared to women, indicated significantly more internalized homophobia, more suicidal ideation because of their sexual orientation, and more evidence of alcohol abuse. Women, as compared to men, reported that they were out to more people and that they spent more time with other gay, lesbian, and bisexual people. Overall, the finding indicated that lower lifetime suicidal ideation was predicted by less internalized homophobia, less loneliness, and a higher percentage of people who knew the participants' sexual orientation. One significant limitation of the study involves the



use of a convenience sample with individuals who were already participating in gay, lesbian, and bisexual agencies or social groups. The results may not generalize to other sexual minority individuals who remain more closeted. In addition, the study is approximately ten years old. The sociopolitical influences on sexual minorities have potentially continued to change.

### *Discrimination*

With the recognition of the increased rates of mental health and substance abuse issues among the homosexual population, individuals have attempted to explore this correlation in more detail. Much of the present research has shown that experiences of stigmatization and discrimination can lead some individuals, especially those without protective factors to buffer, to be more vulnerable to stress and anxiety. For many homosexuals, discrimination, victimization, and oppression are part of their everyday lives.

Herek, Gillis, and Cogan (1999) examined the relationship between hate crimes based on sexual orientation and psychological issues of depression, anxiety, anger, and post traumatic stress. The authors analyzed information pertaining to criminal victimization from 2,259 gay, lesbian, and bisexual adults (1089 men and 1170 women) in the Sacramento, CA area between June 1994 and October 1995. The results indicated that one fourth of the men and one fifth of the women indicated that they had experienced criminal victimization (e.g., sexual assault, other physical assault, attempted sexual assault, attempted other assault, robbery, property crime, any crime) at least once as an adult because of their sexual orientation. Examining incidents of hate crimes within the previous year, 56% of the respondents reported being verbally harassed, 19% were

threatened with violence, 17% were followed or chased, 12% had an object thrown at them, and 5% were spat on. The authors found that more men as compared to women and more homosexuals as compared to bisexuals were likely to experience a hate crime. Results showed that hate crimes were less likely to be reported to police as compared to non-hate crimes. In relation to psychological distress, the data indicated that those gay men and lesbian women who had experienced a hate crime within the previous five years endorsed more symptoms related to depression, traumatic stress, anxiety, and anger as compared to those individuals who reported no such experiences. The authors noted that while a causal relationship cannot be determined between the experience of hate crimes and psychological distress, they pointed out that crimes not based on sexual orientation were also associated with elevated scores on the psychological measures but to a lesser degree.

Bradford, Ryan, and Rothblum (1994) conducted the National Lesbian Health Care Survey, a study designed to explore various factors in the lives of gay women, including mental health issues, social support, and “outness.” The authors indicated that their study was the most comprehensive study regarding lesbians in the United States at that time. A total of 4600 surveys were distributed throughout the entire United States during 1984 to 1985. With a response rate of 42%, 1925 surveys were returned. Pertaining to discrimination, 52% of the women reported that they had been verbally attacked for being gay with another 4% thinking that this might have happened. Six percent indicated that they had been physically attacked due to their sexuality with another 2% being unsure. Eight percent responded that they had lost their jobs due to

being gay with another 5% being uncertain if it was due to their sexuality. Four percent had their health affected and 1% had been discharged from the military for being gay.

Dworkin and Yi (2003), using data collected from the New York City Gay and Lesbian Anti-Violence Project, compared instances of violence perpetrated against homosexuals during 1998-1999 to 1999-2000. They found that while exceptionally violent and bias-related murders decreased, along with serious sexual assaults and rapes, there were noted increases in the following areas: attempted assaults with weapons, harassment, and intimidation. Results showed that both the victims and perpetrators became more diverse and more victims actually knew their perpetrators. Reports also indicated that police responsiveness had deteriorated and there was an increase in reports of police misconduct and abuse. The authors indicated that actual rates of victimization are probably much higher than indicated by the statistics. They state that most victims do not report the crime. Reasons cited by the Project for non-reporting included fear of not being believed, fear of further victimization, the consequences of being outed, concerns that nothing will be done, and/or culturally insensitive services.

Mays and Cochran (2001), using data collected from the MacArthur Foundation National Survey of Midlife Development in the United States (MIDUS, Brim et al., 1996), explored the relationship between perceived discrimination and mental health issues among gay, lesbian, and bisexual adults in the United States. Participants' ages ranged from 25 to 74. There were 2844 self identified heterosexuals, 41 homosexuals, and 32 bisexuals. Their findings indicated that homosexual and bisexual participants were significantly more likely than heterosexual participants to have at least one of the five psychiatric disorders assessed (major depression, generalized anxiety disorder, panic

disorder, alcohol dependence, and drug dependence). Approximately 76% of the sexual minority participants reported experiencing personal discrimination. Of this group, 25% attributed the experienced discrimination completely as a result their sexual orientation, and 17% as part of a combination of their sexual orientation and other status-based reasons. These numbers are in contrast to 98% of the heterosexual participants who attributed discrimination to causes other than their sexual orientation. The sexual minority group was more likely than the heterosexual group to report that discrimination had made their life harder and that it had interfered with them having a full and productive life. The authors went on to state that, "It is possible that widespread and pernicious experiences with discrimination lie at the heart of the somewhat higher prevalence of psychiatric morbidity among lesbians and gay men found in recent studies" (p. 1874). It should be pointed out that this data was collected in 1995 using a randomized telephone sampling technique. All respondents were required to be English speaking. In addition, for data analysis, the homosexual and bisexual individuals were combined to form one group. It is unknown if the experiences of the self identified homosexuals and bisexuals were similar or different.

In an attempt to gain insight into areas of stress and protective factors for homosexual people faced with discrimination, Russell and Richards (2003) developed a 130-item quantitative survey examining particularly the effects of anti-gay politics. This survey was conducted in Colorado. On November 3, 1992, Colorado voters endorsed Amendment 2. This amendment denied sexual minorities the ability to take legal recourse pertaining to encountered discrimination based upon sexual orientation. While the amendment never took effect due to legal challenges posed against it and the United

States Supreme Court eventually declaring it unconstitutional on May 20, 1996, the proposed amendment brought to the surface the knowledge that many voters within Colorado were against homosexuality and the legal protection against discrimination based on sexual orientation. Three hundred and sixteen sexual minority individuals completed the survey (58.1% were women and 85% were Caucasian). The researchers identified five main stressors and five sources of resiliency for these sexual minorities faced with legalized discrimination. Depending on the context, the source of stress could also be a source of resiliency. The first stressor identified was termed Encounter with Homophobia. Many sexual minorities stated that they felt judged and hated. The second stressor involved Community Divisions. These divisions not only occurred between many homosexuals and heterosexuals, but also within the gay community itself. There were splits between publicly out sexual minorities and those who remained closeted, differences among those who lived in urban versus rural areas, and disagreements about how to combat the anti-gay actions. The third stressor involved Making Sense of Danger. Many respondents reported that the proposed legal action called into question their beliefs and feelings pertaining to the world being fair and people being moral and good. The fourth stressor was termed Failed Witnessing. This involved respondents feeling that family members, friends, and loved ones failed to offer support against the proposed action. The fifth stressor involved Internalized Homophobia where some respondents endorsed feeling shame related to their sexual orientation. The proposal of Amendment 2 in Colorado in 1992 allowed a unique opportunity to explore the impact of what amounted to legalized discrimination against sexual minorities. The survey provided direct insights into how self identified gay, lesbian, and bisexual individuals perceived

such a publicized action. It is uncertain, however, how well these findings would generalize to other sexual minority individuals. Many of the participants were already open and out about their sexuality (although exact numbers could not be obtained).

Taken together, these studies shed some insight into the degree of victimization, discrimination, and alienation experienced by many sexual minorities. Living with threats of sexual assault; rape; physical attacks, involving being punched, kicked, slapped; verbal harassment; robbery; being chased; having objects thrown at; or being spat upon can all produce psychological stress, depression, trauma related behaviors, anxiety, and poor coping skills which could be related to substance use or abuse. The fear of experiencing these types of behaviors can cause someone to become hypervigilant. For some homosexual individuals, their own families become the sources of such threats and strain.

#### *Disclosure*

The decision to disclose or “come out” is multifaceted. Given the rates of victimization, discrimination, and alienation, gay people need to weigh the perceived benefits versus the perceived, and many times real, risks. While many of the theories of homosexual identity formation indicate that disclosure is a necessary step for true self-acceptance, it would be negligent to ignore this decision in the context of our society and its stance on homosexuality. As Paula Rust (1993) stated:

Although some women do progress from awareness of homosexual feelings to questioning heterosexual identity and then to ultimate and permanent identification as a lesbian, this pattern is by no means universal. Variations on this are too common to be considered deviations from the norm. The

developmental model must be replaced by a social constructionist model of sexual identity formation in which variation and change are the norm. Social constructionism teaches that self-identity is the result of the interpretation of personal experience in terms of available social constructs. Identity is therefore a reflection of sociopolitical organization rather than a reflection of essential organization, and coming out is the process of describing oneself in terms of social constructs rather than a process of discovering one's essence (p. 68).

Cain (1991), based on 36 in-depth interviews conducted between 1984 and 1986 in Montreal, Canada with gay men who ranged in age from 19 to 50, found that none of his participants were out in all situations. Every person remained closeted in some of their interactions. Upon evaluation of the participants' responses, the author identified six types of disclosures and five types of concealments. Therapeutic disclosures are done in order to try to feel better about one's self. It is a way of soliciting support. Relationship-building disclosures are done in an attempt to improve one's relationship with another person, to establish a closer and more personal relationship. Problem-solving disclosures have the goal of ending other's questioning, particularly about girlfriends and marriage. Preventive disclosures are done to avoid anticipated problems, especially concerning being discovered (being found out to be gay) by accident. Political disclosures are done to challenge other's misconceptions about homosexuality and oppression. Spontaneous disclosures are those that are unplanned and usually result from being placed on the spot. The author found that concealment was usually the direct result of the stigmatization of homosexuality. Respondents indicated that in many situations they feel that it would be inappropriate, irrelevant, or incorrect to disclose their sexual

preferences. For some, they felt that there would be a lack of pay-off. Disclosure would not be worth the potential problems it could bring. Deference was also a reason for non-disclosure. Some men indicated that they remained closeted out of respect for others' beliefs or feelings. Avowal of responsibility is a type of concealment in which the person cites a personal characteristic, such as a lack of courage or social immaturity, as a reason not to disclose. The last category identified was politics. This concealment is the result of the decision to remain silent due to political or ideological reasons. Cain concluded that the decision to disclose or conceal is not simply the result of individual choices or attitudes but rather an interaction between the person and his social environment. It is uncertain if lesbians would identify similar reasons for disclosure and concealment. It should be stressed that the interviews were conducted in Canada between 1984 and 1986, within years of the removal of homosexuality, *per se*, as a mental disorder in the DSM-III (1980) but with the existence of the diagnosis of Ego-dystonic Homosexuality. Today, Canada is one of the few places which grants gay and lesbian individuals many of the same rights as heterosexuals, including marriage. A repeat of this study today could yield different outcomes.

Joseph Harry (1993), who developed a sociological model of being out, described possible motivations for disclosing one's sexual orientation and motivations for remaining quiet. He indicated that many of the decisions are directly related to whom the disclosure may or may not occur (the audience). Harry stated that if the audience is also homosexual, disclosure may be done to find a romantic/sexual partner. It may occur to obtain self-validation with similar others. When the audience is not gay, homosexuals must evaluate the risks of disclosure (negative reactions, discrimination, victimization,



rejection, etc.) to those of remaining silent. In order to manage these risks, the homosexual person may disclose to a highly selective group of non-homosexuals. Again, this disclosure may be for validation or the person may be an important individual in the gay person's life. Another motivation for being out may be due to the fact that the homosexual person is already out to some people in his life and may feel the need to be out to all people for personal integrity. According to Harry, the decision to disclose is not based on a developmental stage but rather to the interaction between the person and his audience at any given time or place. It is because of this interaction that many gay people are openly out in some aspects of their lives but remain closeted in others.

D'Augelli and Grossman (2001) examined the experiences of older lesbian, gay, and bisexual (LGB) individuals in relation to their self-disclosure, victimization, and mental health. Acknowledging the impact of the sociopolitical climate, the authors felt that older LGB people could be predicted to have experienced more victimization when they were younger as compared to LGB youth today. A total of 416 older (60 years old and older) LGB adults (71% men and 29% women) comprised the final sample. Their findings indicated that men were significantly younger (mean age of 12.99 years) than women (mean age of 16.48 years) when they experienced their first awareness of their same-sex attraction. Men self-labeled themselves as gay or bisexual around the average age of 22.56 and women at the average age of 25.67. Men (average age 28.67 years) and women (average age 29.76 years) were approximately the same age when they first disclosed their sexual orientation to someone else. Regarding disclosure, 21% of the LGB participants were out to fewer than 25% of others (identified as parents, brothers, sisters, children, co-workers – former and current, and employers – former and current);

20% were out to 25 – 50% of others; 22% were out to 51 – 75% of others; and 38% were out to 75% or more others. Overall, the women who participated were out to significantly more people as compared to the men. Twenty-eight percent of all respondents were out to both of their parents, 18% to only one parent, and 54% kept their sexual orientation secret from their parents. Of those who had children (32%), 85% were out to one or more of their children. Significantly more fathers (65%) kept their sexual orientation secret from their children as compared to the mothers (49%). Twenty-six percent reported that they were not out to co-workers and 49% indicated that their employers did not know. Regarding incidents of sexual orientation victimization, 63% of the participants indicated that they had experienced verbal abuse, 29% had been threatened with violence, 16% had been physically attacked, 12% had been threatened with weapons, 11% had objects thrown at them, 7% reported that they had been sexually assaulted, and 29% had been threatened with being outed to others. Thirty-three percent of the respondents reported that they had experienced three or more instances of verbal abuse. More men (44%) had been physically attacked as compared to the women (16%). Nineteen percent reported that they had experienced discrimination or harassment at work. Seven percent indicated that they had experienced discrimination in housing. The authors found that compared to respondents who had not been victimized or who had experienced only verbal abuse, those who had been physically attacked had significantly lower levels of self-esteem, higher suicide-related internalized homophobia, and were lonelier. Thirteen percent of all respondents indicated that they had attempted suicide in the past. The authors found that the earlier the participants had self-identified as LGB and disclosed to others, the more victimization they reported. As shown by the averages

of ages of the timing of these events, the majority realized their sexual orientation at a time when homosexuality was still considered a mental illness which required psychiatric treatment. This fact could be related to why many respondents have remained silent with some people about their sexual orientation. In addition, the sociopolitical climate at that time would also be related to the amount of victimization and suicide rates reported. A limitation of the study is that the findings are based on self reports of recalled events sometimes several decades earlier. No timeline was established pertaining to when the victimization occurred.

Floyd and Bakemann (2006), using a life course perspective, conducted a survey to investigate the effects of both maturational and historical contexts on the coming out process of lesbian, gay, and bisexual (LGB) individuals. In alignment with life course theorists, the authors felt that different cohorts' development is affected by the prevailing sociopolitical and cultural influences of their specific generations. As related to the present study, they hypothesized that due to the recent historical context of increased openness regarding non-heterosexual identities, those LGB individuals who have come out more recently would progress through specific milestones (particularly disclosure) more rapidly as compared to those who had come out in the past. Data was collected in June of 2001 at a gay pride celebration in Atlanta, Georgia. The final sample consisted of 767 participants of which 54% were males, 93% were gay or lesbian, 7% were bisexual, 76% were Caucasian, 11% were African American, and 13% reported some other ethnicity. Participants were asked to complete a survey that contained specific questions pertaining to the time of specific sexual identity formation milestones. There were two maturational classifications: those who identified as LGB in adolescence or younger

(before the median self-identification age of 18.5 years) and those who identified as adults (18.5 years or older). The two historical classifications were those who identified as LGB earlier than 1988 (early cohort) and those who identified 1988 or later (recent cohort). The authors examined the time and sequence of seven commonly identified coming out experiences (milestones) which were first awareness of same-sex attraction; consensual opposite-sex experience; consensual same-sex experience; self-identified as lesbian, gay or bisexual; disclosure to a non-parent; disclosure to mother (or primary maternal figure); and disclosure to father (or primary paternal figure). The results indicated that the average ages for all seven milestones were younger for those who identified as LGB in adolescence or younger. The recent adolescent cohort had an average age of disclosure to a non-parent of 17.9 years, to a mother 18.9 years, and to a father 19.5 years. The early adolescent cohort, in contrast, had an average age of 20.7 years for disclosure to a non-parent, 23.2 years to a mother, and 23.7 years to a father. For those who were adolescent self-identifiers in the early cohort, their responses indicated that while they had identified as LGB as an adolescent, they delayed their disclosure to others for an average of over six years. The authors concluded that their findings showed that both age and historical context are important and influence the timing and sequence of the milestones they explored. They felt that developmental models of coming out should incorporate the influence of life course factors. One specific limitation of this study was its use of a convenience sample of participants who were out regarding their sexual orientation as evidenced by their attendance at the gay pride celebration.

What seems to be clear is that the decision to disclose or remain silent about one's minority sexual orientation is not a simple one. People may be out in some areas of their lives and not others. More recent researchers have pointed out how the sociopolitical climate of various times may influence this decision, something which many of the proposed sexual identity formation models failed to take into consideration, yet many noted how the development takes place with a negative societal influence.

### *Protective Factors*

In an attempt to identify factors or resources that are helpful in the coming-out process, Bringaze and White (2001) conducted a survey of national leaders and reported role models in the lesbian community. Of 262 individuals identified (selected based upon their listing in *The Gay and Lesbian Address Book* [1995] and/or their affiliation with a national gay/lesbian/bisexual organization), 62 surveys were returned yielding a response rate of 30%. The respondents ranged in age from 24 to 63 (with an average age of 43). Eighty-one percent of the women identified as Caucasian, 8% Hispanic, 7% Bi-racial, and 2% African American. Over 86% were college educated and nearly 57% held advanced degrees. Based upon a qualitative analysis of a 47 item questionnaire developed for the study, five categories of support were identified as having the greatest impact on the coming-out process. The primary resource identified was associating with other gay and lesbian individuals. Self-help resources, such as readings, self-study, and mediation were the second most helpful. The third resource identified was counseling, with 35% of the respondents indicating that it was helpful. The role of family was another resource identified. Sixty-five percent of the surveyed women indicated that family acceptance was important to them. In fact 45% indicated that they developed a

closer relationship with their family after coming-out. Finally, religion and spirituality were also identified as important. A limitation of this study was the fact that it focused on role models and leaders within the lesbian community. To be identified as such, they must be comfortable in being out in essentially all areas of their lives. It is unclear how these findings would generalize to other lesbians in different situations.

As reviewed earlier (see Minority Stress), Russell and Richards (2003) examined factors that protected homosexuals faced with discrimination. Based upon the results of a 130-item quantitative survey conducted in Colorado following the endorsement of Amendment 2 which denied sexual minorities the ability to take legal recourse involving discrimination based upon sexual orientation, the researchers identified five resiliency factors. The first resilience factor was called the Movement Perspective. For some participants, the anti-gay motion mobilized them into action, not only for gay rights within their own community but also for civil rights for all people. People came together to oppose the proposed legalized discrimination. The second resilience factor involved confronting Internalized Homophobia. For some individuals, opposing and confronting discrimination based on sexual orientation propelled them to address their own internalized homophobia and overcome their own feelings of guilt and shame. The third resilience factor involved the Expression of Affect. Feelings of anger and/or sadness can mobilize some people into action. The fourth resilience factor was termed Successful Witnessing. People who had the support of family and friends reduced the potential for feelings of isolation and powerlessness. The fifth factor was called LGB Community. This factor involved the support individuals received by being a member of the lesbian,

gay, and bisexual community. As stated previously, it is unclear if these findings would be found in other geographical locations with a different group of sexual minorities.

Herek and Capitanio (1996) explored heterosexual individuals' attitudes towards gay men and lesbians. Using a random digit dialing procedure, two surveys were completed; one between September 12, 1990 and February 13, 1991 and the second between November 20, 1991 and February 13, 1992 (using the same respondents). To participate in the survey, individuals had to be 18 years of age or older, English speaking, have a telephone, and live in one of the 48 contiguous states. Only one member in each household was randomly selected. The surveys focused on attitudes toward the gay person and interpersonal contact between the heterosexual person and a gay individual. The first survey focused solely on heterosexual attitudes towards gay men. A total of 538 interviews were completed. Of the respondents, 45.9% were male, 81% identified as Caucasian, 10.4% as African American, 5% as Hispanic, and 2.8% as Asian. The average age was 43.8 years with a median annual household income between \$30,000 and \$40,000. Of the total 538 respondents, only those who self-identified as heterosexual (93.9%) were used in the analyses. The results indicated that most of the respondents expressed negative attitudes towards gay men. To the statement, "sex between two men is just plain wrong," 69.8% of the respondents expressed agreement. Approximately 54% of the respondents expressed agreement to the statement, "I think male homosexuals are disgusting." Within the group of respondents, 31.3% reported that they knew at least one person who was gay or lesbian (a total of 263 individuals reported having a relationship of some type with a gay person). Of these individuals, approximately one-third knew only one gay person and two-thirds knew two or more. Of the 263 reported

relationships, 20.5% were a friend, 54.4% were an acquaintance, 3.8% were immediate family members, and 18.6% were more distant relatives. Thirty-eight percent of the respondents indicated that they had learned directly from their friend or relative about their homosexuality. Thirty-two percent reported that they were either told by a third party or that they had guessed about the person's homosexuality with one fourth of these individuals being subsequently told directly. The results indicated that respondents progressively showed more favorable attitudes to the extent that they knew more gay people, had closer relationships with the gay people, and had been told directly by the gay person about their sexual orientation. In the second survey, 71% of the original sample was reinterviewed. In this survey, attitudes towards lesbians were assessed. The results were very similar to those found during the first survey. To the statement, "sex between two women is just plain wrong," 64.3% expressed agreement. Approximately 60% agreed with the statement, "I think lesbians are disgusting." Within the group of respondents, 32.1% reported that they knew at least one person who was gay or lesbian. As found previously, more favorable attitudes were expressed by those who had some degree of contact with a gay person as compared to those who had none, the degree of favorable attitudes increased with the more gay people the person knew, and respondents who had been told directly about the person's sexual orientation indicated more favorable attitudes. The authors indicated that through contact and direct disclosure, heterosexual individuals' antigay prejudices are likely to be reduced. They stated, "Coming out to heterosexuals – especially close friends and immediate family – appears to reduce prejudice against gay people as a group. Furthermore, the finding that heterosexuals with multiple contacts and disclosures hold the most favorable attitudes of any group suggests



that coming out will be most effective as a strategy for reducing prejudice when it is practiced by large numbers of lesbians and gay men” (p. 422).

Based upon the available research, it would appear that sexual minorities are placed in a very different position as compared to other minority groups. On the one hand, gay people may decide to conceal their stigma (remain closeted) due to fears of such things as rejection, alienation, discrimination, hate crimes, violence, etc. However, some studies have shown that through associating with other gay people, having family support, and not internalizing society’s negative stance regarding homosexuality (therefore, at least having some degree of disclosure) serve as protective factors against possible mental health / substance abuse issues. In addition, some researchers have found that through direct association and personal disclosures, some heterosexual people’s opinion regarding homosexuality can be altered in a more positive direction. As stated previously, it has been proposed that there have been some changes in society’s stance regarding homosexuality – its removal as a diagnosable mental illness to one of an alternative sexual orientation and with more public awareness of and exposure to homosexuality through media coverage and other advancements in technology. It is possible that different generations have had different experiences related to their sexual identity formation and interactions with the heterosexual population.

#### *Generational Characteristics*

Over time, different generations have been assigned various labels. Each generation has been found to have its own set of beliefs, values, ideals, ethics, and culture. “Shaped by their common history, generational cohorts are influenced by common icons (people, places, or things), as well as events and conditions (forces in the

environment) that become reference points for them” (Borges, Manuel, Elam, & Jones, 2006, p. 571). It is important to understand the person within this context.

*Silent Generation.*

The Silent Generation (also known as the Matures or Traditionals) refers to those individuals who were born between 1925 and 1942. The slogan for this generation is the “Keepers of the Grail.” They are described as Adaptive. They tend to be a very loyal generation and value family. They emphasize traditional mores. The nuclear family was one of this generation’s stabilizing forces with the father being the primary bread winner and a stay-at-home mother (Berenson, 2005). Many of the Silent Generation’s parents were immigrants. This generation is motivated by security. They lived through the Great Depression during which many of their parents lost their jobs. Money is viewed as a livelihood and they value hard work. Company loyalty is very high and they want to build a legacy through their careers. Professional values defined personal values. The Silent Generation’s world view was shaped by World War II and the Korean War (Johnson & Romanello, 2005). Their assets are that they are considered loyal, stable, hard-working, and detailed-orientated. Their liabilities are that they are inept with ambiguity/change, reluctant to buck the system, and reticent to disagree (Howell, Servis, & Bonham, 2005). At the time of this generations’ birth, the Diagnostic and Statistical Manual (DSM) was not yet created and hence, homosexuality was not a diagnosable disorder. However, this generation was the one to witness the many changes that were to come regarding concepts about human sexuality and specially homosexuality.

*Baby Boomers.*

The Baby Boomers refer to those people born between 1943 and 1960. The slogan for this generation is “Thank God it’s Monday.” They are described as Idealists. Baby Boomers tend to be very optimistic and value success. They moved away from their extended families. Most parents worked (dual careers) and divorce became more common. This generation is motivated by money and views it as a status symbol. They have the “buy now, pay later” mentality. Work is equated with self-worth. Company loyalty is high and they seek to build a stellar career. The term “workaholic” was developed to describe this generation’s work ethic. Unlike the generations before, many women chose to enter college rather than marry immediately following high school graduation (Berenson, 2005). The Baby Boomers’ world view was shaped by the Vietnam War. They lived during the Watergate Scandal and civil rights movement. Their assets are that they are service-orientated, driven, have a desire to please, and are a good team player. Their liabilities are that they are self-centered, judgmental of differing views, not naturally budget-minded, and are uncomfortable with conflict (Howell, Servis, & Bonham, 2005). For this generation, homosexuality was listed as a “Psychopathic Personality with Pathological Sexuality” in the DSM (1952) (Johnson & Romanello, 2005).

*Generation X.*

Generation X refers to individuals born between 1961 and 1981. The slogan for this generation is “Work to Live.” They are described as Reactive. They tend to be skeptical and place a high value on their personal time. Most were “latchkey” kids due to both their parents working. Most parenting responsibilities are shared equally between

the mother and father (Berenson, 2005). Generation Xers tend to define themselves in opposition to their parents. This generation is motivated by time-off. Money is viewed as a means to an end. Company loyalty is low and they want to build a portable career (acquiring a portfolio of skills and experiences that they can take with them to whatever opportunity). This generation tends to be very self-reliant. The Generation Xers world view was shaped by the Iran hostage situation, the Gulf War, the passing of Roe versus Wade, and the emergence of AIDS. They tend to adapt well to change and are tolerant of alternative lifestyles. Their assets are that they are adaptable, independent, technoliterate, unintimidated by authority, and creative. Their liabilities are that they are impatient, have poor people skills, and are cynical (Howell, Servis, & Bonham, 2005). For this generation, homosexuality was described as a “Sociopathic Personality Disturbance in the DSM-II (1968). (Johnson & Romanello, 2005).

*Millennials.*

Millennials (also known as Generation Y or Nexters) refers to people born after 1981. The slogan for this generation is “Upcoming Optimists.” They are described as Civic. They tend to be very realistic and value individuality. This generation is motivated by time off. Money is seen as today’s pay off. Company loyalty is low and they want to build parallel careers. Millennials have had more daily interactions with other ethnicities and cultures than previous generations and are the most racially and ethnically diverse generation with “...34% of millennials are Black, Hispanic, Asian, or Native American” (Mangold, 2007, p. 22). The Millennials’ world view was shaped by 9/11, Oklahoma City bombing, and the Rodney King riots. They have grown up in an era of technological advancements and multi-media access. Their parents tended to be very

protective and doting. Their assets are that they are optimistic, have a heroic spirit, can multitask, and are techno-savvy. Their liabilities are that they need structure and supervision, and are inexperienced with difficult people issues (Howell, Servis, & Bonham, 2005). For this generation, homosexuality per se was removed from the DSM-III (1980) (Johnson & Romanello, 2005).

### *Generational Experiences of Sexual Minorities*

While there are characteristics which describe different generations, it should also be noted that the roles that women have assumed throughout the decades have changed dramatically. Once seen as a man's personal possession/property, there to serve and obey, women are now granted the same legal rights and protection as men. It has become more acceptable for women to seek higher education, to assume professional careers, and to make independent decisions. As Morris (1997) indicated:

Examining the experiences of women who were born in different decades of the twentieth century is important, especially because of the potent changes in societal views of lesbians and gay men. In the realm of civil rights legislation, for example, change has been quite swift. Twenty years ago there was no protection from discrimination in housing and employment for lesbian and gay people, and now hundreds of local governments, and even some states, have made such discrimination illegal. Coming out and being out in different historical contexts embodied a diversity of meanings (p. 18).

Schafer (1976) conducted a rare study at the time due to its focus of examining lesbians' sexual and social problems. Through the use of a questionnaire, 151 lesbians between the age of 18 and 40 (median age was 26.2) were surveyed in West Germany.

The data was collected in 1972 (prior to the movement in the United States for the removal of homosexuality per se as a mental illness from the Diagnostic and Statistical Manual). The author identified three developmental phases in the formation of a lesbian identity. The first phase was called “from first interest in a woman to the first suspicion that one is lesbian.” At the average age of 14 ½ years, the women became aware of their “particular interest” in other women but they were not consciously aware of their homosexuality. It was not until about three and a half years later (approximately at the age of 18) did the feelings that they were different or might be gay surface. The second phase was titled “from the first suspicion of being lesbian to the first sexual intercourse with a woman.” The respondents indicated that on average another one and a half years passed from their own self questioning until they engaged in their first sexual intercourse with another woman. This sexual behavior reportedly occurred with a somewhat older woman based on affection within a stable relationship. “From the first sexual intercourse with a woman to the certainty of being lesbian,” the third phase occurred on average within a year of the sexual intercourse. The author indicated that nearly all of the women who participated in the study indicated that during this process they had felt “all alone” in their sexual orientation. Of the 151 women studied, 131 of them also reported that they had had sexual intercourse with a man. Fifteen percent of the women had been married. Regarding disclosure, 35% indicated that they had not come out to their mothers and 51% were not out to their fathers. Of those who did tell their parents, one fifth reported that their relationship with their mothers and one third regarding their relationships with their fathers had become considerably worse or had been completely severed. Based upon the self-reports, approximately 21% had attempted to commit suicide at least once during her

life with an additional 7% having tried two or more times. Seventy percent reported being unhappy about their sexual orientation. Of those who sought professional help, prescribed interventions described in personal narratives included hormone injections, to engage in heterosexual activities, and to cease contact with other gay women.

Cheryl Parks (1999) conducted a qualitative study examining the impact of the sociopolitical influences in the timing, sequence, and outcome of lesbian identity development. Thirty-one lesbians, who spanned three generations (45 years and older, 30 – 44 years old, and under 30 years of age; with an age range of 23 to 79), were interviewed between September 1995 and October 1996. Parks identified the older group as the pre-Stonewall era (n = 11), the middle group as the gay liberation era (n = 12), and the youngest group as the gay rights era (n = 8). Through a semi-structured interview, Parks found that the women reported a general “...progression from awareness (internal recognition of feelings) through exploration (beginning and undefined sexual and social contact) and immersion (high exposure and involvement in lesbian-defined events, limited selectivity) into synthesis (defined identity and more selectivity in contact with lesbian groups and activities)” (p. 349). For the pre-Stonewall era group, the theme that emerged was that it was a time of silence during which homosexuality was not discussed, either within families or peer networks. Self awareness occurred around the average age of 18.8 years (range 9 – 37), first social contact at about 23.9 years of age (range 18 – 38), first sexual involvement at an average age of 22.8 (range 18 – 43), first disclosure around the age of 24.9 years (range 17 – 41), and first self-labeling at the average age of 31.9 years (range 20 – 50). For the liberation era group, they grew up at a time following the 1960s which was associated with black civil rights, anti-war protests, hippies, drugs,

and freer sexual practices. However, in the late 1970s and early 1980s, homosexuality became a highly morally debated topic (Miller, 1995 as cited in Parks, 1999). While there was an increased awareness of homosexuality, the majority of the women in this group remember overtly hostile and derogatory comments about gays and lesbians. For this group, self awareness occurred at the average of 17.0 years (range 12 – 24), first social contact happened at the average age of 21.7 years (range 15 – 33), first sexual involvement at 21.1 years (range 15 – 33), first disclosure at 22.6 years (range 15 – 33), and first self-labeling at 25.5 years (range 16 – 33). For the gay rights era group, they grew up during a time of AIDS awareness. They had more exposure to gays and lesbians through media coverage. First awareness occurred at the average age of 14.6 years (range 10 – 18), first social contact at 19.3 years (range 12 – 24), first sexual involvement at 20.5 years (range 18 – 26), first disclosure at 21.0 years (range 18 – 23) and first self-labeling at 20.3 years (range 12 – 27). Parks concluded that history plays a critical role in understanding lesbian identity and experiences.

Amy Butler (2000) examined trends in same-sex sexual activity from 1988 to 1998. Using data from the General Social Surveys conducted by the National Opinion Research Center, eight specific time periods were evaluated (1988, 1989, 1990, 1991, 1993, 1994, 1996, and 1998). Four questions were used to evaluate sexual practices. Individuals were asked how many sex partners they had in the last 12 months, last five years, and to identify if the partners were exclusively male, both male and female, or exclusively female. Information was collected from a total of 5063 men and 6292 women aged 18 to 59. Of the total 11,355 respondents, 154 men and 117 women reported a same-gender sexual encounter during the previous year and 154 men and 136



women reported such behavior during the previous five years. Regarding women, for the previous 12 months, the data indicated that 0.2% reported a same sexual experience in 1988, 1.5% in 1989, 0.5% in 1990, 0.4% in 1991, 1.8% in 1993, 2.2% in 1994, 2.6% in 1996, and 2.8% in 1998. For the previous five years, 1.0% reported same sex sexual experiences in 1991, 2.5% in 1993, 2.9% in 1994, 3.3% in 1996, and 3.3% in 1998.

Butler found that the results indicated that the relationship between age and same gender sexual experience was negative for women – meaning that the older the women, the less likely they were to have reported a same-sex sexual experience in both the previous 12 months and five years. She found that the more recent birth cohort, the more likely the respondents were to have reported a same-sex sexual experience within the past 12 months and prior five years. Butler stated that one explanation for the findings could be “declining social, legal, and economic sanctions against same-gender sexual behavior in recent years and more positive images of gay men and lesbians in the media may have made it easier for people to recognize their same-gender sexual interest and to act on it” (p. 342).

Herdt, Beeler, and Rowls (1997) examined the lives and needs of older gay men, lesbians, and bisexual individuals in the city of Chicago in 1996. A total of 160 questionnaires were used in the analysis. The authors compared those people who were 45 to 50 years of age with those who were 51 years old and older. They noted that the participants in their study were a unique and understudied population. “A whole generation of gay men and lesbians, having both come of age and come out as gay, are now facing the second half of their lives, but with little historical experience or cultural expectations to guide them” (p. 233). Their results indicated that 40% of the respondents

had been married to a member of the opposite sex with these marriages lasting on average for 14 years. About half of all women surveyed were married whereas about 29% of the younger men and 40% of the older men were married. Approximately 40% of all the women and 29% of all the men have children. Regarding self-identification, the median age for men was 20 years and 30 years for women. The people who were married tended to self-identify an average of 10 years later than those who did not marry. The results indicated that more women, as compared to men, were out to their parents and more participants under the age of 51, as compared to the older group, were out to their parents. Forty-five percent of all respondents had come out to their mothers. Of these individuals, in the older age group, 28% of the men and 38% of the women were out to their mothers as compared to 61% of the younger men and 57% of the younger women. Ninety-one percent of the respondents indicated that they were out to their closest friends. For all the women, 2% remained closeted to all but their closest friends. For the men, 8% of the younger group and 12% of the older group were only out to their closest friends.

Grov, Bimbi, Nanin, and Parsons (2006) examined race, ethnicity, gender, and generational factors associated with the coming-out process among sexual minority individuals. A questionnaire was administered at a series of Gay, Lesbian, and Bisexual community events in New York City and Los Angeles between the fall of 2003 and the spring of 2004. Their sample consisted of a total of 2733 individuals. Of these people, approximately 15% (n = 400) were women, 10% (n = 274) were African American, 6.3% (n = 17) were Asian/Pacific Islander, 62% (n = 1695) were Caucasian, and 6.8% (n = 185) identified as other. Ages ranged from 18 to 84 years with a mean of 37.4. The ages

were divided into five categories: 18 to 24 (87 women and 224 men), 25 to 34 (134 women and 717 men) 35 to 44 (103 women and 796 men), 45 to 54 (58 women and 390 men) and 55 years and older (11 women and 193 men). The results indicated that on average, the men self-identified as gay or bisexual at a significantly younger age (average of 17.5 years) as compared to the women who self identified as lesbian or bisexual at the average age of 19.6 years. Men were also significantly younger (mean of 17.9 years) when they reportedly had their first same-sex sexual experience as compared to women (average age of 19.8 years). No significant difference was found based on gender in the ages of disclosure to others, including their parents. Pertaining to age cohorts, women in the 18 to 24 age range reported self identifying at a significantly younger age as compared to all the older cohorts (18 – 24, average age was 15.88; 25 – 34, average age was 18.86; 35 – 44, average age was 21.06; 45 – 54, average age was 23.09, and 55+, average age was 24.90). The 25 to 34 year group was also significantly younger than the 45 to 54 and 55 and older groups when they self identified as being gay. Regarding being out to others, the 18 to 24 age cohort was again significantly younger than all the other age groups (18 – 24, average age was 16.87; 25 – 34, average age was 20.11; 35 – 44, average age was 22.93; 45 – 54, average age was 25.53, and 55+, average age was 27.38). The 25 to 34 age group was also significantly younger than the older groups. Pertaining to their first same-sex sexual contact, several age cohort effects were found for the women. The two younger groups did not significantly differ from each other (18 – 24, average age of 16.85; 25 – 34, average age of 18.78), but were significantly younger than the other three older groups (35 – 44, average age of 21.33; 45 – 54, average age of 23; and 55 and older, average age of 28.43). The 35 to 44 group was also significantly

younger than the 55 and older group. The findings indicated that no significant difference was found between racial and ethnic groups in self awareness and coming out to others, with the exception of being out to parents. Approximately 80% (n = 164) of the Caucasian women reported being out to their parents as compared to 61% (n = 39) of the African American women, 72% (n = 55) of Latinas, and 68% (n = 30) of the women identifying as other races. The authors concluded that younger cohorts are coming out at earlier ages. They stated “a younger person admitting a GLB identity does not carry the same stigma or taboo as one who did so two decades ago” (p. 119).

### Chapter Three: Hypotheses

#### Overall Question:

This research project is guided by the following question: has the change in social climate through the de-pathologizing and increased public exposure of homosexuality impacted the perceived support and amount of disclosure of sexual orientation for lesbians?

Four generational cohorts will be examined. Based upon their date of birth, women will be categorized into one of the following four groups: Silent Generation (current age of 67 or older, born between 1925 and 1942), Baby Boomers (current ages of 49 to 66, born between 1943 and 1960), Generation Xers (current ages of 28 to 48, born between 1961 and 1981), and Millennials (younger than 28, born after 1981).

#### Hypothesis 1:

Ho: There is no difference in the age of self-identification for younger versus older lesbians.

H<sub>1</sub>: Younger lesbians will self-identify as gay at a younger age as compared to older lesbians as indicated through their self-reported age of self-identification.

Rationale: Due to the change in society's conceptualization of homosexuality from one of pathology to one of an alternative sexual orientation, there is an increased public awareness of homosexuality with more public exposure to gays and lesbians. As a result, younger women who are questioning their sexuality will be better able to identify their feelings.

Hypothesis 2:

Ho: There is no difference in the degree of self-acceptance of their sexual orientation between younger and older lesbians.

H<sub>1</sub>: Younger lesbians will be less likely to report that they attempted to ignore or change their sexual orientation as compared to older lesbians. Additionally, they will demonstrate less internalized homophobia as measured by self report.

Rationale: Over time, societal pressures / expectations have changed regarding women's sexuality and prescribed social roles. With the increased exposure to homosexuality, younger women will be less likely to ignore their inner feelings or to maintain a negative meaning of those feelings.

Hypothesis 3:

Ho: There is no difference in the age in which younger and older lesbians engaged in their first lesbian romantic relationship.

H<sub>1</sub>: Younger lesbians will have had their first "real" (at least acknowledged their romantic relationship with each other) lesbian relationship at an earlier age as compared to older lesbians.

Rationale: Over time, societal pressures / expectations have changed regarding women's sexuality and prescribed social roles. With the increased exposure to homosexuality, younger women will be less likely to ignore their inner feelings and will be more likely to act upon them.

Hypothesis 4:

Ho: There is no difference between younger and older lesbians in the number of heterosexual romantic relationships they have had.

H<sub>1</sub>: Older lesbians as compared with younger lesbians will report having had more heterosexual romantic relationships throughout their lives.

Rationale: Over time, societal pressures / expectations have changed regarding women's sexuality and prescribed social roles. Older lesbians will have been raised in a social climate when there was a greater expectation of marriage and children. Due to limited knowledge, minimal exposure to homosexuality, and a social climate which had specifically prescribed gender roles and expectations, older lesbians will have been more likely to have conformed to those heterosexual expectations.

Hypothesis 5:

H<sub>0</sub>: There is no difference in the age in which younger and older lesbians come out / disclose their sexual orientation to other people.

H<sub>1</sub>: Younger lesbians will have come out to others at an earlier age as compared to older lesbians.

Rationale: Due to the change in society's conceptualization of homosexuality from one of pathology to one of an alternative sexual orientation, there is less negativity surrounding homosexuality. Younger lesbians will have been exposed to more homosexual people either directly through contact or indirectly through the media, books, and/or internet.

Hypothesis 6:

H<sub>0</sub>: There is no difference in the number of people with whom younger and older lesbians are out.

H<sub>1</sub>: Younger lesbians as compared to older lesbians will be out to more people as indicated by their self-report.

Rationale: Younger people will be more likely to explore and admit their sexual orientation to more people as compared with older lesbians who grew up with a negative connotation of homosexuality.

Hypothesis 7:

Ho: There is no difference in the number of domains (e.g., immediate family, extended family, peers, co-workers, employers, teachers, doctors, religious leaders) in which younger and older lesbians are out.

H<sub>1</sub>: Younger lesbians as compared to older lesbians will be out in more domains in their lives as measured by their self-report.

Rationale: Due to changes in society's conceptualization of homosexuality from one of pathology to one of an alternative sexual orientation, there is less negativity associated with being gay. As a result, younger lesbians will be more open regarding their sexual orientation across more domains of their lives.

Hypothesis 8:

Ho: There is no difference between younger and older lesbians in the amount of perceived family support they receive.

H<sub>1</sub>: Younger lesbians will perceive more family support regarding their sexuality as compared to older lesbians as indicated by their self-report.

Rationale: Due to changes in society's conceptualization of homosexuality, there is more public awareness of it. Through this awareness, more family members have developed an understanding that homosexuality is not a mental illness but an alternative sexual orientation. There are organizations today (e.g., PFLAG) which support family members



of gays and lesbians. With this increased awareness and aid, younger lesbians will perceive more family support.

Hypothesis 9:

Ho: There is no difference between younger and older lesbians in the amount of perceived social support they receive.

H<sub>1</sub>: Younger lesbians will perceive more social support regarding their sexuality as compared to older lesbians as indicated by their self-report.

Rationale: Due to changes in society's conceptualization of homosexuality, there is more public awareness of it. Younger lesbians have grown up in a culture in which there is greater recognition and appreciation of diversity. Younger lesbians will have a peer group that is more supportive of non-traditional sexual orientations.

## Chapter Four: Methods

### *Overview*

This study sought to examine, compare, and contrast various aspects of the lives of gay women across generations. It explored the reported ages of noted milestones in the formation of a gay identity and examined generational differences in the timing of these milestones. This research project was guided by the following question: has the change in social climate through the de-pathologizing and increased public exposure of homosexuality impacted various aspects of lesbians' lives including perceived support and the amount of disclosure of sexual orientation for lesbians? It was hypothesized that due to what have been perceived as positive changes in society's position on homosexuality, younger lesbians as compared to older ones would self identify as gay at a younger age, be less likely to ignore their homosexual feelings, engage in a homosexual relationship at an earlier age, have fewer heterosexual romantic relationships, come out at an earlier age, be out to more people and in more areas of their lives, and perceive more family and social support. Prior research exploring aspects of lesbian identify formation and generational influences relied primarily on qualitative research. This study utilized a quantitative approach through the use of surveys.

### *Design and Design Justification*

An independent-measures research design using survey results was implemented. Participants were placed in one of four generational groups (Silent Generation, Baby Boomer, Generation X, or Millennial) based upon their chronological age.

### *Participants*

One hundred and thirty one women volunteered to participate in the study through their completion of the survey. Information from two women was excluded from the analyses due to both of them no longer identifying as lesbian. The final sample consisted of one hundred and twenty nine women who ranged in age from 22 to 59 (see Table 2). Based upon their reported age during the fall of 2009, the women were categorized into one of the following four groups: Silent Generation (67 years old or older) which comprised 0% of the sample, Baby Boomers (49 to 66 years old) which comprised 11.6% of the sample, Generation Xers (28 to 48 years old) which comprised 63.6% of the sample, and Millennials (younger than 28) which comprised 24.8% of the sample. Ninety point seven percent of the sample identified themselves as White / Caucasian, 6.2% as Hispanic, 1.6% as Latina, 0.8% as Black / African American, and 0.8% as other. Thirty-three point six percent of the sample identified as Catholic, 25% as no religious affiliation, 14.8% as Protestant, 2.3% as Unitarian, 1.6% as Buddhist, and 22.7% as other. When examining the “other” category, it was observed that 10 women identified as “Christian,” four as Lutheran, two as Episcopalian, and one each for Methodist, Pentecostal, UCC, MCC, Agnostic, and Atheist. The remaining three made reference to being raised Catholic but no longer practicing. The majority of the sample, 86%, resided within Pennsylvania. One point six percent of the women reported some high school credits, 9.3% reported obtaining their high school diploma or GED, 2.3% completed vocational training, 20.9% had some college credits, 36.4% obtained a college degree, 4.7% had some post college education, 21.7% had earned their master’s degree, and 3.1% had a doctoral degree. Regarding employment, 89.7% of the sample reported working

full time, 4.0% working part time, 4.0% not employed, 1.6% retired, and 0.8% stay at home parent. Annual salaries varied.

### *Measures*

A 33 item survey was developed by the researcher. Demographic information was collected as part of the overall survey. No identifying information was gathered. The specific items / questions used within the survey were developed based upon various questions asked in prior research and other questions were designed to gain information regarding particular experiences of gay women. A sexual identity scale similar to one utilized by Alfred Kinsey (1948, 1953) was presented. Several items allowed the participants to add additional information if they so desired. Three items were open-ended questions used to gather information about the perceived benefits and costs of disclosure and specific challenges participants feel lesbians face. A table was presented that inquired about possible mental health issues or concerns. The last items allowed participants to add, comment, or explain anything that they felt would be useful in understanding the experiences of gay women. (See Appendix A)

### *Procedure*

A combination of convenience and “snowball sampling” was used. Participants were given either in person, through the mail, or via a third party a packet which included a cover sheet / informed consent explaining the purpose of the study, a survey, a return pre-addressed and stamped envelop made out to the researcher, and a post card pre-addressed and stamped if they wished to have the findings sent to them at the end of the study. Lesbians who were known to this researcher were asked to complete the survey and to pass on additional packets to other lesbians they knew. No identifying information

was gathered. The women were asked to complete the survey at their convenience and either physically give it to the researcher or return it by mail in the pre-paid post envelope. As part of the explanation cover letter, it was explained to possible participants that in order to be included in the study, participants must self identify as lesbian, be at least 18 years of age, and must be able to read English.

An exact response rate for all surveys distributed cannot be calculated. A total of 309 packets were distributed but it is uncertain if all were actually given out. One hundred and thirty one surveys were returned. Two surveys were excluded from the analyses due to both individuals no longer self-identifying as lesbian.

## Chapter Five: Results

The purpose of the present study was to examine, compare, and contrast experiences of gay women across generations.

### *Participants*

A total of 129 participants comprised the final sample. There were no significant differences found between the generations regarding ethnicity, religious affiliation, educational background, or employment status. A significant difference was found among the generations regarding income ( $F = 9.155, p = .000$ ). Millennials earned significantly less as compared to both Baby Boomers ( $p = .000$ ) and Generations Xers ( $p = .003$ ). On average, Millennials reported an annual income a little over \$25,000, Generation Xers reported earning a little over \$37,500, and Baby Boomers reported an average income of \$52,500.

### *Sexual Identity Scale*

Participants were asked to indicate on a linear scale, similar to the one used by Kinsey (1946, 1953), where they would place themselves regarding their sexuality from exclusively homosexual at one end (rated a 1) to exclusively heterosexual at the other end (rated a 9). According to their endorsements, participants placed themselves predominantly towards the exclusively homosexual end of the scale (See Table 3). There was not a significant differences found between the generations with an overall average rating of 1.73. Baby Boomers had an average of 1.27, Generation Xers had a 1.68, and Millennials had a 2.06.

### *Milestones*

Participants were asked to provide the ages at which they realized certain aspects about the timing of the following milestones / events: age of first same-sex attraction, age of first same-sex sexual act, age at which thought “might” be gay, and age at which self-identified as gay (see Table 4).

#### *Age of First Same Sex Attraction*

There was no significant difference between the generations regarding the Age of Same Sex Attraction. Baby Boomers had an average age of 16.73 years (SD = 8.58), Generation Xers had an average age of 15.10 years (SD = 6.14), and Millennials had an average age of 14.88 years (SD = 3.83).

#### *Age of First Same Sex Sexual Act*

The results of an analysis of variance indicated that significant generational differences were found regarding the age of first same-sex sexual act ( $F = 3.490$ ,  $p = .034$ ). Tukey HSD post hoc test revealed that Baby Boomers were significantly older ( $M = 22.87$  years,  $SD = 10.80$ ) when they engaged in their first same-sex sexual act as compared to Millennials ( $M = 18.16$  years,  $SD = 2.67$ ) ( $p = .026$ ). Generations Xers had an average age of 19.38 years ( $SD = 5.30$ ) and did not significantly differ from either of the other two groups.

#### *Age Thought “Might” be Gay*

There was no significant difference between the generations regarding the age at which they thought they “might” be gay. Baby Boomers had an average age of 17.00 years ( $SD = 5.99$ ), Generation Xers had an average age of 16.98 years ( $SD = 5.16$ ), and Millennials had an average age of 15.50 years ( $SD = 3.33$ ).

*Age of Self-Identification*

The results of an analysis of variance indicated that significant generational differences were found regarding the age at which the person self-identified as gay ( $F = 5.548, p = .005$ ). Tukey HSD post hoc test revealed that Baby Boomers were significantly older ( $M = 25.27, SD = 9.38$ ) when they self-identified as gay as compared to Millennials ( $M = 19.34, SD = 3.07$ ) ( $p = .004$ ). Generation Xers' mean age of 21.73 years ( $SD = 5.70$ ) fell in between the other two generations but did not significantly differ from either.

*Ignoring Sexual Orientation*

Chi-square analysis indicated that there was no significant effect between the generations regarding whether or not they tried to ignore their homosexual feelings. However, the results showed that 50.0% of all the respondents (42.9% of the Baby Boomers, 50.0% of the Generation Xers, and 53.1% of the Millennials) reported that they had attempted to do so (see Table 5).

*First Relationship*

Participants were asked the age at which they had their first "real" lesbian relationship (see Table 6). The results of an analysis of variance indicated a significant difference among the generations ( $F = 6.440, p = .002$ ). Tukey Post Hoc test revealed that Baby Boomers were significantly older ( $M = 25.13, SD = 9.94$ ) when they engaged in their first "real" lesbian relationship as compared to both Generation Xers ( $M = 20.98, SD = 4.45$ ) ( $p = .011$ ) and Millennials ( $M = 19.50, SD = 2.57$ ) ( $p = .001$ ). There was not a significant difference between Generation Xers and Millennials.



### *First Sexual Experience*

While there was no significant difference found among the generations regarding the gender with whom they have their first intimate sexual experience (64% of the respondents reported a male and 36% reported a female), an analyses of variance did indicate a significant difference regarding the age at which they had their first sexual experience ( $F = 5.016$ ,  $p = .008$ ). Tukey HSD post hoc test revealed that Baby Boomers were significantly older ( $M = 19.46$ ,  $SD = 6.58$ ) as compared to both Generation Xers ( $M = 16.49$ ,  $SD = 2.67$ ) ( $p = .007$ ) and Millennials ( $M = 16.43$ ,  $SD = 2.16$ ) ( $p = .015$ ).

### *Heterosexual Relationships*

An analyses of variance showed that there were generational differences in the number of heterosexual relationships these women had during their lifetime ( $F = 4.093$ ,  $p = .02$ ). Tukey HSD post hoc test indicated that Baby Boomers reported having significantly more heterosexual relationships ( $M = 6.00$ ,  $SD = 6.56$ ) as compared to Millennials ( $M = 2.68$ ,  $SD = 2.12$ ) ( $p = .014$ ). Generation Xers did not significantly differ from either group ( $M = 3.54$ ,  $SD = 2.43$ ).

### *Marriage and Official Ceremonies*

No significant difference was found among the generations regarding incidents of legal marriage to a man or age at the time of marriage. Overall, 13.2% (20.0% of the Baby Boomers, 15.9% of the Generation Xers, and 3.1% of the Millennials) reported having married. The age at the time of marriage ( $M = 22.50$  years old,  $SD = 2.03$ ) and the length of time married ( $M = 8.10$  years,  $SD = 5.45$ ) did not significantly differ. Of the women who did legally marry a man, 87.5% reported that they are now divorced. Regarding having had some type of official ceremony with another woman, no

generational differences were found with 25.0% of the respondents (40.0% of the Baby Boomers, 27.2% of the Generation Xers, and 12.5% of the Millennials) indicated that they had engaged in one. Of those couples who did have a ceremony, 69.0% reported that they are still together. The results of an analysis of variance indicated a significant difference among the generations regarding the age at which they had an official ceremony ( $F = 8.072$ ,  $p = .002$ ). Tukey HSD post hoc test revealed that Baby Boomers were significantly older ( $M = 43.50$ ,  $SD = 8.09$ ) when they had a ceremony as compared to both Generation Xers ( $M = 32.71$ ,  $SD = 7.42$ ) ( $p = .010$ ) and Millennials ( $M = 24.33$ ,  $SD = 1.53$ ) ( $p = .003$ ) (see Table 7). Generation Xers and Millennials did not significantly differ from each other. The average length of time committed to each other was 8.52 years which is similar to the average length of time married.

#### *Children*

Overall, 20.9% of the respondents which consisted of 26.7% of the Baby Boomers, 24.4% of the Generation Xers, and 9.4% of the Millennials reported that they had children with no significant generational differences found. The average number of children these women had was 1.78. There was no noted generational differences found in the method of conception with 40.7% of the women conceiving through heterosexual intercourse, 11.1% through adoption, 40.7% via artificial insemination, and 7.4% through other means.

#### *Known Someone*

Within the overall sample, 79.1% of the women indicated that they had known of someone who was homosexual before personally identifying as gay. No generational differences were observed.

### *Subject Discussed*

No generational differences were observed regarding whether or not the subject of homosexuality had ever been talked about within their families. Within the overall sample, 17.1% (0.0% of the Baby Boomers, 19.5% of the Generation Xers, and 18.8% of the Millennials) indicated that the subject had been discussed.

### *Age of "Coming Out"*

Respondents were asked about the age they "come out." An analyses of variance indicated that a significant difference was found between the generations ( $F = 8.290$ ,  $p = .000$ ). Tukey HSD post hoc test revealed that Baby Boomers were significantly older ( $M = 26.47$ ,  $SD = 10.24$ ) when they came out as compared to both Generation Xers ( $M = 21.50$ ,  $SD = 5.18$ ) ( $p = .005$ ) and Millennials ( $M = 19.44$ ,  $SD = 2.54$ ) ( $p = .000$ ) (see Table 8). Generation Xers and Millennials did not significantly differ from each other.

### *Percentage Out*

Participants were asked to indicate out of all the relationships they have, what percentage of people they know are aware of their sexual orientation. A scale was provided which provided bench marks which increased from 0% to 100%. Baby Boomers indicated that approximately 86% of the people they know are aware of their sexual orientation. Generation Xers reported that approximately 82.5% of the people they know are aware. Millennials indicated that roughly 74.5 % of the people they know are aware. The results of an analyses of variances indicated that a significant difference was observed between the generations ( $F = 3.765$ ,  $p = .026$ ). Tukey HSD post hoc tests revealed the Millennials reported a significantly lower percentage of people who were aware of their sexual orientation ( $M = 9.44$ ,  $SD = 2.26$ ) as compared to Generation Xers

( $M = 10.26$ ,  $SD = 1.35$ ) ( $p = .044$ ). Baby Boomers ( $M = 10.60$ ,  $SD = 1.35$ ) did not significantly differ from either of the other two generations (see Table 9).

### *People / Domains Out*

Respondents were asked to report the people to whom they are out in various domains of their lives. A list of different individuals, ranging from immediate family members to more extended family members, to different possible individuals within people's lives was provided. Within the overall sample, approximately 93% are out to their mothers, 77% to their fathers, 31% to their stepmothers, 27% to their stepfathers, 87% to their brothers, 84% to their sisters, 42% to their grandmothers, 23% to their grandfathers, 69% to their aunts, 58% to their uncles, 69% to their cousins, 56% to their sons, 50% to their daughters, 27% to other family members, 83% to gay close friends, 73% to heterosexual close friends, 64% to gay acquaintances, 50% to heterosexual acquaintances, 80% to co-workers, 45% to work employees, 57% to work supervisors, 33% to religious leaders, 25% to religious congregations, 26% to club / organization leaders, 21% to club / organization co-members, and 54% to community / neighbors (see Table 10). Of the people / domains respondents reported being out to, the following describes the significant differences found:

#### *Other Family Member*

A significant difference was observed regarding disclosure to other family member domain,  $\chi^2(2, N = 107) = 8.241$ ,  $p = .016$ . According to the expected count, more Generation Xers (23) told other family members as compared to what would be expected (18.2). In contrast, fewer Millennials (2) told other family members as compared to what would be expected (7.9).

*Co-Workers*

There was a significant difference among generations regarding disclosure to co-workers,  $X^2(2, N = 125) = 8.251, p = .016$ . According to the expected count, more Generation Xers (69) told co-workers as compared to what would be expected (64.0). In contrast, fewer Millennials (20) told co-workers as compared to what would be expected (25.6).

*Religious Leader*

There was a significant difference among generations regarding disclosure to religious leader,  $X^2(2, N = 94) = 10.729, p = .005$ . According to the expected count, more Baby Boomers (7) disclosed to religious leaders as compared to what would be expected (4.0), more Generation Xers (22) told religious leaders as compared to what would be expected (19.1), and fewer Millennials (2) told religious leaders as compared to what would be expected (7.9).

*Religious Congregation*

There was a significant difference among generations regarding disclosure to religious congregation,  $X^2(2, N = 92) = 10.667, p = .005$ . According to the expected count, more Baby Boomers (7) disclosed to religious congregation as compared to what would be expected (3.0). In contrast, fewer Millennials (2) told religious congregation as compared to what would be expected (6.0).

*Community / Neighbors*

There was a significant difference among generations regarding disclosure to community / neighbors,  $X^2(2, N = 114) = 7.872, p = .020$ . According to the expected

count, fewer Millennials (10) disclosed to community / neighbors as compared to what would be expected (16.3).

#### *Ages of Disclosure to Specific Individuals*

Respondents were asked to report the ages that they came out to various individuals (see Table 11). Regarding age of disclosure to various people / domains, analyses of variances indicated that many significant differences were observed. Tukey HSD post hoc tests were performed to determine where the differences lay. The following information describes the significant differences regarding age of disclosure:

##### *Mother*

There was a significant difference in age of disclosure to mother ( $F = 6.901$ ,  $p = .002$ ). Millennials were significantly younger ( $M = 19.78$ ,  $SD = 2.55$ ) when they came out to their mothers as compared to both Baby Boomers ( $M = 26.88$ ,  $SD = 11.42$ ) ( $p = .028$ ) and Generation Xers ( $M = 25.14$ ,  $SD = 7.22$ ) ( $p = .002$ ).

##### *Father*

A significant difference was found in age of disclosure to father ( $F = 5.217$ ,  $p = .008$ ). Millennials were significantly younger ( $M = 20.19$ ,  $SD = 2.18$ ) when they came out to their fathers as compared to Generation Xers ( $M = 25.96$ ,  $SD = 7.73$ ) ( $p = .005$ ). Baby Boomers did not significantly differ from either ( $M = 24.83$ ,  $SD = 10.03$ ).

##### *Brother*

There was a significant difference in age of disclosure to brother ( $F = 7.335$ ,  $p = .001$ ). Millennials were significantly younger ( $M = 20.30$ ,  $SD = 2.32$ ) when they came out to their brothers as compared to both Baby Boomers ( $M = 28.67$ ,  $SD = 11.34$ ) ( $p = .003$ ) and Generation Xers ( $M = 26.23$ ,  $SD = 6.62$ ) ( $p = .004$ ).

*Sister*

There was a significant difference in age of disclosure to sister ( $F = 6.341, p = .003$ ). Millennials were significantly younger ( $M = 19.76, SD = 2.45$ ) when they disclosed to their sisters as compared to Generation Xers ( $M = 24.93, SD = 6.71$ ) ( $p = .003$ ). Baby Boomers did not significantly differ from either ( $M = 25.17, SD = 4.17$ ).

*Aunt*

A significant difference was found in age of disclosure to aunt ( $F = 4.487, p = .015$ ). Generation Xers were significantly older ( $M = 25.36, SD = 6.26$ ) when they disclosed to their aunts as compared to Millennials ( $M = 20.61, SD = 2.55$ ) ( $p = .021$ ). Baby Boomers did not significantly differ from either ( $M = 27.50, SD = 13.13$ ).

*Uncle*

A significant difference in age of disclosure to uncle ( $F = 5.186, p = .009$ ) was found. Millennials were significantly younger ( $M = 20.43, SD = 2.77$ ) when they disclosed to their uncles as compared to both Baby Boomers ( $M = 29.67, SD = 13.50$ ) ( $p = .048$ ) and Generation Xers ( $M = 25.81, SD = 6.13$ ) ( $p = .019$ ).

*Cousin*

There was a significant difference in age of disclosure to cousin ( $F = 5.526, p = .006$ ). Millennials were significantly younger ( $M = 20.07, SD = 2.82$ ) when they disclosed to their cousins as compared to both Baby Boomers ( $M = 27.43, SD = 10.36$ ) ( $p = .029$ ) and Generation Xers ( $M = 25.69, SD = 6.11$ ) ( $p = .009$ ).

*Other Family Member*

A significant difference in age of disclosure to other family member ( $F = 6.274, p = .009$ ) was observed. Baby Boomers were significantly older ( $M = 40.00, SD = 7.07$ )

when they came out to other family members as compared to both Generation Xers ( $M = 26.50$ ,  $SD = 6.74$ ) ( $p = .035$ ) and Millennials ( $M = 17.00$ ,  $SD = 1.41$ ) ( $p = .007$ ).

#### *Close Gay Friend*

There was a significant difference in age of disclosure to close gay friend ( $F = 4.442$ ,  $p = .015$ ). Baby Boomers were significantly older ( $M = 25.67$ ,  $SD = 10.95$ ) when they disclosed to a close gay friend as compared to Millennials ( $M = 19.38$ ,  $SD = 2.42$ ) ( $p = .011$ ). Generation Xers did not significantly differ from either ( $M = 21.46$ ,  $SD = 4.78$ ).

#### *Close Heterosexual Friend*

There was a significant difference in age of disclosure to close heterosexual friend ( $F = 7.626$ ,  $p = .001$ ). Millennials were significantly younger ( $M = 19.33$ ,  $SD = 2.52$ ) when they disclosed to a close heterosexual friend as compared to both Baby Boomers ( $M = 28.78$ ,  $SD = 11.82$ ) ( $p = .001$ ) and Generation Xers ( $M = 23.38$ ,  $SD = 5.98$ ) ( $p = .035$ ). Baby Boomers were significantly older as compared to Generation Xers ( $p = .047$ ).

#### *Gay Acquaintance*

A significant difference in age of disclosure to gay acquaintance ( $F = 6.579$ ,  $p = .003$ ) was found. Post hoc tests indicated that Baby Boomers were significantly older ( $M = 29.71$ ,  $SD = 10.11$ ) when they came out to a gay acquaintance as compared to both Generation Xers ( $M = 22.62$ ,  $SD = 5.54$ ) ( $p = .011$ ) and Millennials ( $M = 19.92$ ,  $SD = 3.15$ ) ( $p = .002$ ).

#### *Heterosexual Acquaintance*

There was a significant difference in age of disclosure to heterosexual acquaintance ( $F = 16.912$ ,  $p = .000$ ). Baby Boomers were significantly older ( $M = 37.83$ ,



SD = 12.02) when they disclosed to a heterosexual acquaintance as compared to both Generation Xers (M = 24.27, SD = 5.90) ( $p = .000$ ) and Millennials (M = 19.75, SD = 2.30) ( $p = .000$ ).

#### *Co-workers*

A significant difference was observed in age of disclosure to co-workers ( $F = 11.410$ ,  $p = .000$ ). Baby Boomers were significantly older (M = 34.89, SD = 7.25) when they disclosed to co-workers as compared to both Generation Xers (M = 27.84, SD = 7.80) ( $p = .018$ ) and Millennials (M = 21.19, SD = 2.373) ( $p = .000$ ). Generation Xers were also significantly older as compared to Millennials ( $p = .004$ ).

#### *Work Employees*

A significant difference in age of disclosure to work employees ( $F = 17.380$ ,  $p = .000$ ) was found. Post hoc tests revealed that Baby Boomers were significantly older (M = 38.40, SD = 8.68) when they came out to work employees as compared to both Generation Xers (M = 25.75, SD = 5.99) ( $p = .000$ ) and Millennials (M = 20.20, SD = 1.99) ( $p = .000$ ). Generation Xers were significantly older as compared to Millennials ( $p = .042$ ).

#### *Work Supervisors*

There was a significant difference in age of disclosure to work supervisors ( $F = 10.603$ ,  $p = .000$ ). Baby Boomers were significantly older (M = 37.00, SD = 7.58) when they disclosed to work supervisors as compared to both Generation Xers (M = 27.33, SD = 7.23) ( $p = .009$ ) and Millennials (M = 20.82, SD = 2.23) ( $p = .000$ ). Generations Xers were significantly older as compared to Millennials ( $p = .015$ ).

*Religious Leader*

A significant difference was found in age of disclosure to religious leader ( $F = 15.241, p = .000$ ). Post hoc tests were not performed because at least one group had fewer than two cases.

*Religious Congregation*

There was a significant difference in age of disclosure to religious congregation ( $F = 13.045, p = .010$ ). Post hoc tests were not performed because at least one group had fewer than two cases.

*Community / Neighbors*

A significant difference in age of disclosure to community / neighbors ( $F = 10.165, p = .000$ ) was found. Millennials were significantly younger ( $M = 19.94, SD = 3.32$ ) when they disclosed to community / neighbors as compared to both Baby Boomers ( $M = 35.50, SD = 7.50$ ) ( $p = .000$ ) and Generation Xers ( $M = 28.89, SD = 6.94$ ) ( $p = .003$ ).

*People / Domains Not Out*

Participants were asked to indicate specific people or domains to whom or in which they were not out. Among all respondents, 5.4% were not out to their mothers, 10.1% were not out to their fathers, 0.8% were not out to their brothers, 0.8% were not out to their sisters, 17.8% were not out to their grandmothers, 13.2% were not out to their grandfathers, 15.5% were not out to their aunts, 15.5% were not out to their uncles, 14.7% were not out to their cousins, 7.8% were not out to other family members, 1.6% were not out to close gay friends, 2.3% were not out to close heterosexual friends, 3.9% were not out to gay acquaintances, 9.3% were not out to heterosexual acquaintances,

15.5% were not out to co-workers, 13.2% were not out to work employees, 27.1% were not out to work supervisors, 17.1% were not out to religious leaders, 14.7% were not out to religious congregations, 7.0% were not out to club / organization leaders, 5.4% were not out to club /organization co-members, and 15.5% were not out to community / neighbors (See Table 12).

Chi-squares analyses were conducted to determine if there were any significant differences observed regarding non-disclosure to specific people or within certain domains (see Table 12). The following items were found:

*Father*

A significant effect was observed with non-disclosure to father. More Millennials (7) did not disclose to their father as compared to what would be expected (3.2). Fewer Generation Xers (5) did not disclose as compared to what would be expected (8.3),  $X^2(2, N = 129) = 6.541, p = .038$ .

*Sister*

A significant effect was found with non-disclosure to sister. More Baby Boomers did not disclose to their sisters (1) as compared to what would be expected (0.1),  $X^2(2, N = 129) = 7.659, p = .022$ .

*Grandmother*

A significant effect was found with non-disclosure to grandmother. More Millennials (13) did not disclose to their grandmothers as compared to what would be expected (5.7). Fewer Generation Xers (10) did not disclose as compared to what would be expected (14.6). Fewer Baby Boomers (0) did not disclose as compared to what would be expected (2.7),  $X^2(2, N = 129) = 16.382, p = .000$ .

*Grandfather*

A significant effect was found with non-disclosure to grandfather. More Millennials (12) did not disclose to their grandfather as compared to what would be expected (4.2). Fewer Generation Xers (5) did not disclose as compared to what would be expected (10.8). Fewer Baby Boomers (0) did not disclose as compared to what would be expected (2.0),  $X^2(2, N = 129) = 22.414, p = .000$ .

*Aunt*

A significant effect was found with non-disclosure to aunt. More Millennials (10) did not disclose to their aunts as compared to what would be expected (5). Fewer Generation Xers (8) did not disclose as compared to what would be expected (12.7),  $X^2(2, N = 129) = 8.178, p = .017$ .

*Uncle*

A significant effect was found with non-disclosure to uncle. More Millennials (11) did not disclose to their uncles as compared to what would be expected (5). Fewer Generation Xers (7) did not disclose as compared to what would be expected (12.7),  $X^2(2, N = 129) = 11.791, p = .003$ .

*Cousin*

A significant effect was found with non-disclosure to cousin. More Millennials (9) did not disclose to their aunts as compared to what would be expected (4.7). Fewer Generation Xers (8) did not disclose as compared to what would be expected (12.1),  $X^2(2, N = 129) = 6.210, p = .045$ .

*Close Gay Friend*

A significant effect was found with non-disclosure to close gay friend. More Millennials (2) did not disclose to their close gay friend as compared to what would be expected (0.5),  $X^2(2, N = 129) = 6.158, p = .046$ .

*Gay Acquaintance*

A significant effect was found with non-disclosure to gay acquaintance. More Millennials (4) did not disclose to their gay acquaintances as compared to what would be expected (1.2). Fewer Generation Xers did not disclose (1) as compared to what would be expected (3.2),  $X^2(2, N = 129) = 8.546, p = .014$ .

No statistics were computed for non-disclosure to stepmother, stepfather, son, daughter, grandson, and granddaughter because domain was a constant.

*Perceived Family Support*

Respondents were asked to indicate the degree of support they felt that they received from specific family members regarding their sexual orientation using a 5-point likert rating scale ranging from 1 = Not at All to 5 = Extremely. No significant differences were observed between the generations. Overall family support appeared to be between Moderately (rated a 3) and Very Much (rated a 4) with Baby Boomers rating it a 3.86 (SD = .95), Generation Xers a 3.78 (SD = 1.01), and Millennials a 3.47 (SD = 1.05). Of the four specifically mentioned family members, on average mother was rated a 3.29 (SD = 1.38), father a 3.34 (SD = 1.23), sibling a 4.04 (SD = .98), and grandparent a 3.01 (SD = 1.01) (see Table 13).

*Perceived Social Support*

Respondents were asked to indicate the degree of support that they felt they received from their non-homosexual friends and work colleagues using a 5-point likert rating scale ranging from 1 = Not at All to 5 = Extremely. No significant differences were observed between the generations. Support from non-homosexual friends was rated between Very Much (rated a 4) and Extremely (rated a 5) with an average of 4.21 (SD = .69). Perceived support from work colleagues was rated between Moderately (rated a 3) and Very Much (rated a 4) with an average of 3.88 (SD = .89) (see Table 13).

*Reason(s) for Disclosure*

Participants were asked to indicate the reason(s) for their disclosures. Several possible reasons were provided in addition to the ability to write in a response. The following indicates the overall percentage of the sample that endorsed each reason, from highest to lowest: being honest – 76.7%, not to live a lie – 66.7%, not to hide – 57.4%, desire to share life – 48.8%, standing up as a person – 48.1%, sharing happiness – 45.7%, gain more freedom – 34.9%, end concealment – 29.5%, person asked – 25.6%, increase intimacy with others – 19.4%, parent asked – 17.1%, other – 14.8%, pressure from significant other – 7.8%, fear of someone outing you – 6.2%, out of anger – 2.3%, and intent to hurt – 0.8%. The following describes noted differences:

*To Gain More Freedom*

A significant effect was found for the reason for disclosure to gain more freedom,  $X^2(2, N = 129) = 11.087, p = .004$ . A higher number of Baby Boomers (11) endorsed this reason as compared to what would be expected (5.2). Fewer Generation Xers (24) endorsed this reason as compared to what would be expected (28.6).

*Not to Live a Lie*

A significant effect was found for the reason of not to live a lie,  $\chi^2(2, N = 129) = 9.916, p = .007$ . A higher number of Baby Boomers (14) endorsed this reason as compared to what would be expected (10.0) along with a higher number of Millennials (25) as compared to what would be expected (21.3). In contrast, fewer Generation Xers (47) endorsed this reason as compared to what would be expected (54.7).

*Standing Up as a Person*

A significant effect was found for the reason of standing up as a person,  $\chi^2(2, N = 129) = 15.379, p = .000$ . A higher number of Baby Boomers (12) endorsed this reason as compared to what would be expected (7.2) along with a higher number of Millennials (21) as compared to what would be expected (15.4). In contrast, fewer Generation Xers (29) endorsed this reason as compared to what would be expected (39.4).

*Method(s) of Disclosure*

Participants were asked to indicate the manner in which they made their disclosures. Six possible ways were provided in addition to the ability to write in a response. The following indicates the overall percentage of the sample that endorsed each method, from highest to lowest: individual face-to-face meeting – 86.8%, phone call – 30.2%, accidentally found out through other means – 19.4%, other – 10.9%, letter – 10.1%, e-mail – 10.1%, and family meeting – 6.2%.

*Gay / Lesbian Organizations*

Participants were asked about their involvement in gay / lesbian organizations. Within the overall sample, 20.5% reported being involved. Of the overall 20.5%, 46.7% were Baby Boomers, 20.0% were Generation Xers, and 9.4% were Millennials. A

significant effect was found,  $\chi^2(2, N = 127) = 8.753, p = .013$ . A higher number of Baby Boomers (7) reported involvement as compared to what would be expected (3.1) and fewer Millennials (3) reported involvement as compared to what would be expected (6.6). The two most frequently cited organizations listed were the Human Rights Campaign (listed by 10 of the 26 women) and the Metropolitan Community Churches (also listed by 10 individuals). Other organizations identified included PA Diversity, Gay Pride, Rainbow Alliance, National Gay and Lesbian Task Force, Lehigh Valley Gay and Lesbian Association, Family Quality, and Take of Lehigh Valley.

#### *Discrimination*

Respondents were asked if they had ever experienced discrimination because of their sexuality. Of the total 129 participants, 126 individuals answered the question. Of those individuals, 41.3% indicated that they had. Within the generations, 60.0% of the Baby Boomers stated that they had, 38.8% of the Generation Xers, and 38.7% of the Millennials.

#### *Mental Health / Relational Concerns*

As part of the survey, a table was presented and respondents were asked to answer questions pertaining to depression, anxiety, anger issues, alcohol / drug use, obsessive-compulsive behaviors, eating disorder, attentional problems, self-confusion, family conflict (with primary caregivers or children), relational issues (with significant others and/or friends), feelings of isolation, and other. The questions asked if they had ever had a problem with the identified area, if they ever sought treatment for it, if they felt that it was related to their sexual orientation, when they had treatment, how many sessions they attended, and if treatment was helpful. The following describes the results obtained:



### *Depression*

One hundred and twenty-six participants answered the question pertaining to depression. Of those, 56.3% indicated that they had experienced a problem with it. Seventy-two individuals answered the question pertaining to having sought treatment, with 62.5% indicating that they had done so. A significant effect was noted for treatment of depression,  $X^2(2, N = 72) = 6.727, p = .035$ . More Baby Boomers who were dealing with depression (5) sought treatment as compared to what would be expected (3.1), along with more Generation Xers (32) as compared to what would be expected (30.0). In contrast, fewer Millennials who were dealing with depression (8) sought treatment as compared to what would be expected (11.9). Of the 72 individuals who responded to the question asking if they thought their depression was related to their sexual orientation, 34.7% indicated that they thought it was. Forty-four individuals responded to the question asking if they thought treatment had been helpful with 72.7% stating that it had been (see Table 14a).

### *Anxiety*

One hundred and twenty-five women responded to the question asking if they had ever had a problem with anxiety with 53.6% indicating that they had. Sixty-seven individuals answered if they had ever sought treatment for it with 52.2% reporting that they had. A significant effect was noted for treatment of anxiety,  $X^2(2, N = 67) = 6.252, p = .044$ . More Generation Xers (28) who were dealing with anxiety sought treatment as compared to what would be expected (24.0). In contrast, fewer Millennials (4) who were dealing with anxiety sought treatment as compared to what would be expected (8.4). Of the seventy-two women who responded to the question asking if they felt that their

problems with anxiety were related to their sexual orientation, 29.0% indicated that they thought it was. Thirty women answered the question asking if treatment had been helpful with 93.3% reporting that it had been (see Table 14b)

#### *Anger*

One hundred and twenty-six women answered the question with 29.4% reporting a problem with anger. Thirty-seven women answered the question pertaining to if they had ever sought treatment for anger with 21.6% reporting that they had. Of the 72 women who responded to the question asking if they thought their anger issues were related to their sexual orientation, 25.0% indicated that it was. All thirty women who answered the question pertaining to if they thought treatment was helpful reported that it was (see Table 14c).

#### *Alcohol / Drug Use*

One hundred and twenty-six women answered the question pertaining to alcohol / drug use. Of these individuals, 21.4% indicated that they had problems within this area. Twenty-six responded to the question asking if they had ever sought treatment with 19.2% stating that they had. Twenty-four women answered the question if they thought that it had been related to their sexual orientation with 29.2% believing that it was. Six women answered the question inquiring if treatment was helpful with all them stating that it was (see Table 14d).

#### *Obsessive-Compulsive Behaviors*

One hundred and twenty-five women answered the question pertaining to obsessive-compulsive behaviors. Of these individuals, 16.0% indicated that they had problems within this area. Twenty women responded to the question asking if they had

ever sought treatment for it with 20.0% stating that they had. Twenty individuals answered the question if they thought that it had been related to their sexual orientation with 15.0% believing that it was. Two women answered the question inquiring if treatment was helpful with one of them stating that it was (see Table 14e).

### *Eating Disorder*

One hundred and twenty-six women answered the question pertaining to problems with an eating disorder. Of these individuals, 13.5% indicated that they had problems within this area. A significant effect was noted for problems with an eating disorder,  $X^2(2, N = 126) = 6.269, p = .044$ . More Millennials (8) reported struggles with an eating disorder as compared to what would be expected (4.3). Fewer Baby Boomers (0) reported this struggle as compared to what would be expected (2.0). Seventeen women responded to the question asking if they had ever sought treatment for it with 23.5% stating that they had. A significant effect was noted for seeking treatment,  $X^2(1, N = 17) = 4.650, p = .031$ . A greater number of Generation Xers (4) sought treatment as compared to what was expected (2.1) and fewer Millennials (0) sought treatment as compared to what was expected (1.9). Sixteen women answered the question if they thought that it had been related to their sexual orientation with 18.8% believing that it was. Three individuals answered the question inquiring if treatment was helpful with one of them stating that it was (see Table 14f).

### *Attentional Problems*

One hundred and twenty-six women answered the question pertaining to attentional problems. Of these individuals, 15.9% indicated that they had problems within this area. Twenty responded to the question asking if they had ever sought

treatment for it with 35.0% stating that they had. Seventeen women answered the question if they thought that it had been related to their sexual orientation with 5.9% believing that it was. Seven women answered the question inquiring if treatment was helpful with 85.7% stating that it was (see Table 14g).

#### *Self-Confusion*

One hundred and twenty-five women answered the question pertaining to problems with self-confusion. Of these individuals, 24.0% indicated that they had problems within this area. Twenty-eight responded to the question asking if they had ever sought treatment for it with 35.7% stating that they had. Twenty-three women answered the question if they thought that it had been related to their sexual orientation with 87.0% believing that it was. Seven women answered the question inquiring if treatment was helpful with 100% stating that it was (see Table 14h).

#### *Family Conflict*

One hundred and twenty-six women answered the question pertaining to problems with family conflict. Of these individuals, 28.6% indicated that they had problems within this area. Thirty-three responded to the question asking if they had ever sought treatment for it with 27.3% stating that they had. Thirty women answered the question if they thought that it had been related to their sexual orientation with 56.7% believing that it was. Eight women answered the question inquiring if treatment was helpful with 87.5% stating that it was. A significant effect was noted for if treatment was helpful  $X^2(2, N = 8) = 8.000, p = .018$ . A greater number of Baby Boomers (2) thought treatment was helpful as compared to what was expected (1.8). A greater number of Generation Xers

(5) thought it was helpful as compared to what was expected (4.4). Fewer Millennials (0) thought treatment was helpful as compared to what was expected (.9) (see Table 14i).

### *Relational Issues*

One hundred and twenty-six women answered the question pertaining to relational issues. Of these individuals, 38.9% indicated that they had problems within this area. Forty-eight women responded to the question asking if they had ever sought treatment for it with 50.0% stating that they had. Forty-five women answered the question if they thought that it had been related to their sexual orientation with 31.1% believing that it was. Twenty-one women answered the question inquiring if treatment was helpful with 61.9% stating that it was (see Table 14j).

### *Feelings of Isolation*

One hundred and twenty-three women answered the question pertaining to feelings of isolation. Of these individuals, 25.2% indicated that they had problems within this area. A significant effect was noted for problems with feelings of isolation,  $\chi^2(2, N = 123) = 6.405, p = .041$ . More Millennials (12) reported struggles with feelings of isolation as compared to what would be expected (7.6). Fewer Baby Boomers (1) reported feelings of isolation as compared to what would be expected (3.8). Twenty-nine women responded to the question asking if they had ever sought treatment for it with 10.3% stating that they had. Twenty-four women answered the question if they thought that it had been related to their sexual orientation with 54.2% believing that it was. One individual answered the question inquiring if treatment was helpful and she indicated that it was (see Table 14k).

## Chapter Six: Discussion

The present study sought to examine the experiences of gay women across four generations, Silent Generation (67 and older), Baby Boomers (49 to 66 years of age), Generation X (28 to 48 years of age), and Millennials (18 to 27 years of age). The objective was to evaluate if the changes in social climate through the de-pathologizing and increased public exposure of homosexuality have impacted various aspects of these women's lives. Nine hypotheses were directly evaluated and other areas were explored.

### *Participants*

A total of 131 women completed the survey. Two of these women were excluded from the analyses because they did not self-identify as lesbian at the time they completed the survey. Of the remaining 129 participants, based upon their ages in 2009, none of the women belonged to the Silent Generation. This fact could be a result of the sampling method but may also reflect characteristics of this generation. As stated previously, this generation tends to emphasize traditional mores with a strong value of family. They tend to be reluctant to go against the "system" and are reticent to disagree. The Silent Generation grew up in an era when homosexuality was considered a mental illness and shrouded with shame and secrecy. While it is possible that surveys never reached individuals within this age group, it could also be speculated that a few surveys may have and these women declined to participate.

The only significant difference found among the generations concerning demographic information pertained to annual salary. Millennials reported earning significantly less as compared to both the Baby Boomers and Generation Xers. This

finding could be related to the fact that the Millennials are the newest members in the work force and therefore may have less tenure and experience in positions.

### *Discussion of Hypotheses*

#### *Hypothesis<sub>1</sub>: Age of Self-Identification*

Hypothesis<sub>1</sub> was that younger lesbians would self-identify as gay at a younger age as compared to older lesbians as indicated through their self-reported age of self-identification. This hypothesis was supported. Millennials were significantly younger with an average age of 19.34 years when they self-identified as gay as compared to Baby Boomers who had an average age of 25.27 years. Generation Xers' mean age of 21.73 years fell in between the other two generations but did not significantly differ from either.

When comparing these results to other studies, there appears to be some differences. As noted earlier, Parks (1999) found that the average ages for self-identification for women under 30 years of age was 20.3 years, for 30 – 44 years of age was 25.50 years, and for 45 and older was 31.90 years. Using the current sample and dividing them into the same age groupings used by Parks (1999), the findings were 19.13 years for those under 30 years of age, 22.53 years for those between 30 and 44 years of age, and 22.84 years for those 45 years old and older. While the first two age groupings were very similar, the eldest group identified at an earlier age (22.84 years) in the current study as compared to those in Parks' study (31.90 years).

Grov, Bimbi, Nanin, & Parson (2006) looked at the age of self-identification using the following five different age groups: 18 – 24, 25 – 34, 35 – 44, 45 – 54, and 55 and older. The average ages of self-identification respectively were 15.88 years, 18.86 years, 21.06 years, 23.09 years, and 24.90 years. Using the current sample and dividing

them into those five age groups, the average ages of self-identification are 18.53 years for the 18 – 24 group, 20.40 years for the 25 – 34 group, 22.85 years for the 35 – 44 group, 20.96 for the 45 – 54 group, and 31.00 for the 55 and older group. On average, participants in the current study self-identified at an older age in four out of the five age groups, with a seven year difference in the eldest group (see Table 15). It is possible that the differences found between the current study and that conducted by Grov, Bimbi, Nanin, and Parson (2006) were due to the sampling techniques. Grov, Bimbi, Nanin, and Parson (2006) distributed their questionnaires at a series of Gay, Lesbian, and Bisexual community events in Los Angeles and New York City. It could be speculated that the women who attended these events were different from the women who completed the present survey. Within the current sample, only 20.5% of the women reported being involved in a gay or lesbian organization.

*Hypothesis<sub>2</sub>: Ignoring Sexual Orientation*

Hypothesis<sub>2</sub> was that younger lesbians would be less likely to report that they attempted to ignore or change their sexual orientation as compared to older lesbians. Additionally, it was proposed that they would demonstrate less internalized homophobia as measured by the lack of attempt to ignore or change their sexuality. No significant difference was found among the generations. However, within the overall sample, 50% of the women (42.9% of the Baby Boomers, 50.0% of the Generation Xers, and 53.1% of the Millennials) surveyed reported that they had attempted to ignore their homosexual feelings. There was the opportunity for the women to indicate how they had tried to ignore these feelings. Sixty-one women provided written responses. Forty of their answers indicated that they tried to date or have relationships with men and one stated



that she “even got married.” Other responses involved religious aspects. One Generation Xer stated, “I prayed that if it was wrong, God would take it away.” A Millennial indicated, “Pray to God. My mother and sister are also lesbians. I would pray to God to not let me be like them, but I could not ignore my feelings.” Another Generation Xer stated that she “joined religious group Campus Crusade for Christ...” “When I was in my teens, my Catholic faith played a role in me hiding my sexual identity but as I grew older, I over came” was a response of another Generation Xer. For other women, the way they seemed to ignore their own personal feelings was to go against homosexuality. One Generation Xer stated, “Enmeshed myself in heterosexual behavior as a teen – became outwardly hateful towards gays and lesbians.” Another woman said, “Tried to ignore it. I kept dating boys, denied my feelings, pushed girls away. I hated them instead of investigating my feelings fully.” As can be seen from their responses, many of the same methods were used across the generations to ignore or change their sexual orientation.

*Hypothesis<sub>3</sub>: Age of First Homosexual Experience*

Hypothesis<sub>3</sub> was that younger lesbians would have had their first “real” (at least acknowledged their romantic relationship with each other) lesbian relationship at an earlier age as compared to older lesbians. This hypothesis was partially supported. Baby Boomers were significantly older with an average age of 25.13 years when they had their first real lesbian relationship in comparison to both Generation Xers whose average age was 20.98 years and Millennials whose average age was 19.50 years. There was not a significant difference between Generation Xers and Millennials. This finding may be related to the fact that in general, Baby Boomers were significantly older as compared to

both Generation Xers and Millennials when they engaged in their first intimate sexual experience. In addition, Millennials were significantly younger as compared to Baby Boomers when they reported their first same-sex sexual experience. The era in which Baby Boomers were raised, sexual intercourse outside of marriage was looked upon poorly. Over time, society has become more tolerate of sexual exploration outside the bounds of traditional marriage. It has become more accepted that women are sexual beings with their own desires and needs. As a result, Millennials and Generation Xers may have been more open to engage in sexual activity in general as compared to Baby Boomers.

*Hypothesis<sub>4</sub>: Heterosexual Relationships*

Hypothesis<sub>4</sub> was that older lesbians as compared with younger lesbians would report having had more heterosexual relationships throughout their lives. This hypothesis was supported. Overall, 75.8% of the sample reported having had at least one heterosexual relationship (66.7% of the Baby Boomers, 74.1% of the Generation Xers, and 84.4% of the Millennials). Baby Boomers reported having significantly more heterosexual relationships with an average of 6.00 as compared to Millennials who had an average of 2.68. Generation Xers did not significantly differ from either group with an average of 3.54 heterosexual relationships.

*Hypothesis<sub>5</sub>: Coming Out*

Hypothesis<sub>5</sub> was that younger lesbians would have come out to others at an earlier age as compared to older lesbians. This hypothesis was supported. When asked the global question of the age these women disclosed to someone their sexual orientation, Baby Boomers were significantly older with an average age of 26.47 years as compared

to both Generation Xers who had an average age of 21.50 years and Millennials who had an average age of 19.44 years. However, Generation Xers and Millennials did not significantly differ from each other.

Within Parks' (1999) study, the results indicated that for 45 years and older group (pre-stonewall), the average age of disclosure was 24.90 years; for the 30 – 44 years old group (liberation), the average age was 22.60 years; and for under 30 years old group (gay rights), the average age was 21.00 years. Using the information from the current study and applying Parks' age groupings, the average age of disclosure for the 45 and older group was 23.59 years of age, for the 30 to 44 year old group was 22.02 years of age, and for the under 30 group was 19.30 years of age yielding very similar results. Parks collected her data between September 1995 and October 1996. As a result, her youngest group which then consisted of women from 23 to 29 years old in 1995 / 1996 actually corresponds to the Generation Xers in this study again yielding very similar ages. In contrast, Parks' middle group (liberation) which actually consisted of women aged 33 to 42 in 1995 / 1996 were approximately four years younger when they came out as compared to the Baby Boomers in the present study.

Comparing the current sample with the results of Grov, Bimbi, Nanin, and Parsons (2006) using their same age groupings, they found that the average ages of disclosure for the 55 and older group was 27.38 years and in the current sample it was 33.50 years; for the 45 to 54 age group, they found an average age of 22.53 years and in the current sample it was 21.31 years; for the 35 to 44 age group, they found an average of 22.93 years and in the current sample it was 22.33; for the 25 to 34 age group, they found an average of 20.11 years and in the current it was 20.12 years; and in the 18 to 24

year age group they found an average age of disclosure of 16.87 years and in the current sample it was 19.27 years again yielding some similarities but with notable differences at the two extremes (27.38 years versus 33.50 years and 16.87 years versus 19.27 years). Part of the differences may be related to the sample characteristics. Grov, Bimbi, Nanin, and Parsons (2006) grouped together data obtained from both lesbians and women who identified as bisexual. In addition, they obtained their data from people who were in attendance at Gay, Lesbian, and Bisexual community events which could indicate a higher degree of outness as compared to the current participants (See Table 15).

*Hypothesis<sub>6</sub>: How Many People Out To*

Hypothesis<sub>6</sub> was that younger lesbians would be out to more people as indicated by their self-report. This hypothesis was not supported. Millennials reported a significantly lower percentage (approximately 74.5%) of being out as compared to Generation Xers (approximately 82.5%). Baby Boomers indicated that approximately 86% of the people they know are aware of their sexual orientation. A possible factor that may be an influence in this area is the fact that for both Baby Boomers and Generation Xers, they have been alive longer and, even when consideration is given for the older ages they came out at, they have had more of an opportunity over time to disclose their sexual orientation to others.

*Hypothesis<sub>7</sub>: How Many Domains Out In*

Hypothesis<sub>7</sub> was that younger lesbians as compared to older lesbians would be out in more domains in their lives as measured by their self report. This hypothesis was not supported. Regarding immediate family members (e.g., mother, father, brother, sister, stepmother, stepfather, son, daughter), no significant differences were observed between

the generations. With respect to extended family members (e.g., grandmother, grandfather, aunt, uncle, cousin, grandson, granddaughter, and other family member), fewer Millennials told other family members as compared to what would be statistically expected while a greater number of Generation Xers came out than would be expected. Regarding close friendships and acquaintances, the generations did not significantly differ from each other. Within the overall domain of employment, fewer Millennials told co-workers as compared to what would be expected while more Generation Xers were out. Evaluating the religious domain, fewer Millennials disclosed to either religious leaders or congregations as compared to what would be statistically expected while a greater number of Baby Boomers and Generation Xers told religious leaders and more Baby Boomers told congregations. With respect to community / neighbors, fewer Millennials were out in this domain than would be expected. These findings could be a reflection of the fact that the Millennials are “newer” to the gay lifestyle. For example, within the work place, Millennials have the least tenure and are still attempting to establish themselves. To disclose to others assumes the risks associated with it (e.g., possible discrimination and termination). Not all employers have expanded their hiring practices under the equal employment opportunity to include non-discrimination based upon sexual orientation. There are clearly differences among the generations related to the length of time that they have identified and lived as a sexual minority. This study asked participants for their age of disclosure in the different domains which relies on each person’s ability to recall historical information. The accuracy of the specific ages would theoretically be less with the greater lapse of time.

The Kaiser Family Foundation (2001) conducted two national public opinion surveys. One of the surveys was to gain information pertaining to the experiences of sexual minorities. The survey results were based upon 405 telephone interviews with self-identified gay, lesbian, and bisexual adults who were 18 years old or older conducted from February 7, 2000 through September 4, 2000. The researchers obtained information regarding domains in which their participants were openly out regarding their sexual orientation. Their results indicated that 93% of their participants were out to their heterosexual friend (as compared to 72.7% in the current study), 84% were out to family members (in the Kaiser survey, it did not identify which family members; in the present study, the highest overall percentage were out to their mothers at 92.5% and the lowest percentage of 23/2% were out to their grandfathers), 72% were out to co-workers (as compared to 80.0% in the present study), 66% were out to neighbors (as compared to 54.4% in the present study), 55% were out to their bosses (as compared to 57.1% in the present study), and 44% were out to their landlords. There is a nine year time span between the Kaiser Family Foundation study and the current one. The percentages overall are rather similar. It should be noted, however, that it is difficult to make direct comparisons between the two studies due to the fact that the Kaiser data involved lesbians, gay men, and bisexuals. As noted previously, each sexual minority groups faces its own challenges and the experiences of gay men and bisexuals may be very different from those of lesbians.

*Hypothesis<sub>8</sub>: Family Support*

Hypothesis<sub>8</sub> was that younger lesbians would perceive more family support regarding their sexuality as compared to older lesbians as indicated by their self report.

This hypothesis was not supported with no significant differences observed between the generations. Overall, the participants perceived family support to be between Moderate and Very Much.

It is difficult to determine if perceived family support is an area that may have changed over the years in a more global manner for all age ranges. Results of the Kaiser Family Foundation survey (2001) indicated that 50% of the lesbians who participated in their survey reported that their family or a family member had refused to accept them because of their sexual orientation (p. 3). The question asked was, “Has your family or a family member ever REFUSED to accept you because of your sexual orientation?” (p. 29). In the present study, participants were not asked if any member of their family rejected them because of their sexual orientation but rather to indicate the degree of family support they felt they had. It is possible that for the current participants, some of them were rejected by a family member. For those who were not, they at least perceived a Moderate degree of family support.

*Hypothesis<sub>9</sub>: Social Support*

Hypothesis<sub>9</sub> was that younger lesbians would perceive more social support regarding their sexuality as compared to older lesbians as indicated by their self-report. This hypothesis was not supported with no significant differences observed between the generations. Overall, the participants perceived social support to be between Very Much and Extremely. This finding seems to be in alignment with the results of the The Kaiser Family Foundation (2001) in which their results indicated that 76% of sexual minorities surveyed indicated that there is more acceptance of gays and lesbians today as compared to a few years ago (p. 2).

*Discussion of Other Areas Explored**Sexual Identity Scale*

Pertaining to the sexual identity scale, the data from this study lends further support to the notion that women's sexuality may be more flexible or fluid than originally thought and that self-identification as lesbian does not mean that one belongs to a homogenous group. On a scale that ranged from 1 (exclusively homosexual) to 9 (exclusively heterosexual), the average ratings for the three generations were 1.27 for Baby Boomers, 1.68 for Generation Xers, and 2.06 for Millennials with an overall average of 1.73 for the entire sample. The fact that the women in this sample placed their ratings towards the exclusively homosexual orientation is not surprising even the fact that in order to be eligible to participate, one had to self-identify as lesbian. However, of the 126 participants who answered this question, 44% gave themselves a rating higher than a 1. This finding is similar to what Morris and Rothblum (1999) found within their study. Their lesbian participants were provided a similar continuum scale with exclusively lesbian / gay at one end, exclusively heterosexual at the other end, and bisexual placed at the midpoint. Forty-four percent of their respondents rated themselves as exclusively gay / lesbian with the remaining women placing themselves somewhere further along the continuum away from this end point. "Use of such categorical terms as heterosexual, bisexual, and lesbian is widespread, yet research indicates that sexuality is a multidimensional phenomenon. Sexual behavior, identity, and desire are not highly correlated for women, and this has implications for new ways of conceptualizing sexual orientation" (Rothblum, 2000, p. 193).



### *Milestones*

Various models / theories of sexual identity formation have proposed different stages / phases of sexual identity development. Certain elements, however, appear to be shared by many of these models. These shared elements have frequently been referred to as “milestones.” Some theorists have proposed that each milestone must be successfully negotiated in order to move onto the next milestone. Within the current study, the participants were asked questions pertaining to four of the more frequently explored milestones which were their age when they were aware of their first same-sex attraction, the age at which they engaged in their first same-sex sexual act, the age at which they thought they “might” be gay, and the age at which they self identified as gay / lesbian.

#### *Age of First Same Sex Attraction.*

Pertaining to age of same sex attraction, no significant generational differences were observed. Baby Boomers had an average age of 16.73 years, Generation Xers had an average of 15.10 years, and Millennials had an average of 14.88 years yielding an average of 15.24 years for the entire sample

Comparing this finding with previous research, the results appear to be similar. D’Augelli and Grossman (2001), collecting data from individuals 60 years old or older, found that for the lesbian and bisexual women that completed their survey, the average age of same-sex attraction was 16.48 years which is comparable to the current study’s Baby Boomers. In Parks’ (1999) study, she found the average ages were 18.8 years for the 45 and older group, 17.0 years for the 30 – 44 year old group, and 14.6 years for the under 30 group (see Table 15).

*Age of First Same Sex Sexual Act.*

The results of the current study indicated that Millennials were significantly younger with an average age of 18.16 years as compared to Baby Boomers who had an average age of 22.87 years when they engaged in their first same-sex sexual act. Generation Xers did not significantly differ from either of the other two generations with an average age of 19.38 years which fell in between. For the entire sample, the average age was 19.48 years. However, part of this finding may be related to the fact that in general, Baby Boomers reported a significantly older age (average age of 19.46 years) when they engaged in their first intimate sexual experience as compared to both Generation Xers (average age of 16.49 years) and Millennials (average age of 16.43 years). A significant difference was not found between the generations regarding the gender with whom they had their first intimate sexual experience. Within the overall sample, 64.0% reported that it was with a male and 36.0% stated it was with a female.

In Schafer's (1976) study in which he collected the data in 1972 in West Germany, the average age of first same-sex sexual act was 20.50 years. Parks (1999) reported that it was 20.50 years for those under 30, 21.10 years for those between 30 and 44, and 22.80 years for those 45 and older. Using the same age groups as Parks (1999), for the current sample, the average ages for those women under 30 was 17.80 years, 30 – 44 was 20.02 years, and for 45 and older was 20.66 years. Grov, Bimbi, Nanin, & Parsons (2006) reported that the average ages for same-sex sexual act was 16.85 for those 18 to 24, 18.78 for those 25 to 34, 21.33 for those 35 to 44, 23.00 for those 45 to 54, and 28.53 for those 55 and older. Dividing the current sample into those age groupings, the

following are the results respectively: 17.67 years, 18.52 years, 20.26 years, 18.81 years, and 28.67 years (See Table 15).

*Age Thought “Might” be Gay.*

Pertaining to age at which the women thought that they “might” be gay, no significant generational differences were observed. Baby Boomers had an average age of 17.00 years, Generation Xers had an average age of 16.98 years, and Millennials had an average age of 16.61 years. Within the current study, the participants went through the sequence of experiencing their first same-sex attraction, to thinking that they “might” be gay, to then engaging in their first same-sex sexual act. Morris and Rothblum (1999) found this same sequence in their study with their participants first questioning their sexual identity at the average age of 18, engaging in their first same-sex sexual experience at the average age of 22, and then self-identifying at the average age of 23 (see Table 15).

*Age of Self-Identification.*

As was discussed under Hypothesis<sub>1</sub>, Millennials were significantly younger with an average age of 19.34 years when they self-identified as gay as compared to Baby Boomers who had an average age of 25.27 years. Generation Xers did not significantly differ from either of the two other generations with an average of 21.73 years.

When comparing the ages at which these women first thought that they “might” be gay versus when they actually self-identified as gay, several years passed for all three generations. On average, Millennials made the transition in a shorter period of time with a 3.87 year delay. For Generation Xers, the time period consisted of 4.75 years on average. Baby Boomers had the longest delay with an average of 8.27 years.

*Marriage and Official Ceremonies*

Participants were asked if they had ever legally married a man. No significant differences were found between the generations with 13.2% overall reporting that they had married (20.0% of the Baby Boomers, 15.9% of the Generation Xers, and 3.1% of the Millennials). The age at the time of marriage ( $M = 22.50$  years old) and the length of time married ( $M = 8.10$  years) did not significantly differ. Of the women who did legally marry a man, 87.5% reported that they are now divorced.

Given the fact that much publicity has occurred over the past several years regarding same-sex marriage / civil unions, the women in this study were asked if they had ever had some sort of official ceremony to another woman. Twenty-five percent of the overall sample indicated that they had which consisted of 40.0% of the Baby Boomers, 27.2% of the Generation Xers, and 12.5% of the Millennials. There was not a significant difference between the generations regarding the frequency of ceremonies but a significant difference was found regarding the age at the time of the ceremonies. Baby Boomers were significantly older with an average age of 43.50 years when they had ceremonies as compared to both Generation Xers who had an average age of 32.71 years and Millennials who had an average age of 24.33 years. This finding could be related to the fact that when Baby Boomers were younger, homosexuality was still considered a mental illness and did not receive the public awareness as it has in more recent years. It is doubtful that the subject of civil unions or same-sex marriage was even a topic of discussion. Over time, changes have occurred in which some states allow for same-sex marriage and others permit civil unions. As a result, Baby Boomers were older when these changes and opportunities arose and became a reality.

*Ages of Disclosure to Specific Individuals*

Participants were asked the age of disclosure to specific individuals. As can be seen in Table 11, regarding family members, Millennials were significantly younger as compared to both Generation Xers and Baby Boomers when they disclosed to the following individuals: mothers, brothers, uncles, and cousins. Millennials were also significantly younger as compared to Generation Xers (but not Baby Boomers) when they came out to their fathers, sisters, and aunts. In contrast, Baby Boomers were significantly older when they disclosed to other family members as compared to both Millennials and Generation Xers. Regarding non-family members, Millennials were significantly younger as compared to both Baby Boomers and Generation Xers when they came out to close heterosexual friends, co-workers, work employees, work supervisors, and community / neighbors. They were also significantly younger as compared to Baby Boomers when they came out to close gay friends. Baby Boomers were significantly older as compared to both Millennials and Generation Xers when they disclosed to gay and heterosexual acquaintances. Generation Xers were significantly younger as compared to Baby Boomers when they came out to close heterosexual friends, co-workers, work employees, and work supervisors. This data adds further support to Hypothesis<sub>5</sub> which evaluated the overall coming out age. Baby Boomers were significantly older when they disclosed their sexual orientation as compared to both Millennials and Generation Xers.

*People / Domains Purposefully Not Out*

Participants were not only asked who they had come out to but with whom they were purposefully not out. For Millennials, more of them than statistically expected were

not out to their fathers (21.9%), grandmothers (40.6%), grandfathers (37.5%), aunts (31.3%), uncles (34.4%), cousins (28.1%), close gay friends (6.3%), and gay acquaintances (12.5%). In contrast, more Generation Xers had disclosed to the following individuals than would be statistically expected: fathers, grandmothers, grandfathers, aunts, uncles, cousins, and gay acquaintances. This finding adds further support to Hypothesis<sub>6</sub> in which Millennials reported a significantly lower percentage of people overall who were aware of their sexual orientation. The finding again may be related to the fact that Generation Xers have spent more time self-identified as lesbians and may have had more opportunities to disclose their sexual orientation to others.

*Subject of Homosexuality Discussed within Family*

When asked if the subject of homosexuality was ever discussed within their family household, 17.1% of the sample (0% of the Baby Boomers, 19.5% of the Generation Xers, and 18.8% of the Millennials) indicated that it had been. Participants were offered the opportunity to describe the content of the discussions. One Millennial stated, “Antihomosexual conversation only. Quoted the Bible. Sinful. Inhumane. Dirty.” One Generation Xer wrote, “That is was abnormal, wrong.” Another Millennial indicated “Just that it was morally wrong and the Bible said it was too.” A 30 year old woman stated, “My mother’s ex-husband is gay. My mother is homophobic. She hates gays.” The most extreme comment was written by a 26 year old woman who wrote, “Stop being such a f\*\*\*\*\*g lesbian.” There did appear to be a few positive responses. A 35 year old woman said, “Only to say that homosexuality is okay. There’s nothing wrong with it.” One 23 year old woman indicated, “Just small conversations about my aunt’s relationships.” One Generation Xer wrote, “My mother was open but not a subject

many other family members would discuss.” Another Xer indicated, “My dad had friends who were gay so there was never a negative connotation. It was not discussed frequently, but the conversation was never judgmental or negative either.”

### *Discrimination*

One of the questions on the survey asked the women about experiences of discrimination they believed was related to their sexuality. Of the 126 women who answered this question, 41.3% (60% of the Baby Boomers, 38.8% of the Generation Xers, and 38.7% of the Millennials) reported that they felt they had been discriminated against. The incidents described ranged from negative verbal comments to physical violence. Many of the written statements involved the fact that rights given to heterosexual married couples are denied to committed gay couples. Other comments described experienced discrimination on a more personal and direct level. One Baby Boomer stated, “Foster kids removed.” A Generation Xer reported, “My car was egged by an old neighbor. My last landlord wanted to raise my rent trying to get me out after he found out I was gay.” Another Generation Xer stated, “Where do I start? Fired 3 times. Mailbox blown up. Passed over for promotions in the past. Alienated. Denied financial gains.” A Millennial said, “People have told me I can save myself with God. Rude comments.” One 25 year old woman wrote, “I have been denied the right to marry by the state of PA. My wife (married legally in CT) and I apply in PA anyway only to be turned down. ... I have been passed over for job opportunities due to my sexual orientation.” A 34 year old woman stated, “I’ve been jumped by college teammates in locker room, run off the road by a redneck in VA, discharged from Air Force because of being gay ... need I tell you anymore? I could write a paper on it.” The results of the Kaiser Family

Foundation study (2001) found similar experiences reported by their sexual minority participants. With respect to discrimination, 74% of their participants reported having experienced prejudice and discrimination due to their sexual orientation, 74% reported having been the victim of verbal abuse, and 32% the target of physical violence (pp. 3 – 4).

#### *Mental Health / Relational Concerns*

Much of the prior research regarding sexual minorities concerned itself with mental health issues. In an attempt to gain further insights into this area, participants in the current study were asked to fill out information pertaining to mental health and relational issues.

The most highly endorsed issue pertained to problems with depression. Within the total sample, 56.3% of the women indicated that depression had been or is a problem for them. This prevalence rate is higher than that found within the general population. According to the DSM-IV-TR (2000), within a community sample, the lifetime risk of Major Depressive Disorder for women has varied from 10 to 25% (p. 372), and the lifetime prevalence rate for Dysthymic Disorder is about 6% (p. 379). For the present study, of those who endorsed struggles within this area, 34.7% felt that it was related to their sexual orientation. Some of the women's responses to other questions provide greater insight into this area. One woman wrote, "Nobody will understand fully unless they actually are experiencing it in their life." Another indicated that "the hardest part of coming out is the fear of not being accepted." One person stated, "Being a lesbian is hard because society makes us feel that we are evil and non-human." Given these feelings, it is not surprising that many struggle with depression. They are confronted with a non-



accepting society and have been socialized to believe in traditional heterosexual values. This finding supports what other studies have previously discovered. Lewis, Derlega, Griffin, and Krowinski (2003) examined how life stress, gay-related stress (stress that results from being in a “marginal” minority status which conflict with other roles, p. 717), and stigma consciousness correlates with depressive symptoms in a sample of sexuality minority men and women. Their results suggested that gay-related stress contributes independently to depressive symptoms.

The second most highly endorsed mental health concern for the current sample was anxiety. Approximately 54% of the women who answered this question reported struggles within this area. Of these individuals, 29% felt that it was related to their sexual orientation. This finding may be the result of the women feeling on edge for perceived threats or losses of relationships, discrimination, and / or negative judgments. One 31 year old woman wrote the following:

People tend to judge you without really getting to know you. They also may criticize you and possibly your children. I am afraid of most people finding out at work because I fear that they may attempt to use this against me. I have also changed my relationships with others which is sometimes difficult.

Others spoke of concerns with “being segregated,” “hate crimes,” “discrimination,” “ridicule,” and “worry for safety.” If someone approaches the world with an apprehension due to possible opposition, violence, or discrimination, it is understandable why anxious feelings may surface within the person.

Two other areas identified deserve mention. Concerns regarding family conflict and relational issues were endorsed by 28.6% of the women and 38.9% respectively.

Regarding the family conflict, of those women who identified this issue, 56.7% felt that the conflicts were related to their sexual orientation. Approximately 31% of the women who endorsed relational issues attributed it to their sexuality. These concerns were expressed by women from all three generations. One 26 year old woman wrote, “People/family/friends not talking to me anymore. Being judged. Made fun of. Not fitting in.” A 44 year old woman stated, “I lost my parents for 6 years of my life.” A 34 year old woman said, “Being accepted by my family and negotiating my being gay with religion and being raised Catholic. It took me a long time to accept myself because of my religious upbringing as Catholic.”

The present results pertaining to mental health and relational issues need to be interpreted with caution. The overall sample size of the study was relatively small so the actual numbers of specific women who indicated struggles with certain issues were even smaller. As a result, percentages listed in the current study may appear to be large. In order to obtain greater insight into this area, it would have been beneficial to have a heterosexual comparison group matched on various factors.

#### *Benefits of Being Out*

Participants were provided the opportunity to indicate what they thought were the benefits of being out to others about their sexual orientation. Of the 129 women who completed the survey, 119 provided responses. Of these responses, 49 of them made mention of how being out enabled them to be honest and not live a lie. This finding is supported by the results from the question that asked respondents to indicate why they had come out. The top two most highly endorsed reasons were being honest (indicated

by 76.7% of the sample) and not to live a lie (indicated by 66.7% of the sample). One 25 year old Millennial wrote the following:

People feel closer / more “real friends.” I like knowing where I stand. Full disclosure of who I am is important to me. I don’t like the feeling of having to “keep up” with lies. Living a double life is exhausting. People have opened up and confided in me because I am a lesbian. I believe a few depressed teens held out for “sunnier days” because they had me to talk to.

A 51 year old Baby Boomer stated:

1. End of self-censorship.
2. Contributes to higher visibility for all gays.
3. Increases understanding for heterosexuals.
4. Allows me to do my job better and serve clients better. Add to the diversity of my agency’s staff.

A 40 year old Generation Xer said, “Changing others’ perception of who a ‘gay’ person is by simply living my life like most other people. Getting married, raising children, going to work, going to church, helping my neighbors, getting divorced, taking care of my aging parents, doing community work.” A 24 year old Millennial stated, “Self relief ... for example ... coming out released all the stress of keeping such a huge secret from those I love / care about. It made me be able to live my life instead of the life I was pretending to live for others’ sake.” A 53 year old Baby Boomer said, “It’s not a secret / double life anymore which takes a lot of energy and is very stressful. I had to deal with myself 24 hours a day as gay / lesbian – not just when it was at the bar or on Prideday. It was real now and I could be a whole person.”

*Costs of Being Out*

Participants were provided the opportunity to indicate what they thought were the costs of being out to others about their sexual orientation. Of the 129 women who completed the survey, 118 provided responses. One 53 year old Baby Boomer wrote the following:

Rejection, lectures, people wanting to “fix” me, harassment, religious banishment, as well as some situations where I had to physically defend myself just for being “me.” Lots of negativity puts you into self preservation mode. Doing the right thing doesn’t always feel good.

A 39 year old Generation Xers stated, “Parents believing I was mentally ill and even going to the extreme of hospitalization for 3 months, which in turn jeopardized graduation and ultimately helped my decision to drop out.” A 25 year old Millennial wrote, “My car has been vandalized. Physical and mental abuse to myself and my property by those unable to be open minded.” Another Generation Xer indicated, “The cost to me was finding out that my close knit family didn’t want anything to do with me. They said / did some pretty mean things that I have forgiven them for over the years but I will never forget.” Many of the women across the generations make mention of discrimination and possible physical harm. One 34 year old woman stated, “Ridicule, constant discrimination, no civil rights, worry for safety, job discrimination.” A 42 year old woman said, “Abuse, both mental and physical; fear of losing job.”

On October 28, 2009, President Barack Obama signed into law the Matthew Shepard and James Byrd Jr. Hate Crimes Prevention Act (HCPA) (Human Rights Campaign, 2010). Title 18, U.S.C., Section 249 provides the following:

This statute makes it unlawful to willfully cause bodily injury – or attempting to do so with a fire, firearm, or other dangerous weapon – when 1) the crime was committed because of the actual or perceived race, color, religion, national origin of any person, or 2) the crime was committed because of the actual or perceived religion, national origin, gender, sexual orientation, gender identity, or disability of any person and the crime affected interstate or foreign commerce or occurred within federal special maritime and territorial jurisdiction. The law also provides funding and technical assistance to state, local, and tribal jurisdictions to help them to more effectively investigate, prosecute, and prevent hate crimes. The law provides for a maximum 10-year prison term, unless death (or attempts to kill) results from the offense, or unless the offense includes kidnapping or attempted kidnapping, or aggravated sexual abuse or attempted aggravated sexual abuse. For offenses not resulting in death, there is a seven-year statute of limitations. For offenses resulting in death, there is no statute of limitations (The Federal Bureau of Investigation).

Despite the recent changes in the law and more public awareness of sexuality minorities, the current study indicated that for many of the women surveyed, discrimination and victimization remain major areas of concern for them. Herek (2009) conducted a survey to examine the prevalence of hate crimes and stigma related experiences among sexual minorities within the United States. The final sample consisted of 662 self-identified sexual minorities randomly selected from an existing panel of more than 40,000 households in the United States. The panel members were recruited by Knowledge Networks using random-digit dialing methods. The surveys

were completed between September 13, 2005 and October 7, 2005 (this time period was prior to President Obama signing into law the Hate Crimes Prevention Act). For the current study, only the findings related to gay women will be discussed. Herek's results indicated that of the lesbians surveyed, they experienced the following acts as a result of their sexual orientation: 7.1% of them reported hate crimes involving violence, 10.2% had experienced property crimes, 14.6% had objects thrown at them, 17.3% had been threatened with violence, 54.5% experienced verbal abuse, and 16.3% had faced job or housing discrimination (p. 65). When asked about their perceptions regarding the general public, 44.0% of the lesbians endorsed the statement, "Most people where I live think less of a person who is Lesbian, Gay, or Bisexual." Approximately 32% agreed with the statement, "Most employers where I live will hire openly Lesbian, Gay, or Bisexual people if they are qualified for the job." A little over 44% indicated agreement with the statement, "Most people where I live would not want someone who is openly lesbian, gay, or bisexual to take care of their children" (p. 67). It appears that both the women surveyed in Herek's study and the women who participated in the present study encountered similar experiences. It would be beneficial in the future to evaluate the prevalence rates of discrimination and victimization experienced by sexual minorities before and after the implementation of the Hate Crimes Prevention Act. It could be hypothesized that the rates would decrease given the fact that such acts are now punishable by law.

#### *Most Challenging Aspect of being a Lesbian*

One of the questions on the survey asked respondents to indicate what has been the most challenging aspect of being a lesbian. Several individuals wrote about family

and friends. One 25 year old woman wrote, “I miss members of my family that have closed me out and friends I have lost. I have been past over for job opportunities, but I would not want to work form someone who was prejudice for any reason. It is dysfunctional and negative.” A 43 year old woman stated, “My family is a big challenge. The other big one is being made to feel like a second class citizen in most areas of life. It is very difficult not be to afforded the same rights as straight couples.” Other responses were “parents’ acceptance,” “my mother doesn’t accept me,” “family not accepting me for who I am,” “being rejected by ‘friends, and “coming out to my family and some other friends.” Other individuals indicated that they felt the biggest challenge involved legal rights. One 40 year old woman wrote, “Legal protection. When I was raising my partner’s children, I had not legal rights around the children and when my partner and I split, I had none of the legal protections married heterosexual people have when they divorce.” A 35 year old woman indicated, “Financial – not being able to get married and file taxes together.” Another 40 year old stated, “Society’s unequal treatment (benefits & taxes.”

### *Other Information*

Respondents were provided the opportunity to add, comment, or explain anything that they thought might be useful in understanding the experiences of gay women. One 53 year old woman wrote the following:

3 key issues I have seen with lesbian women. 1. Self identity developing simultaneously (age related) to being a lesbian. You don’t know what a “lesbian” is (other than they like other girls) so you start dressing, looking like (shaving the head, clothes) other lesbians which may or may not be who you really are as a

person. Sometimes when people see PRIDE parades, they see the EXTREMES people go through – like dress up day instead of what PRIDE truly represents. Being a lesbian is part of who you are – it’s not all that you are. 2. The cliques that are specific to lesbians – when you are with someone for a while, then someone else but that one is an ex of the one you were with before and we all still see each other here and there. That’s like a cluster – we need to expand our horizons a bit more and have a bit more self respect for ourselves here. 3. I am truly grateful for Ellen Degeneres, Melissa Ethridge, KD Lang, etc. who represent finally some role models for the lesbians. They show themselves tastefully, respectfully, professionally, and morally which was lacking when I was younger. We had Billie Jean King and Rita Mae Brown in the 70’s. I think lesbians need more of this. There isn’t a manual for this you know! And it certainly isn’t a choice! It was a pleasure to help out.

A 25 year old woman stated, “The trails I have experienced as a lesbian have made me stronger, more empathetic, and open minded individual. I appreciate people for their cultural differences and unique experiences.”

A 56 year old woman stated the following:

My life has been about loving being a lesbian and yet hiding the joys and fun in my every day activities with straight people. Discrimination is all around us and I am always on the defensive. I often ask myself if it is just me or is it because I am gay? ... It wasn’t accepting being gay, it was accepting myself as a good person despite being gay.



Another 56 year old woman stated, “I do not believe the USA is the ‘land of the free.’ It will not be until the gay community has equal rights with the heterosexual community. I refuse to fly the American flag until this happens in our state of PA!”

Based upon the research conducted by the Kaiser Family Foundation (2001), the percentages of people who indicated that they know someone who is a sexuality minority has increased over the years (24% in 1983 to 62% in 2000, Chartpack, Chart 10). This fact may indicate that sexuality minorities have become more open regarding their sexual orientation. Prior research has shown that direct contact with a sexuality minority group (Herek & Capitanio, 1996) can positively impact people perceptions and feelings regarding that group. To follow this path of reasoning, the more sexual minorities who are out about their sexual orientation, the more likely a greater number of individuals in the general public will come into contact with them. This direct exposure could influence people’s feelings about sexuality minorities in a more accepting direction. With an increase in overall acceptance, it would be the hope that this would lead to a decrease in discrimination, prejudice, and hate crimes. However, there is also the possibility that if sexuality minorities decide to be open about their sexual orientation and reveal something that was once concealable, they may be subjected to more discrimination and prejudice, not only by society as a whole but also by friends and family members. Each person must consider the costs and benefits for themselves and for the gay community.

### *Summary*

The present study sought to examine the experiences of gay women across generations. The results indicated that Millennials were significantly younger as compared to the Generation Xers and Baby Boomers when they first self-identified as

gay. While there were no significant differences found between the generations regarding attempts to ignore or change their sexual orientation, 50% of the sample indicated that they had tried. Baby Boomers were significantly older as compared to both Generation Xers and Millennials when they engaged in their first same-sex sexual act. Baby Boomers had significantly more heterosexual relationships as compared to Millennials. Baby Boomers were significantly older when they came out as compared to both Generation Xers and Millennials. Millennials reported a significantly lower percentage of people who were aware of their sexual orientation. In regards to domains / people to whom these women disclosed their sexual orientation, no significant differences were found between the generations in relation to immediate family members, close gay and heterosexual friends, and gay and heterosexual acquaintances. Fewer Millennials told extended family members and co-workers while more Generation Xers did. Fewer Millennials were out to religious leaders and congregations while more Baby Boomers and Generation Xers told religious leaders and more Baby Boomers told congregations. No significant differences were found between the generations regarding perceived family support and perceived social support. Regarding the milestones of age of first same-sex attraction, age of first same-sex sexual act, age at which they thought they “might” be gay, and age of self-identification, no significant generational differences were found regarding age of first same-sex attraction and age they thought they “might” be gay. Millennials were significantly younger when they engaged in their first same-sex sexual act as compared to Baby Boomers. As stated above, Baby Boomers were significantly older as compared to both Generation Xers and Millennials when they came out.

*Further Directions*

There continues to be the need for further research not only on sexual minorities in general, but lesbians in specific. Lesbians are confronted with membership in at least two minority groups, that of being a woman and that of being a sexual minority. For some lesbians, they may also be members of ethnic, religious, socioeconomic, and potentially other minority groups which further remove them from mainstream heterosexual society. Many of the original theories pertaining to sexual minority identity formation were based upon experiences of gay men. Sexuality and development has been found to be different for the two genders. In addition, many studies tend to lump together all sexual minorities, including gay men, lesbians, bisexuals, and more recently transgenders together. There appears to be an underlying assumption that being a member of a “sexual minority” implies similar experiences which may not be the case.

It is very difficult to obtain information on and insight into a population in which certain members remain hidden. It is difficult to make generalizations regarding gay women when there is probably a substantial portion who remain silent about their orientation. It would be important to gain an understanding behind their silence and how their experiences may or may not differ from those gay women who live openly about their sexuality. Despite attempts to ensure anonymity in research studies, there are many sexual minorities who remain closeted.

It would be beneficial to compare experiences of gay women in states / countries where more rights have been already given to their sexual minority citizens as compared to the majority of states in which basic civil rights continue to be denied to this population. This type of research may add to the field’s knowledge regarding the

frequently cited mental health concerns found within this population and how it may be directly related to such things as feelings of discrimination, alienation, and oppression. There are a few states within the United States in which gay marriage is now allowed. Certain states allow for domestic partnerships. There are some companies which permit health insurance coverage for same sex partners of their employees. It would provide additional insights into the experiences of gay women by exploring their experiences to those women who remain in regions where there is limited state recognition or rights. Gay marriage is currently legal in Massachusetts, Connecticut, Iowa, Vermont, Maine, and New Hampshire. States that currently offer legal alternatives to marriage, known as civil unions and domestic partnerships, are Maine, Connecticut, New Jersey, and the District of Columbia. Two states, New York and Rhode Island, recognize out-of-state marriages of gay partners (Vestal, 2009). According to the U.S. Census Bureau, in 2000, there were 594,301 reported same-sex partner households with the top five states being California (92,138), New York (46,490), Texas (42,912), Florida (41,048), and Illinois (22,887) (Public Agenda for Citizens). The census data did not identify how many of these households consisted of gay men or lesbians. It could be surmised that since 2000, these numbers have changed and possibly increased with the alleged change in the social climate within the United States. It might be beneficial to compare those states with a large number of identified gay head of households to those with relatively few. With the changes in laws, some gay couples may choose to move to a different state that offers them more legally protected rights. Further exploration in this area may provide additional insights.

Much of the spoken opposition towards homosexuality has supposedly originated from religious beliefs and doctrine. Despite the growing numbers of religious institutions who have embraced and welcomed sexual minorities as part of their congregation, many individuals of certain religions and faiths continue to consider homosexuality morally wrong. Whitehead (2010) conducted a study using data obtained from the second wave (Baylor University, 2007) of the Baylor Religion Study – a random, national sample of 1,648 United States citizens administered by the Gallup Organization. The author sought to examine the extent to which religion predicts certain beliefs about the cause (attribution) of homosexuality as well as attitudes towards same-sex unions while controlling for the attribution beliefs. For the entire sample, Whitehead found that 38.5% of the people believed that homosexuality was a choice. Males as compared to females were significantly more likely to agree that homosexuality is a choice. Individuals who labeled themselves as politically more conservative were more likely than the less politically conservative individuals to believe that homosexuality is a choice. As amount of education increases, the odds of believing homosexuality is a choice decreases. Individuals who exhibit high levels of religious behaviors (higher levels of attendance at their identified religious institution) are more likely to agree that homosexuality is a choice. When compared to evangelical Protestants, 54% of mainline Protestants and 43% of Catholics are less likely to believe homosexuality is a choice. As individuals view the Bible more literally, they are 25% more likely to believe that homosexuality is a choice. Regarding views pertaining to same-sex marriage, the results indicated that older individuals, politically conservative individuals, and individuals from the South were less likely to support it. As income increased, the odds of agreeing that homosexuals should

be allowed to marry increased by 16%. As people attended more worship services, their odds of agreeing with same-sex marriage decreased by 13%. Individuals who believed that homosexuality was a choice were almost 67% less likely to support homosexual marriage as compared to those who do not. In the final analysis, Whitehead concluded that religious behavior and beliefs continue to significantly predict negative attitudes towards same-sex marriage despite the presences of the attribution variable.

The Kaiser Family Foundation (2001) also examined the relationship between religious affiliation and beliefs about homosexuality. When asked if homosexual behavior is morally wrong, their results indicated that 60% of Evangelical Christians completely agreed with the statement, 47% of Protestant / Christians did, 31% of Non-Evangelical Christians did, 27% of the Catholics did, and 11% of those who did not identify a religious affiliation did (Chartpack, Chart 14). When asked if homosexuality is a normal part of some people's sexuality, 36% of the Evangelical Christians completely disagreed, 26% of the Protestant / Christians completely disagreed, 15% of the Non-Evangelical Christians completely disagreed, 12% of the Catholics completely disagreed, and 4% of the No religious affiliation completely disagreed (Chartpack, Chart 15).

Within this study, for some of the participants, they indicated that they had to come to terms with their own religious affiliation and their sexual orientation. One 34 year old woman wrote that the most challenging aspect for her being a lesbian was "being accepted by my family and negotiating my being gay with religion and being raised Catholic. It took me a long time to accept myself because of my religious upbringing as Catholic." One 40 year old self reported Protestant woman wrote, "Constant religious discrimination against GLBT (*gay, lesbian, bisexual, transgender*) people!" A 55 year

old self identified Catholic woman wrote, “Church membership was rescinded.” She went on to state, “A spiritual connection to the creative force we call God has always been important to me – since childhood. Until I acknowledged and grew to accept and be proud of my orientation, that relationship with God and a religious community was difficult. Now that I am out and part of an out religious community, that connection to God has (and continues to) deepen.” A 51 year old self reported Catholic woman indicated that she experienced discrimination by, “not being able to practice the religion in which I was raised.” When asked what has been the most challenging aspect of being lesbian, another 51 year old woman said, “Coming to peace with God and myself. Realizing that I can be gay and a Christian.” Today, there remain many individuals who cite sections of the Bible, and thereby God, as the reason for not recognizing or accepting homosexuality as a natural alternative for some individuals. Despite the stance that there is a separation between church and state, many politicians continue to use their religious orientation / affiliation as the reason they oppose gay marriage and federal gay rights. Many lesbians have had to negotiate their way to continue to practice their religious faith and remain true to who they are. It was not so long ago within our American history that there was legal discrimination based upon ethnic background and that interracial marriages were not legally permitted. Future research may yield different results as more religious institutions and leaders support sexual minorities.

The current study has a very small proportion of ethnic minorities with appropriately 91% of the participants identifying themselves as White/Caucasian. Future research that involves a greater number of lesbian racial minorities would provide additional insights into the experiences these women. It should not be assumed that all

lesbians have similar experiences. Cultural issues may impact many of the areas explored within this study.

A major premise of the current study pertained to changes in society's perception of homosexuality, viewing it today in a more positive light. The Kaiser Family Foundation (2001) conducted two national surveys, one directly with sexual minorities and the other with the general public. Participants were asked their opinions about sexual minorities. Their results indicated that 76% of the lesbians, gay males, and bisexuals surveyed indicated that there is more acceptance of gays and lesbians today as compared to a few years ago (p. 2). Sixty-four percent of the general public reported that there is more acceptance of sexual minorities today as compared to a few years ago (p. 5). Regarding the general public, 73% reported that they knew someone who was gay, 62% indicated that they had a friend or acquaintance who was gay, lesbian, or bisexual, and 25% said that they have a family member who was a sexual minority. As part of the data the Foundation presented, they compared information obtained from earlier surveys asking similar questions (Kaiser Family Foundation, Chartpack, Chart 10). They used data gathered in 1983 (Gallup), 1992 (Princeton Survey Research Associates), and 1998 (Princeton Survey Research Associates). Within the general public, with respect to having a friend or acquaintance who is gay, 24% in 1983 reported that they did, 43% in 1992, 55% in 1998, and 62% in 2000. Regarding working with someone who is gay, the question was not asked in 1983, 20% reported that they did in 1992, 31% in 1998, and 32% in 2000. With respect to having a family member who is gay, the question was not asked in 1983, 9% indicated they had a gay family member in 1992, 21% in 1998, and 25% in 2000. When asked if homosexual behavior is morally wrong, 38% of the general



public surveyed indicated that they completely agreed with the statement (Chartpack, Chart 13). Hicks and Lee (2006) conducted a study to evaluate if or how public opinion polls changed over time in the United States regarding homosexuality. They used information obtained in the Gallup Polls between the 1970s and 2003. One question asked was, "Do you think homosexual relations between consenting adults should or should not be legal?" In 1977, the question was equally divided with 43% indicating that it should not be legal and 43% indicating that it should be legal. In 1987, the data revealed the highest amount of opposition with 55% of the individuals polled indicating that it should not be legal. As of July 2003, 50% of the people surveyed indicated that homosexual relations between consenting adults should be legal and 44% indicated that it should not be legal (Table 1, p. 67). With respect to having equal rights with employment opportunities, the polls showed a steady increase in the number of people who indicated that homosexuals should have equal job opportunities with 56% in 1977 and slowly increasing to 88% in July of 2003. A similar trend was observed regarding if people felt that homosexuality should be considered an acceptable alternative lifestyle with 34% indicating that it should be in 1982 and slowly increasing to 52% in 2001 (Table 1, p. 67). The authors also sought to identify predictors of anti-homosexual attitudes. Their results indicated that "respondents were more anti-gay if they were male (beta = .18) against abortion (beta = .18), believed that women's place is in the home rather than supporting equality between sexes (beta = .17), were more religious (beta = .15), had a more conservative ideology (beta = .13), were stronger Republican partisans (beta = .11), had received less education (beta = -.11), opposed governmental aid to Blacks (beta = .11), were older (beta = .11), and were not White (beta = -.09)" (p. 68). It

does appear that public opinion regarding homosexuality has become more favorable over the years. Future research may continue to observe similar trends. As public opinion continues to change, it is hopeful that laws will continue to evolve to protect the rights of sexual minorities.

The American Psychological Association has proposed guidelines for working with gay, lesbian, and bisexual individuals and has developed a branch (Division 44) to address the unique needs of this population. Unlike the majority of other minority groups, most sexual minorities did not have parents, relatives, or role models after whom to model themselves and to witness firsthand how to adjust to their minority status. Psychologists must be aware of the unique needs of this population in order to best serve them. It is important for them to be aware of their own bias and prejudices, and when necessary, refer out to someone who may be better suited to assist a client. Training institutions should take the necessary steps to provide the needed education in this area.

#### *Limitations of the Study*

A limitation to the present study involves the small sample size. When there are small numbers in any group explored, power decreases. Extreme scores may impact a result and subtle differences may go undetected. It also becomes more difficult to make generalizations to the larger population when the sample may not accurately represent them. In addition, the current study had very few ethnic minorities. It cannot be assumed that their experiences are similar to those of the ethnic majority.

Another concern with the present study is that it relies solely on self-report and the ability to accurately recall specific ages when events happened in their lives. For some individuals, their memories of these specific milestones may be very good, while

for others, it may be significantly harder to remember something that occurred over 30 years earlier.

An ongoing problem, not only within the current study, but in research involving sexual minorities is the ability to gain insight and information about the experiences of those gay men and lesbians who remain closeted.

### *Conclusion*

The results of this study suggest that while some changes have occurred regarding certain aspects within the life experiences of gay women, there is still a great deal of growth and change still required within our society. Women from all three generations have voiced concerns regarding discrimination, victimization, rejection, and overall oppression. Within the current study, respondents overall felt at least moderately supported by family and friends yet many endorsed problems with depression, anxiety, family conflict, and relational issues. Despite the increase in public awareness through the various media outlets, it appears that gay women continue to experience the same struggles today as the gay women did years earlier.

## References

- American Psychiatric Association. (1952). *Diagnostic and statistical manual of mental disorders* (1<sup>st</sup> ed.). Washington, DC: Author.
- American Psychiatric Association. (1968). *Diagnostic and statistical manual of mental disorders* (2<sup>nd</sup> ed.). Washington, DC: Author.
- American Psychiatric Association. (1974). Position statement on homosexuality and civil rights. *Journal of Psychiatry*, 131, 497.
- American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3<sup>rd</sup> ed.). Washington, DC: Author.
- American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC: Author. Retrieved November 23, 2008, from <http://www.apa.org/topic/orientation.pdf>
- Avert. *How many gay people are there?* Retrieved April 2, 2008, from <http://www.overt.org/hsexul.htm>
- Baylor University. (2007). *The Baylor Religion Survey*. Waco, TX: Baylor Institute For Studies of Religion.
- Beemyn, B. G. *Student organizations*. Retrieved November 23, 2008, from [http://www.glbtc.com/social-sciences/student\\_organizations.html](http://www.glbtc.com/social-sciences/student_organizations.html)
- Belge, K. A history of gay and lesbian pride: The Stonewall riots. Retrieved November 11, 2008, from <http://lesbianlife.about.com/od/lesbiansinhistory/a/Stonewall.htm>
- Bem, D. J. (2000). Exotic becomes erotic: Interpreting the biological correlates of sexual orientation. *Archives of Sexual Behavior*, 29(6), 531-548.

- Berenson, A. B. (2005). Presidential address: From generation to generation. *American Journal of Obstetrics and Gynecology*, *192*, 1783–1787.
- Borges, N. J., Manuel, R. S., Elam, C. L., & Jones, B. J. (2006). Comparing millennial and generation X medical students at one medical school. *Academic Medicine*, *81*(6), 571–576.
- Bradford, J., Ryan, C., & Rothblum, E. D. (1994). National lesbian health care survey: Implications for mental health care. *Journal of Consulting and Clinical Psychology*, *62*(2), 228-242.
- Brewer, P. R. (2003). The shifting foundations of public opinion about gay rights. *The Journal of Politics*, *65*(4), 1208-1220.
- Bringaze, T. B., & White, L. J. (2001). Living out proud: Factors contributing to healthy identity development in lesbian leaders. *Journal of Mental Health Counseling*, *23*(2), 162-173.
- Brim, O. G., Baltes, P. B., Bumpass, L. L., Clearly, P. D., Featherman, D. L., Hazzard, W. R., et al. (1996). *National survey of midlife development in the United States (MIDUS), 1995-1996*. Retrieved July 6, 2008, from <http://midmac.med.harvard.edu/research.html>
- Butler, A. C. (2000). Trends in same-gender sexual partnering, 1988 – 1998. *Journal of Sex Research*, *37*(4), 333-343.
- Cain, R. (1991). Stigma management and gay identity development. *Social Work*, *36*(1), 67-73.
- Carrion, V. G., & Lock, J. (1997). The coming out process: Developmental stages for sexual minority youth. *Clinical Child Psychology and Psychiatry*, *2*(3), 369-377.

- Cass, V. C. (1979). Homosexual identity formation: A theoretical model. *Journal of Homosexuality*, 4(3), 219-235.
- Cass, V. C. (1984). Homosexual identity formation: Testing a theoretical model. *Journal of Homosexuality*, 20(2), 143-167.
- Chapman, B. E., & Brannock, J. C. (1985, August). *Lesbian identity formation: Fifteen self-reports*. Paper presented at the 93<sup>rd</sup> Annual Convention of the American Psychological Association, Los Angeles, CA.
- Chapman, B. E., & Brannock, J. C. (1987). Proposed model of lesbian identity development. An empirical examination. *Journal of Homosexuality*, 14(3/4), 69-80.
- Cochran, S. D., Mays, V. M., Alegria, M., Oretaga, 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.
- Cochran, S. D., Sullivan, J. G., & Mays, V. M. (2003). Prevalence of mental disorders, psychological distress, and mental health services use among lesbian, gay, and bisexual adults in the United States. *Journal of Consulting and Clinical Psychology*, 71(1), 53-61.
- Coleman, E. (1982). Developmental stages of the coming-out process. In W. Paul, J. D. Weinrich, J. C. Gonsiorek, & M. E. Hotvedt (Eds), *Homosexuality* (pp. 149-158). Beverly Hills: Sage.
- Coleman, E. (1982). The developmental stages of the coming out process. *Journal of Homosexuality*, 7(2/3), 31-43.

- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. T. Gilbert & S. T. Fiske (Eds.), *The Handbook of Social Psychology*. (pp. 504-553). Boston, MA: McGraw-Hill.
- D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence, 16*(10), 1008-1027.
- D'Augelli, A. R., Grossman, A. H., Hershberger, S. L., & O'Connell, T. S. (2001). Aspects of mental health among older lesbian, gay, and bisexual adults. *Aging and Mental Health, 5*(2), 149-158.
- Diamond, M. (1993). Homosexuality and bisexuality in different populations. *Archives of Sexual Behavior, 22*(4), 291-310.
- Dittmann, R. W., Kappes, M. E., & Kappes, M. H. (1992). Sexual behavior in adolescent and adult females with congenital adrenal hyperplasia. *Psychoneuroendocrinology, 17*(2/3), 153-170.
- Dohrenwend, B. P. (2000). The role of adversity and stress in psychopathology: Same evidence and its implication for theory and research. *Journal of Health and Social Behavior, 41*, 1-19.
- Dworkin, S. H., & Yi, H. (2003). LGBT identity, violence, and social justice: The psychological is political. *International Journal for the Advancement of Counseling, 25*(4), 269-279.
- Fergusson, D. M., Horwood, L. J., Ridder, E. M., & Beautrais, A. L. (2005). Sexual orientation and mental health in a birth cohort of young adults. *Psychological Medicine, 35*(7), 971-981.

- Floyd, F. J., & Bakemann, R. (2006). Coming-out across the life course: Implications of age and historical context. *Archives of Sexual Behavior, 35*(3), 287-296.
- Gallup, July 20 – July 21, 1983, sponsored by Newsweek, data provided by the Roper Center for Public Opinion Research, University of Connecticut.
- Garnets, L. D., & D'Augelli, A. R. (1994). Empowering lesbian and gay communities: A call for collaboration with community psychology. *American Journal of Community Psychology, 22*(4), 447-470.
- Grov, C., Bimbi, D. S., Nanin, J. E., & Parsons, J. T. (2006). Race, ethnicity, gender, and generational factors associated with the coming-out process among gay, lesbian, and bisexual individuals. *The Journal of Sex Research, 43*(2), 115-121.
- Habermas, J. (1979). *Communication and the evolution of society*. Boston, MA: Beacon Press.
- Hanley-Hackenbruck, P. (1989). Psychotherapy and the “coming out” process. *Journal of Gay and Lesbian Psychotherapy, 1*(1), 21-39.
- Harry, J. (1993). Being out: A general model. *Journal of Homosexuality, 26*(1), 25-39.
- Henig, J., & Robertson, L. (2007). *What is a civil union?* Retrieved April 12, 2008, from [http://www.factcheck.org/what\\_is\\_a\\_civil\\_union.html](http://www.factcheck.org/what_is_a_civil_union.html).
- Herd, G., Beeler, J., & Rawis, T. W. (1997). Life course diversity among older lesbians and gay men: A study in Chicago. *Journal of Gay, Lesbian, and Bisexual Identity, 2*(3/4), 231-246.
- Herek, G. M. (2009). Hate crimes and stigma-related experiences among sexual minority adults in the United States: Prevalence estimates from a national probability sample. *Journal of Interpersonal Violence, 24*(1), 54-74.



- Herek, G. Facts about homosexuality and health. *Sexual orientation: Science, education, and policy*. Retrieved November 23, 2008, from <http://psychology.ucdavis.edu/rainbow/index.html>
- Herek, G. M., & Capitano, J. P. (1996). "Some of my best friends:" Intergroup contact, concealable stigma, and heterosexuals' attitudes toward gay men and lesbians. *Personality and Social Psychology Bulletin*, 22(4), 412-424.
- Herek, G. M., Gillis, J. R., & Cogan, J. C. (1999). Psychological sequelae of hate crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology*, 67(6), 945-951.
- Hicks, G. R. & Lee, T. (2006). Public attitudes toward gays and lesbians. Trends and predictors. *Journal of Homosexuality*, 51(2), 57-77.
- Hooker, E. (1957). The adjustment of the male overt homosexual. *Journal of Projectives*, 21, 18-31.
- Howell, L. P., Servis, G., & Bonham, A. (2005). Multigenerational challenges in academic medicine: UC Davis's responses. *Academic Medicine*, 80(6), 527-532.
- Human Rights Campaign. (2010). *Working for lesbian, gay, bisexual and transgender equal rights*. Retrieved August 7, 2010 from [http://www.hrc.org/laws\\_and\\_elections/5660.htm](http://www.hrc.org/laws_and_elections/5660.htm)
- Human Rights Campaign. (2008). *Who we are*. Retrieved March 6, 2008, from [http://www.hrc.org/about\\_us/who\\_we\\_are.asp](http://www.hrc.org/about_us/who_we_are.asp)
- Johnson, S. A., & Romanello, M. L. (2005). Generational diversity: Teaching and learning approaches. *Nurse Educator*, 30(5), 212-216.

- Jones, J. M. (2009). *Majority of Americans continue to Oppose Gay Marriage*. Retrieved August 7, 2010, from <http://www.gallup.com/poll/118378>
- Kaczorowski, C. Mattachine Society. Retrieved November 11, 2008, from [http://www.glbtc.com/social-sciences/mattachine\\_society/html](http://www.glbtc.com/social-sciences/mattachine_society/html)
- Kaiser Family Foundation. (2001). *Inside-out: A report on the experiences of lesbians, gays and bisexuals in America and the public's view on issues and politics related to sexual orientation*. Menlo Park, CA: Authors. Retrieved August 7, 2010, from <http://www.kff.org>
- Kinsey, A. C., Pomeroy, W. B., & Martin, C. E. (1948). *Sexual behavior in the human male*. Philadelphia, PA: W. B. Saunders.
- Kinsey, A. C., Pomeroy, W. B., Martin, C. E., & Gebhard, P. H. (1953). *Sexual behavior in the human female*. Philadelphia, PA: W. B. Saunders.
- Laumann, E. P., Gagnon, J. H., Michael, R. T., & Michaels, S. (1994). *The social organization of sexuality: Sexual practices in the United States*. Chicago: University of Chicago Press.
- 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.
- Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, 22(6), 716-729.
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of*

*Sociology*, 27, 363-385.

Mangold, K. (2007). Educating a new generation: Teaching baby boomer faculty about millennial students. *Nurse Educator*, 32(1), 21-23.

Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *American Journal of Public Health*, 91(11), 1869-1876.

McCarn, S. R., & Fassinger, R. E. (1996). Revisioning sexual minority identity formation: A new model of lesbian identity and its implications for counseling and research. *Counseling Psychologist*, 24(3), 508-534.

McDonald, G. J. (1982). Individual differences in the coming out process for gay men: Implications for theoretical models. *Journal of Homosexuality*, 8, 47-60.

McWhirter, D. P., Sanders, S. A., Reinish, J. M. (eds.) (1990). *Homosexuality/heterosexuality: Concepts of sexual orientation*. The Kinsey Institute Series. New York: Oxford University Press.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.

Meyer-Bahlburg, H. F. L., Ehrhardt, A. A., Rosen, L. R., Gruen, R. S., Veridiano, N. P., Vann., F. H., & et al. (1995). Prenatal estrogens and the development of homosexual orientation. *Developmental Psychology*, 31(1), 12-21.

Miller, N. (1995). *Out of the past: Gay and lesbian history from 1869 to the present*. New York: Vintage Books.

Minton, H. L., & McDonald, G. J. (1984). Homosexual identity formation as a

- developmental process. *Journal of Homosexuality*, 9, 91-104.
- Mondimore, F. M. (1996). *A natural history of homosexuality*. Baltimore, MD: The John Hopkins University Press.
- Morris, J. F. (1997). Lesbian coming out as a multidimensional process. *Journal of Homosexuality*, 33(2), 1-22.
- Morris, J. F., & Rothblum, E. D. (1999). Who fills out a “lesbian” questionnaire? The interrelationship of sexual orientation, years “out,” disclosure of sexual orientation, sexual experience with women, and participation in the lesbian community. *Psychology of Women*, 23(3), 537-557.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin*, 133(2), 328–345.
- Parks, C. A. (1999). Lesbian identity development: An examination of differences across generations. *American Journal of Orthopsychiatry*, 69(3), 347–361.
- Pattatucci, A. M. L., & Homer, D. H. (1995). Development and familiarity of sexual orientation in females. *Behavior Genetics*, 25(5), 407-420.
- Patterson, C. J. (1995). Sexual orientation and human development: An overview. *Developmental Psychology*, 31(1), 3–11.
- Plummer, K. (1975). *Sexual stigma: An interactionist account*. London: Routledge & Keegan Paul.
- Princeton Survey Research Associates, August 27, 1992, survey of registered voters, sponsored by Newsweek.
- Princeton Survey Research Associates, July 30 – July 31, 1998, sponsored by Newsweek, data provided by the Roper Center for Public Opinion Research, University of

Connecticut.

Public Agenda for Citizens. *Issue guide: Gay rights*. Retrieved August 31, 2010 from

<http://www.publicagenda.org/citizen/issueguides/gay-rights>

Radloff, L. S. (1977). The CES-D Scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*, 385-401.

Raphael, S. M. (1974). "Coming out": The emergence of the movement lesbian.

*Dissertation Abstracts International, 35*, 5536A. (University Microfilms No. 75-5084).

Rosario, M., Schrimshaw, E. W., Hunter, J., & Gwadz, M. (2002). Gay-related stress and emotional distress among gay, lesbian, and bisexual youths: A longitudinal examination. *Journal of Counseling and Clinical Psychology, 70*(4), 967-975.

Russell, G. M., & Richards, J. A. (2003). Stressor and resilience factors for lesbians, gay men, and bisexuals confronting antigay politics. *American Journal of Community Psychology, 31*(3/4) 313-328.

Rothblum, E. D. (2000). Sexual orientation and sex in women's lives: Conceptual and methodological issues. *Journal of Social Issues, 56*(2), 193-204.

Rust, P. C. (1993). "Coming out" in the age of social constructionism: Sexual identity formation among lesbian and bisexual women. *Gender and Society, 7*(1), 50-77.

Savin-Williams, R. C., & Ream, G. L. (2007). Prevalence and stability of sexual orientation components during adolescence and young adulthood. *Archives of Sexual Behavior, 36*, 385-394.

Schafer, S. (1976). Sexual and social problems of lesbians. *The Journal of Sex Research, 12*(1), 50-69.

- Sophie, J. (1985/1986). A critical examination of stage theories of lesbian identity development. *Journal of Homosexuality*, 12(2), 39-51.
- Spaulding, E. C. (1982). The formation of lesbian identity during the “coming out” process. *Dissertation Abstracts International*, 43, 2106A. (University Microfilms No. 82-26834).
- Stafford, M. C., & Scott, R. R. (1986). Stigma deviance and social control: Some conceptual issues. In S. C. Ainlay, G. Becker, & L. M. Coleman (Eds.), *The Dilemma of Difference*. New York: Plenum.
- Stein, E. (1994). The relevance of scientific research about sexual orientation to lesbian and gay rights. *Journal of Homosexuality*, 27(3/4), 269-308.
- The gay and lesbian address book*. (1995). New York: Out Magazine.
- The Federal Bureau of Investigation. *Federal civil rights statutes. Title 18, U.S.C., Section 249 – The Matthew Shepard & James Byrd Jr., hate crimes prevention act*. Retrieved August 7, 2010 from <http://www.fbi.gov/about-us/investigate/civilrights/federal-statutes>
- Theophano, T. *Daughters of Bilitis*. Retrieved November 23, 2008, from [http://www.glbtc.com/social-sciences/daughters\\_bilitis.htm](http://www.glbtc.com/social-sciences/daughters_bilitis.htm).
- Troiden, R. R. (1989). The formation of homosexual identities. *Journal of Homosexuality*, 17, 43-73.
- Veneigas, R. C., & Conley, T. D. (2000). Biological research on women’s sexual orientations: Evaluation the scientific evidence. *Journal of Social Issues*, 56(2), 267-282.
- Vestal, C. (2009). *Gay marriage legal in six states*. Retrieved August 15, 2010, from

<http://www.stateline.org/live/printable/story?contentId=347390>.

Whitehead, A. L. (2010). Sacred rites and civil rights: Religion's effect on attitudes toward same-sex unions and the perceived cause of homosexuality. *Social Science Quarterly*, 91 (1), 63-79>

Appendix A: Cover Letter / Informed Consent

**Experiences of Gay Women**

**Purpose of the Study**

The purpose of the present survey is to gather information about the experiences of gay women (lesbians) of different ages. Questions are asked about the timing of specific events, including such areas as first knowledge of same-sex attraction, same-sex activity, and telling others about one's sexuality. There are also questions about opposite sex activities and social support.

In order to be eligible to participate in this survey, you must be 18 years old or older and self identify as a gay woman (lesbian). You must be able to read English. No specific identifying data is asked for, although demographic information is requested.

By your completion of the attached survey, you are granting permission for your information to be used to examine the experiences of gay women. The survey should take approximately 30 minutes to complete. Please do not place your name on any portion of the survey. You may either immediately complete the survey and physically hand it to the examiner or you may take it with you and mail it in the pre-addressed, pre-paid envelope.

If you are interested in obtaining the final report, please complete the attached postcard entitled "Request for Report" and mail it in separately from the survey.



If you know of any other gay women who might be interested and willing to complete the attached survey, please ask for additional packets. Your cooperation and assistance in this process is greatly appreciated.

Thank you,

(Char) Kristen T. Nosti

Appendix B: Survey

**Experiences of Gay Women  
Questionnaire**

Age: \_\_\_\_\_

City / State in which you presently reside: \_\_\_\_\_

Race / Ethnicity: Please circle any that apply

- |                          |                 |
|--------------------------|-----------------|
| White/Caucasian          | Asian           |
| Black / African American | Native American |
| Hispanic                 | Other: _____    |
| Latina                   |                 |

Religious Affiliation: Please circle any that apply

- |            |           |                       |
|------------|-----------|-----------------------|
| Catholic   | Muslim    | Seventh Day Adventist |
| Jewish     | Buddhist  | Other: _____          |
| Protestant | Mormon    | None                  |
| Islamic    | Unitarian |                       |

Level of Education: Please circle highest degree earned

- |                          |                        |                 |
|--------------------------|------------------------|-----------------|
| Some high school credits | Some college credits   | Master's Degree |
| High School / GED        | College Degree         | Doctoral Degree |
| Vocational Training      | Post college education |                 |

Employment: Please circle your answer

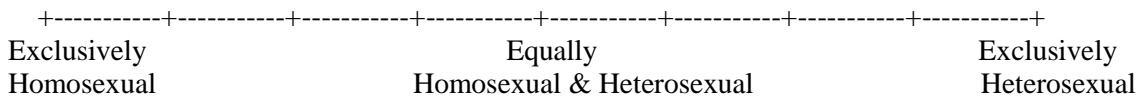
- |           |           |              |         |                     |
|-----------|-----------|--------------|---------|---------------------|
| Full Time | Part Time | Not Employed | Retired | Stay at Home Parent |
|-----------|-----------|--------------|---------|---------------------|

Occupation: \_\_\_\_\_

Annual salary: Please circle your answer

- |                      |                      |                    |
|----------------------|----------------------|--------------------|
| \$0.00 to \$15,000   | \$45,001 to \$60,000 | \$90,001 and above |
| \$15,001 to \$30,000 | \$60,001 to \$75,000 |                    |
| \$30,001 to \$45,000 | \$75,001 to \$90,000 |                    |

Please indicate where you would place your sexual identity on the scale below:



- At what age did you become aware of having a same-sex attraction (that was more than a friendship)? \_\_\_\_\_
- At what age did you engage in your first same-sex sexual act? \_\_\_\_\_
- Most people assume that they are heterosexual. At what age did you first think that you might be gay? \_\_\_\_\_



14. At what age did you first “come out” (disclose your sexual orientation) to another person?

\_\_\_\_\_ Who was this person (what was their relationship with you – e.g., friend, mother, father, sibling, religious leader, teacher, etc.)? \_\_\_\_\_

15. Are you “out” (sexual orientation is known) in any domains / areas of your life? Yes or No If yes, please circle the ones that apply. Indicate the age you disclosed next to the circle

items. (Please indicate “n/a” for those items that do not apply in your life.)

Family Members:

Mother	_____	Father	_____
Stepmother	_____	Stepfather	_____
Brother	_____	Sister	_____
Grandmother	_____	Grandfather	_____
Aunt	_____	Uncle	_____
Cousin	_____	Son	_____
Daughter	_____	Grandson	_____
Granddaughter	_____	Other family member	_____

Close Friend:

Gay	_____	Heterosexual	_____
-----	-------	--------------	-------

Acquaintance:

Gay	_____	Heterosexual	_____
-----	-------	--------------	-------

Work:

Co-workers	_____	Supervisor	_____
Employees	_____		

Religious Affiliation:

Religious Leader	_____	Congregation	_____
------------------	-------	--------------	-------

Club / Organization:

Leader	_____	Co-members	_____
--------	-------	------------	-------

Community:

Neighbors	_____
-----------	-------

16. If you are “out” in some, but not all domains, of your life, please indicate which domains in which you are **not** out by circling the item(s).

Family Members:

Mother	Father	Stepmother	Stepfather
Brother	Sister	Grandmother	Grandfather
Aunt	Uncle	Cousin	Son
Daughter	Grandson	Granddaughter	Other family member

Close Friend:

Gay	Heterosexual
-----	--------------

Acquaintance:

Gay	Heterosexual
-----	--------------

Work:

Co-workers	Supervisor	Employees
------------	------------	-----------

Religious Affiliation:

Religious Leader	Congregation
------------------	--------------

Club / Organization:

Leader	Co-members
--------	------------

Community:

## Neighbors

17. Of all the relationships you have, what percentage of people you know are aware of your sexual orientation?
- |          |          |          |
|----------|----------|----------|
| 0%       | 31 – 40% | 71 – 80% |
| 1 – 10%  | 41 – 50% | 81 – 90% |
| 11 – 20% | 51 – 60% | 91 – 99% |
| 21 – 30% | 61 – 70% | 100%     |
18. If you disclosed to your mother (actually told her you are gay), how supportive would you say she was?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
19. If you disclosed to your father (actually told him you are gay), how supportive would you say he was?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
20. If you disclosed to a sibling (actually told him/her you are gay), how supportive would you say he/she was?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
21. If you disclosed to a grandparent (actually told him/her you are gay), how supportive would you say he/she was?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
22. Overall, how supportive would you say your family has been regarding your sexual identity?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
23. Overall, how supportive would you say your non-homosexual friends have been regarding your sexual identity?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
24. Overall, how supportive would you say your work colleagues have been regarding your sexual identity?
- |            |             |            |           |           |
|------------|-------------|------------|-----------|-----------|
| Not At All | Very Little | Moderately | Very Much | Extremely |
|------------|-------------|------------|-----------|-----------|
25. If you are “out,” what was/were the reason(s) for your disclosure? Circle all that apply.
- |                                 |                               |
|---------------------------------|-------------------------------|
| being honest                    | desire to share life          |
| end concealment                 | fear of someone outing you    |
| gain more freedom               | increase intimacy with others |
| intent to hurt                  | out of anger                  |
| parent asked                    | person asked                  |
| pressure from significant other | not to hide                   |
| not to live a lie               | sharing happiness             |
| standing up as a person         |                               |
| Other: _____                    |                               |

26. How have you disclosed your sexual orientation? Please circle all that apply.

- |  |                |
|--|----------------|
| Individual face-to-face meeting            | Family meeting |
| Phone call                                 | Letter         |
| Accidentally found out through other means | E-mail         |
| Other: _____                               |                |

27. What do you perceive as the benefits of disclosure / being out? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. What do you perceive as the costs of disclosure / being out? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. Are you involved in any gay/lesbian organizations? Yes or No

If yes, please list which ones: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

30. What has been the most challenging aspect for you being a lesbian? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

31. Do you believe that you have experienced discrimination because of your sexuality?

Yes No

If yes, please indicate how: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

32. Please complete the following table:

	Ever Had problem with?	Ever sought treatment for?	Do you feel it was related to your sexual orientation?	When was treatment ? (year)	How many sessions did you attend? (Approx)	Was this treatment helpful?
Depression	YES NO	YES NO	YES NO			YES NO
Anxiety	YES NO	YES NO	YES NO			YES NO
Anger Issues	YES NO	YES NO	YES NO			YES NO



## Appendix C: Feedback Summary to Participants

**Experiences of Gay Women Across Generations:  
Have Times Really Changed**

*Feedback Summary to Participants*

I would like to thank you for your participation in this study. Without your involvement, this task could not have been accomplished.

The following information summarizes the purpose and the findings of the survey you and other gay women completed:

Reasons for examination:

- Unlike many other minority groups, homosexuals have the option to conceal their sexual orientation
- Hiding a concealable stigma may be related to considerable stress
- The majority of the original sexual identity formation models indicate that as part of healthy development there is the need to come out or disclose one's sexual orientation
- Over time, society's position regarding homosexuality has changed from that of pathology to one of an alternative lifestyle
- More public figures have disclose their same-sex sexual orientation bringing homosexuality further into the mainstream
- Prior research examined various aspects of homosexuality such as the timing and sequences of the coming out process, issues pertaining to discrimination, correlates with mental health issues, suicide rates, substance abuse
- Little attention has been given to how changes in societal attitudes have impacted the experiences of homosexual individuals
- There is limited direct empirical research involving solely lesbians

The purpose of the study was to examine generational differences among lesbians pertaining to:

- Ages of specific milestones (ages of first same-sex attraction, first same-sex sexual act, thought "might" be gay, self-identification)
- Ages and reasons for disclosure
- People and domains out in / people and domains not out in
- Perceived family and social support
- Discrimination
- Mental health / relational concerns

Participants:

A total of 131 women completed the survey. Two of the women were excluded from the final analysis because they did not self-identify as lesbian at the time the survey was completed. Final results were based upon the answers provided by 129 self-identified lesbians.



Based upon the women's chronological age in 2009, the women were placed into the appropriate age generation. The following is the breakdown:

Silent Generation (67 & older) = 0%

Baby Boomers (49 – 66) = 11.6%

Generation Xers (28 – 48) = 63.6%

Millennials (18 – 27) = 24.8%

#### Results:

- Millennials were significantly younger with an average age of 19.34 years when they self-identified as gay as compared to Baby Boomers who had an average age of 25.27 years. Generation Xers' mean age of 21.73 years fell in between the other two generations but did not significantly differ from either.
- No significant difference was found among the generations regarding attempts to ignore or change their sexual orientation. However, within the overall sample, 50% of the women surveyed reported that they had tried to do so.
- Baby Boomers were significantly older with an average age of 25.13 years when they had their first real lesbian relationship in comparison to both Generation Xers whose average age was 20.98 years and Millennials whose average age was 19.50 years. There was not a significant difference between Generation Xers and Millennials. This finding may be related to the fact that in general, Baby Boomers were significantly older as compared to both Generation Xers and Millennials when they engaged in their first intimate sexual experience. In addition, Millennials were significantly younger as compared to Baby Boomers when they reported their first same-sex sexual experience. The era in which Baby Boomers were raised, sexual intercourse outside of marriage was looked poorly upon. Over time, society has become more tolerant of sexual exploration outside the bounds of traditional marriage. It has become more accepted that women are sexual beings with their own desires and needs. As a result, Millennials and Generation Xers may have been more open to engage in sexual activity.
- Overall, 75.8% of the sample reported having had at least one heterosexual relationship. Baby Boomers reported having significantly more heterosexual relationships with an average of 6.00 as compared to Millennials who had an average of 2.68. Generation Xers did not significantly differ from either group with an average of 3.54 heterosexual relationships.
- Regarding the age of coming out, Baby Boomers were significantly older with an average age of 26.47 years as compared to both Generation Xers who had an average age of 21.50 and Millennials who had an average age of 19.44. Generation Xers and Millennials did not significantly differ from each other.
- People and Domains Out:
  - Millennials reported a significantly lower percentage (approximately 74.5%) of being out as compared to Generation Xers (approximately 82.5%). Baby Boomers indicated that approximately 86% of the people they know are aware of their sexual orientation. A possible factor that may be an influence in this area is the fact that for both Baby Boomers and Generation Xers, they have been alive longer and, even when

consideration is given for the older ages they came out at, they have had more of an opportunity over time to disclose their sexual orientation to others.

- Regarding being out to immediate family members (e.g., mother, father, brother, sister, stepmother, stepfather, son, daughter), no significant difference was observed between the generations.
- Regarding being out to extended family members (e.g., grandmother, grandfather, aunt, uncle, cousin, grandson, granddaughter, and other family member), fewer Millennials told other family members as compared to what would be statistically expected while a greater number of Generation Xers came out than would be expected
- Regarding close friendships and acquaintances, the generations did not significantly differ from each other.
- Fewer Millennials came out to co-workers as compared to what would be expected while more Generation Xers were out.
- Evaluating the religious domain, fewer Millennials disclosed to either religious leaders or congregations as compared to what would be statistically expected while a greater number of Baby Boomers and Generation Xers told religious leaders and more Baby Boomers told congregations.
- With respect to community / neighbors, fewer Millennials were out in this domain than would be expected.
- In regards to family support, no significant difference was observed between the generations. Overall, participants perceived family support to be between Moderate and Very Much.
- In regards to social support, no significant difference was observed between the generations. Overall, participants perceived social support to be between Very Much and Extremely.

#### Sexual Identity Scale

The data from this study lends further support to the notion that women's sexuality may be more flexible or fluid than originally thought and that self-identification does not mean that one belongs to a homogenous group.

On a scale that ranged from 1 (exclusively homosexual) to 9 (exclusively heterosexual), the average ratings for the three generations were 1.27 for Baby Boomers, 1.68 for Generation Xers, and 2.06 for Millennials with an overall average of 1.73 for the entire sample. Of the 126 women who answered this question, 44% gave themselves a rating higher than a 1.

#### Milestones:

- Age of First Same Sex Attraction
  - No significant differences were observed. Baby Boomers had an average age of 16.73 years, Generation Xers had an average age of 15.10 years, and Millennials had an average age of 14.88 years yielding an average of 15.24 years for the entire sample

- Age of First Same Sex Sexual Act
  - Millennials were significantly younger with an average age of 18.16 years as compared to Baby Boomers who had an average age of 22.87 years. Generation Xers did not significantly differ from either of the other two generations with an average age of 19.48 years. However, part of this finding may be related to the fact that in general, Baby Boomers reported a significantly older age (average age of 19.46 years) when they engaged in their first intimate sexual experience as compared to both Generation Xers (average age of 16.49 years) and Millennials (average age of 16.43 years).
  - No significant difference was found between the generations regarding the gender with whom they had their first intimate sexual experience. Within the overall sample, 64.0% reported that it was with a male and 36.0% stated it was a female.
- Age Thought “Might” be Gay
  - No significant generational differences were observed. Baby Boomers had an average age of 17.00 years, Generation Xers had an average age of 16.98 years, and Millennials had an average age of 16.61 years.
- Age of Self-Identification
  - Millennials were significantly younger with an average age of 19.34 years when they self-identified as gay as compared to Baby Boomers who had an average age of 25.27 years. Generation Xers did not significantly differ from either of the two other generations with an average age of 21.73 years.

#### Marriage and Official Ceremonies

- No significant differences were found between the generations regarding frequency of marriage to a man with 13.2% of the overall sample reporting that they had married (20.0% of the Baby Boomers, 15.9% of the Generation Xers, and 3.1% of the Millennials). The age at the time of marriage (average was 22.50 years) and the length of time married (average was 8.10 years) did not significantly differ. Of the women who did legally marry a man, 87.5% reported that they are now divorced.
- No significant differences were found between the generations regarding the frequency of ceremonies to another woman with 25% of the overall sample reporting that they had done so (40.0% of the Baby Boomers, 27.2% of the Generation Xers, and 12.5% of the Millennials). A significant difference was found regarding the age at the time of the ceremonies. Baby Boomers were significantly older (average age of 43.50 years) as compared to both Generation Xers (average age of 32.71 years) and Millennials (average age of 24.33 years). This finding could be related to the fact that when Baby Boomers were younger, homosexuality was still considered a mental illness and did not receive the public awareness as it has in more recent years. It is doubtful that the subject of civil unions or same-sex marriage was even a topic of discussion. Over time, changes have occurred in which some states allow for same-sex marriage and others permit civil unions. As a result, Baby Boomers were older when these changes and opportunities arose and became a reality.

### Ages of Disclosure to Specific Individuals

- Millennials were significantly younger as compared to both Generation Xers and Baby Boomers when they disclosed to the following individuals: mothers, brothers, uncles, cousins, close heterosexual friends, co-workers, work employees, work supervisors, and community / neighbors.
- Millennials were significantly younger as compared to Generation Xers (but not Baby Boomers) when they came out to their fathers, sisters, and aunts.
- Baby Boomers were significantly older as compared to both Millennials and Generation Xers when they disclosed to other family members, gay acquaintances, and heterosexual acquaintances.
- Millennials were significantly younger as compared to Baby Boomers when they came out to close gay friends.
- Generation Xers were significantly younger as compared to Baby Boomers when they came out to close heterosexual friends, co-workers, work employees, and work supervisors.

### People / Domains Purposefully Not Out

- For Millennials, more of them than statistically expected were not out to their fathers (21.9%), grandmothers (40.6%), grandfathers (37.5%), aunts (31.3%) uncles (34.4%), cousins (28.1%), close gay friends (6.3%), and gay acquaintances (12.5%).
- More Generation Xers had disclosed to the following individuals than would be statistically expected: fathers, grandmothers, grandfathers, aunts, uncles, cousins, and gay acquaintances.

### Subject of Homosexuality Discussed with Family

When asked if the subject of homosexual was ever discussed within their family household, 17.1% of the sample (0% of the Baby Boomers, 19.5% of the Generation Xers, and 18.8% of the Millennials) indicated that it had been.

### Discrimination

Of the 126 women who answered this question, 41.3% (60% of the Baby Boomers, 38.8% of the Generation Xers, and 38.7% of the Millennials) reported that they felt they had been discriminated against. The incidents ranged from negative verbal comments to physical violence. Many involved the fact that rights given to heterosexual married couples are denied to committed gay couples.

### Mental Health / Relational Concerns

Much of the prior research regarding sexual minorities concerned itself with mental health issues. In an attempt to gain further insights into this area, participants were asked to fill out information pertaining to mental health and relational issues. When reviewing the following information, please keep in mind that 126 women completed the survey and not all of the completed the questions in this area. Percentages may appear high even the relatively small sample size.

- Depression was the most highly endorsed issue with 56.3% of the sample indicating that it had been or is a problem for them. This prevalence rate is higher than that found within the general population. Of those who endorsed struggles within this area, 34.7% felt that it was related to their sexual orientation.
- Anxiety was the second most highly endorsed mental health concern for the current sample. Approximately 54% of the women who answered this question reported struggles within this area. Of these individuals, 29% felt that it was related to their sexual orientation.
- Two other areas identified deserve mention. Concerns regarding family conflict and relational issues were endorsed by 28.6% of the women and 38.9% respectively. Regarding the family conflict, of those women who identified this issue, 56.7% felt that the conflicts were related to their sexual orientation. Approximately 31% of the women who endorsed relational issues attributed it to their sexuality.

### Benefits of Being Out

Participants were provided the opportunities to indicate what they thought were the benefits of being out to others about their sexual orientation. Of the 129 women who completed the survey, 119 provided responses. Of these responses, 49 of the made mention of how being out enabled them to be honest and to not live a lie. This finding is supported by the results from the question that asked respondents to indicate why they had come out. The top two most highly endorsed reasons were being honest (indicated by 76.7% of the sample) and not to live a lie (indicated by 66.7% of the sample).

### Costs of Being Out

Participants were provided the opportunity to indicate what they thought were the costs of being out to others about their sexual orientation. Of the 129 women who completed the survey, 118 provided a responses. One 53 year old Baby Boomer wrote the following:

Rejection, lectures, people wanting to “fix” me, harassment, religious banishment, as well as some situations where I had to physically defend myself just for being “me.” Lots of negativity puts you into self preservation mode. Doing the right thing doesn’t always feel good.

A 39 year old Generation Xers stated, “Parents believing I was mentally ill and even going to the extreme of hospitalization for 3 months, which in turn jeopardized graduation and ultimately helped my decision to drop out.” A 25 year old Millennial wrote, “My car has been vandalized. Physical and mental abuse to myself and my property by those unable to be open minded.” Another Generation Xer indicated, “The cost to me was finding out that my close knit family didn’t want anything to do with me. They said / did some pretty mean things that I have forgiven them for over the years but I will never forget.” Many of the women across the generations make mention of discrimination and possible physical harm. One 34 year old woman stated, “Ridicule, constant discrimination, no civil rights, worry for safety, job discrimination.” A 42 year old woman said, “Abuse, both mental and physical; fear of losing job.”

### Most Challenging Aspect of being a Lesbian

One of the questions on the survey asked respondents to indicate what has been the most challenging aspect of being a lesbian. Several individuals wrote about family and friends. One 25 year old woman wrote, "I miss members of my family that have closed me out and friends I have lost. I have been passed over for job opportunities, but I would not want to work for someone who was prejudiced for any reason. It is dysfunctional and negative." A 43 year old woman stated, "My family is a big challenge. The other big one is being made to feel like a second class citizen in most areas of life. It is very difficult not to be afforded the same rights as straight couples." Other responses were "parents' acceptance," "my mother doesn't accept me," "family not accepting me for who I am," "being rejected by 'friends, and "coming out to my family and some other friends." Other individuals indicated that they felt the biggest challenge involved legal rights. One 40 year old woman wrote, "Legal protection. When I was raising my partner's children, I had not legal rights around the children and when my partner and I split, I had none of the legal protections married heterosexual people have when they divorce." A 35 year old woman indicated, "Financial – not being able to get married and file taxes together." Another 40 year old stated, "Society's unequal treatment (benefits & taxes."

### Other Information

Respondents were provided the opportunity to add, comment, or explain anything that they thought might be useful in understanding the experiences of gay women. One 53 year old woman wrote the following:

3 key issues I have seen with lesbian women. 1. Self identity developing simultaneously (age related) to being a lesbian. You don't know what a "lesbian" is (other than they like other girls) so you start dressing, looking like (shaving the head, clothes) other lesbians which may or may not be who you really are as a person. Sometimes when people see PRIDE parades, they see the EXTREMES people go through – like dress up day instead of what PRIDE truly represents. Being a lesbian is part of who you are – it's not all that you are. 2. The cliques that are specific to lesbians – when you are with someone for a while, then someone else but that one is an ex of the one you were with before and we all still see each other here and there. That's like a cluster – we need to expand our horizons a bit more and have a bit more self respect for ourselves here. 3. I am truly grateful for Ellen Degeneres, Melissa Ethridge, KD Lang, etc. who represent finally some role models for the lesbians. They show themselves tastefully, respectfully, professionally, and morally which was lacking when I was younger. We had Billie Jean King and Rita Mae Brown in the 70's. I think lesbians need more of this. There isn't a manual for this you know! And it certainly isn't a choice! It was a pleasure to help out.

A 25 year old woman stated, "The trials I have experienced as a lesbian have made me stronger, more empathetic, and open minded individual. I appreciate people for their cultural differences and unique experiences."

A 56 year old woman stated the following:

My life has been about loving being a lesbian and yet hiding the joys and fun in my every day activities with straight people. Discrimination is all around us and I

am always on the defensive. I often ask myself if it is just me or is it because I am gay? ... It wasn't accepting being gay, it was accepting myself as a good person despite being gay.

Another 56 year old woman stated, "I do not believe the USA is the 'land of the free.' It will not be until the gay community has equal rights with the heterosexual community. I refuse to fly the American flag until this happens in our state of PA!"

#### Limitations of the Current Study

A limitation to the present study involves the small sample size. When there are small numbers in any group explored, power decreases. Extreme scores may impact a result and subtle differences may go undetected. It also becomes more difficult to make generalizations to the larger population when the sample may not accurately represent them. In addition, the current study had very few ethnic minorities. It cannot be assumed that their experiences are similar to those of the ethnic majority.

Another concern with the present study is that it relies solely on self-report and the ability to accurately recall specific ages when events happened in their lives. For some individuals, their memories of these specific milestones may be very good, while for others, it may be significantly harder to remember something that occurred over 30 years earlier.

An ongoing problem, not only within the current study, but in research involving sexual minorities is the ability to gain insight and information about the experiences of those gay men and lesbians who remain closeted.

#### Conclusion

The results of this study suggest that while some changes have occurred regarding certain aspects within the life experiences of gay women, there is still a great deal of growth and change still required within our society. Women from all three generations have voiced concerns regarding discrimination, victimization, rejection, and overall oppression. Within the current study, respondents overall felt at least moderately supported by family and friends yet many endorsed problems with depression, anxiety, family conflict, and relational issues. Despite the increase in public awareness through the various media outlets, it appears that gay women continue to experience the same struggles today as the gay women did years earlier.

Appendix C: Power Point Presentation





















Table 1

*Sexual Identify Formation Models and Their Corresponding Stages/Phases*

Cass 1979	Coleman 1982	Chapman & Brannock 1987	Minton & McDonald 1984	Sophie 1985/1986	Carrion & Lock 1977	Troiden 1989	McCarn & Fassinger
	Pre-Coming Out	Same-Sex Orientation				Sensitization	
Identity Confusion		Incongruence		First Awareness	Internal Discovery of the Sexual Orientation	Identity Confusion	Awareness
Identity Comparison	Coming Out						
Identity Tolerance		Self Questioning / Exploration		Testing / Exploration	Inner Exploration of Attraction to the Sexual Object	Identity Assumption	Exploration
Identity Acceptance	Exploration	Self Identification	Egocentric Stage	Identity Acceptance	Early Acceptance of an Integrated Sexual Self ----- Congruence Probing	Commitment	
Identity Pride	First Relationship	Choice of Lifestyle	Sociocentric Stage		Further Acceptance of an Integrated Sexual Self ----- Self Esteem Consolidation		Internalization / Synthesis
Identity Synthesis	Integration		Universalistic Stage	Identity Integration	Mature Formation of an Integrated Self Identity		
					Integrated Self Identify within a Social Context		

Table 2

*Demographic Characteristics of the Participants*

Characteristic	Number	Percentage
<b>Age (n = 129)</b>		
18-27 (Millennials)	32	24.8
28-48 (Generation Xers)	82	63.6
49-66 (Baby Boomers)	15	11.6
67 and older (Silent Generation)	0	0.0
<b>Race/Ethnicity (n = 129)</b>		
White/Caucasian	117	90.7
Black / African American	1	0.8
Hispanic	8	6.2
Latina	2	1.6
Other	1	0.8
<b>Religious Affiliation (n = 128)</b>		
Catholic	43	33.6
Protestant	19	14.8
Buddhist	2	1.6
Unitarian	3	2.3
Other	29	22.7
None	32	25.0
<b>Education (n = 129)</b>		
Some High School	2	1.6
High School / GED	12	9.3
Vocational Training	3	2.3
Some College	27	20.9
College Degree	47	36.4
Post College Education	6	4.7
Master's Degree	28	21.7
Doctoral Degree	4	3.1
<b>Work Status (n = 126)</b>		
Full Time	113	89.7
Part Time	5	4.0
Not Employed	5	4.0
Retired	2	1.6
Stay at Home Parent	1	0.8

Table 2 - continued

*Demographic Characteristics of the Participants*

Characteristic	Number	Percentage
Annual Salary (n = 125)		
\$0.00 - \$15,000	6	4.8
\$15,001 - \$30,000	24	19.2
\$30,001 - \$45,000	40	32.0
\$45,001 - \$60,000	29	23.2
\$60,001 - \$75,000	12	9.6
\$75,001 - \$90,000	5	4.0
\$90,001 and above	9	7.2

Table 3

*Mean Scores on the Sexual Identity Scale by Age Group*

	N	Mean	SD	95% Confidence Interval	
				lower	upper
Baby Boomers (49 – 66)	15	1.27	.495	.99	1.54
Generation Xers (28 – 48)	79	1.68	1.17	1.41	1.94
Millennials (18 – 27)	32	2.06	1.19	1.63	2.49
Total	126	1.73	1.13	1.52	1.93

*Note.* Identity Scale: 1 = Exclusively Homosexual, 5 = Equally Homosexual & Heterosexual, 9 = Exclusively Heterosexual

Table 4

*Mean Ages in Years of Milestones by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	Max
<i>Age of Same Sex Attraction</i>							
Baby Boomers	15	16.73	8.58	11.98	21.49	6	37
Generation Xers	79	15.10	6.14	13.73	16.48	5	35
Millennials	32	14.88	3.83	13.49	16.26	5	22
<i>Age of First Same-Sex Sexual Act</i>							
Baby Boomers	15	22.87	10.80	16.89	28.85	11	45
Generation Xers	81	19.38	5.30	18.21	20.55	6	37
Millennials	32	18.16	2.67	17.20	19.12	12	22
<i>Age at which thought "might be" Gay</i>							
Baby Boomers	15	17.00	5.99	13.68	20.32	10	30
Generation Xers	80	16.98	5.16	15.83	18.13	3	34
Millennials	32	15.50	3.33	14.30	16.70	8	23
<i>Age at which self-identified as Gay</i>							
Baby Boomers	15	25.27	9.38	20.07	30.46	16	45
Generation Xers	82	21.73	5.70	20.48	22.98	10	40
Millennials	32	19.34	3.07	18.24	20.45	10	25

Table 5

*Frequency of Self-Reports of Ever Having Tried to Ignore Homosexual Feelings*

Item Response	Baby Boomers	Generation Xers	Millennials	Row Total
Tried to Ignore				
Frequency	6	41	17	64
Percentage	42.9%	50.0%	53.1%	50.0%
Expected Frequency	7.0	41	16.0	
Did Not Try to Ignore				
Frequency	8	41	15	64
Percentage	57.1%	50%	46.9%	50.0%
Expected Frequency	7.0	41.0	16.0	
Column Total	14	82	32	128

Table 6

*Mean Ages in Years of First "Real" Lesbian Relationship by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
Baby Boomers	15	25.13	9.94	19.63	30.63	16	45
Generation Xers	80	20.98	4.45	19.98	21.97	14	37
Millennials	32	19.50	2.57	18.58	20.42	14	23

Table 7

*Mean Ages in Years of Official Ceremony to another Woman by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
Baby Boomers	6	43.50	8.09	35.01	51.99	32	54
Generation Xers	21	32.71	7.42	29.34	36.09	20	45
Millennials	33	24.33	1.53	20.54	28.13	23	26

Table 8

*Mean Ages in Years of First Coming-Out Experience by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
Baby Boomers	15	26.47	10.24	20.80	32.14	16	47
Generation Xers	82	21.50	5.18	20.36	22.64	13	39
Millennials	32	19.44	2.54	18.52	20.35	15	25

Table 9

*Percentage of Domains in Which Respondents are Out by Age Group*

	N	Mean	SD	95% Confidence Interval		Range	
				lower	upper	min	max
Baby Boomers	15	10.60	1.35	9.85	11.35	7	12
Generation Xers	82	10.26	1.35	9.96	10.55	7	12
Millennials	32	9.44	2.25	8.62	10.25	3	12

*Note.*

Scale:

1 = 0%

2 = 1 – 10%

3 = 11 – 20%

4 = 21 – 30%

5 = 31 – 40%

6 = 41 – 50%

7 = 51 – 60%

8 = 61 – 70%

9 = 71 – 80%

10 = 81 – 90%

11 = 91 – 99%

12 = 100%

Table 10

*Percentages of Domains Out with Corresponding Mean Ages of Disclosure of Sexual Orientation by Age Groups*

Domain	Baby Boomers	Generation Xers	Millennials	Total
<b>Mother</b>				
Percentage Out (n = 121)	90.9%	93.6%	90.6%	92.6%
*Age of Disclosure (n = 98)	26.88	25.14	19.78	23.81
<b>Stepmother</b>				
Percentage Out (n = 65)	33.3%	27.3%	38.9%	30.8%
Age of Disclosure (n = 16)	21.00	25.78	21.17	23.75
<b>Father</b>				
Percentage Out (n = 117)	77.8%	80.3%	68.8%	76.9%
*Age of Disclosure (n = 80)	24.83	25.96	20.19	24.36
<b>Stepfather</b>				
Percentage Out (n = 68)	50.0%	24.4%	26.3%	26.5%
Age of Disclosure (n = 15)	25.00	23.22	20.25	22.67
<b>Brother</b>				
Percentage Out (n = 110)	100%	84.7%	87.5%	87.3%
*Age of Disclosure (n = 84)	28.67	26.23	20.30	25.17
<b>Sister</b>				
Percentage Out (n = 99)	88.9%	84.4%	80.8%	83.8%
*Age of Disclosure (n = 70)	25.17	24.93	19.76	23.40



Table 10 – continue

*Percentages of Domains Out with Corresponding Mean Ages of Disclosure of Sexual Orientation by Age Groups*

Domain	Baby Boomers	Generation Xers	Millennials	Total
<b>Grandmother</b>				
Percentage Out (n = 91)	50.0%	40.0%	44.4%	41.8%
Age of Disclosure (n = 35)	20.00	22.81	20.92	22.00
<b>Grandfather</b>				
Percentage Out (n = 82)	25.0%	24.5%	20.0%	23.2%
Age of Disclosure (n = 16)	19.00	24.30	18.40	22.13
<b>Aunt</b>				
Percentage Out (n = 109)	71.4%	70.8%	63.3%	68.8%
*Age of Disclosure (n = 61)	27.50	25.36	20.61	24.10
<b>Uncle</b>				
Percentage Out (n = 104)	66.7%	60.0%	50.0%	57.7%
*Age of Disclosure (n = 49)	29.67	25.81	20.43	24.51
<b>Cousin</b>				
Percentage Out (n = 111)	77.8%	75.3%	51.7%	69.4%
*Age of Disclosure (n = 64)	27.43	25.69	20.07	24.56

Table 10 – continue

*Percentages of Domains Out with Corresponding Mean Ages of Disclosure of Sexual Orientation by Age Groups*

Domain	Baby Boomers	Generation Xers	Millennials	Total
<b>Son</b>				
Percentage Out (n = 18)	50.0%	61.5%	33.3%	55.6%
Age of Disclosure (n = 9)	35.00	35.14	22.00	33.67
<b>Daughter</b>				
Percentage Out (n = 18)	66.7%	41.7%	66.7%	50.0%
Age of Disclosure (n = 6)	35.00	31.25	22.00	30.33
<b>Other Family Member</b>				
*Percentage Out (n = 107)	36.4%	34.3%	6.9%	27.1%
*Age of Disclosure (n = 20)	40.00	26.50	17.00	26.90
<b>Close Gay Friend</b>				
Percentage Out (n = 126)	80.0%	84.8%	81.3%	83.3%
*Age of Disclosure (n = 86)	25.67	21.46	19.38	21.40
<b>Close Heterosexual Friend</b>				
Percentage Out (n = 128)	78.6%	73.2%	68.8%	72.7%
*Age of Disclosure (n = 85)	28.78	23.38	19.33	22.95

Table 10 – continue

*Percentages of Domains Out with Corresponding Mean Ages of Disclosure of Sexual Orientation by Age Groups*

Domain	Baby Boomers	Generation Xers	Millennials	Total
<b>Gay Acquaintance</b>				
Percentage Out (n = 123)	71.4%	67.5%	53.1%	64.2%
*Age of Disclosure (n = 62)	29.71	22.62	19.92	22.85
<b>Heterosexual Acquaintance</b>				
Percentage Out (n = 124)	71.4%	50.0%	40.6%	50.0%
*Age of Disclosure (n = 51)	37.83	24.27	19.75	24.80
<b>Co-Workers</b>				
*Percentage Out (n = 125)	84.6%	86.3%	62.5%	80.0%
*Age of Disclosure (n = 83)	34.89	27.84	21.19	27.33
<b>Work Employees</b>				
Percentage Out (n = 107)	54.5%	43.9%	43.3%	44.9%
*Age of Disclosure (n = 35)	38.40	25.75	20.20	25.97
<b>Work Supervisor</b>				
Percentage Out (n = 119)	72.7%	60.5%	43.8%	57.1%
*Age of Disclosure (n = 55)	37.00	27.33	20.82	26.91

Table 10 – continue

*Percentages of Domains Out with Corresponding Mean Ages of Disclosure of Sexual Orientation by Age Groups*

Domain	Baby Boomers	Generation Xers	Millennials	Total
<b>Religious Leader</b>				
*Percentage Out (n = 94)	58.3%	37.9%	8.3%	33.0%
*Age of Disclosure (n = 24)	41.33	26.00	14.00	29.33
<b>Religious Congregation</b>				
*Percentage Out (n = 92)	58.3%	25.0%	8.3%	25.0%
*Age of Disclosure (n = 17)	43.33	28.80	23.00	33.59
<b>Club/Organization Leader</b>				
Percentage Out (n = 82)	12.5%	32.7%	16.0%	25.6%
Age of Disclosure (n = 13)	-----	22.50	18.33	21.54
<b>Club/Organization</b>				
<b>Co-members</b>				
Percentage Out (n = 86)	12.5%	24.5%	16.0%	20.9%
Age of Disclosure (n = 13)	-----	22.80	18.33	21.77
<b>Community / Neighbors</b>				
*Percentage Out (n = 114)	72.7%	60.3%	33.3%	54.4%
*Age of Disclosure (n = 49)	35.50	28.89	19.94	28.23

\*p &lt; .05

Table 11

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Mother (significant)</b>							
Baby Boomers	8	26.88	11.42	17.33	36.42	16	52
Generation Xers	63	25.14	7.22	23.33	26.96	16	46
Millennials	27	19.78	2.55	18.77	20.79	16	25
Total	98	23.81	7.13	22.38	25.24	16	52
<b>Stepmother (ns)</b>							
Baby Boomers	1	21.00				21	21
Generation Xers	9	25.78	6.24	20.98	30.57	18	38
Millennials	6	21.17	1.47	19.62	22.71	19	23
Total	16	23.75	5.21	20.97	26.53	18	38
<b>Father (significant)</b>							
Baby Boomers	6	24.83	10.03	14.31	35.36	16	44
Generation Xers	53	25.96	7.73	23.83	28.09	16	47
Millennials	21	20.19	2.18	19.20	21.18	16	23
Total	80	24.36	7.30	22.74	25.99	16	47

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Stepfather (ns)</b>							
Baby Boomers	2	25.00	7.07	-38.53	88.53	20	30
Generation Xers	9	23.22	4.87	19.48	26.96	18	30
Millennials	4	20.25	3.30	14.99	25.51	16	24
Total	15	22.67	4.70	20.06	25.27	16	30
<b>Brother (significant)</b>							
Baby Boomers	12	28.67	11.34	21.46	35.87	16	52
Generation Xers	52	26.23	6.62	24.39	28.07	16	44
Millennials	20	20.30	2.32	19.21	21.39	16	23
Total	84	25.17	7.31	23.58	26.75	16	52
<b>Sister (significant)</b>							
Baby Boomers	6	25.17	4.17	20.79	29.54	20	30
Generation Xers	43	24.93	6.71	22.86	27.00	16	46
Millennials	21	19.76	2.45	18.65	20.88	15	23
Total	70	23.40	6.02	21.97	24.83	15	46

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Grandmother (ns)</b>							
Baby Boomers	2	20.00	1.41	7.29	32.71	19	21
Generation Xers	21	22.81	7.37	19.46	26.16	8	40
Millennials	12	20.92	2.50	19.33	22.51	16	24
Total	35	22.00	5.92	19.97	24.03	8	40
<b>Grandfather (ns)</b>							
Baby Boomers	1	19.00				19	19
Generation Xers	10	24.30	4.86	20.83	27.77	16	29
Millennials	5	18.40	3.05	14.61	22.19	16	23
Total	16	22.13	5.00	19.46	24.79	16	29
<b>Aunt (significant)</b>							
Baby Boomers	4	27.50	13.13	6.61	48.39	16	45
Generation Xers	39	25.36	6.26	23.33	27.39	16	40
Millennials	18	20.61	2.55	19.34	21.88	16	23
Total	61	24.10	6.38	22.46	25.73	16	45

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Uncle (significant)</b>							
Baby Boomers	3	29.67	13.50	-3.88	63.21	16	43
Generation Xers	32	25.81	6.13	23.60	28.02	16	40
Millennials	14	20.43	2.77	18.83	22.03	16	23
Total	49	24.51	6.45	22.66	26.36	16	43
<b>Cousin (significant)</b>							
Baby Boomers	7	27.43	10.36	17.85	37.01	16	48
Generation Xers	42	25.69	6.11	23.79	27.59	16	40
Millennials	15	20.07	2.82	18.51	21.63	16	23
Total	64	24.56	6.55	22.93	26.20	16	48
<b>Son (ns)</b>							
Baby Boomers	1	35.00				35	35
Generation Xers	7	35.14	4.91	30.60	39.69	30	40
Millennials	1	22.00				22	22
Total	9	33.67	6.10	28.98	38.36	22	40



Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Daughter (ns)</b>							
Baby Boomers	1	35.00				35	35
Generation Xers	4	31.25	3.95	24.97	37.53	28	37
Millennials	1	22.00				22	22
Total	6	30.33	5.32	24.75	35.91	22	37
<b>Other Family Member (significant)</b>							
Baby Boomers	2	40.00	7.07	-23.53	103.53	35	45
Generation Xers	16	26.50	6.74	22.91	30.09	16	38
Millennials	2	17.00	1.41	4.29	29.71	16	18
Total	20	26.90	8.19	23.06	30.74	16	45
<b>Close Gay Friend (sign)</b>							
Baby Boomers	9	25.67	10.95	17.25	34.09	16	49
Generation Xers	56	21.46	4.78	20.18	22.74	12	40
Millennials	21	19.38	2.42	18.28	20.48	15	23
Total	86	21.40	5.51	20.21	22.58	12	49

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
Close Heterosexual							
Friend (significant)							
Baby Boomers	9	28.78	11.82	19.96	37.86	16	51
Generation Xers	55	23.38	5.98	21.77	25.00	15	46
Millennials	21	19.33	2.52	18.19	20.48	15	23
Total	85	22.95	6.70	21.51	24.40	15	51
Gay Acquaintance (sig)							
Baby Boomers	7	29.71	10.11	20.36	39.07	19	49
Generation Xers	42	22.62	5.54	20.89	24.34	12	41
Millennials	13	19.92	3.15	18.02	21.83	15	26
Total	62	22.85	6.31	21.25	24.46	12	49
Heterosexual							
Acquaintance (sign)							
Baby Boomers	6	37.83	12.02	25.22	50.45	19	51
Generation Xers	33	24.27	5.90	22.18	26.36	15	41
Millennials	12	19.75	2.30	18.29	21.21	16	23
Total	51	24.80	8.04	22.54	27.06	15	51

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Co-workers (sign)</b>							
Baby Boomers	9	34.89	7.25	29.31	40.46	24	50
Generation Xers	58	27.84	7.80	25.79	29.90	16	47
Millennials	16	21.19	2.37	19.92	22.45	17	25
Total	83	27.33	7.89	25.60	29.05	16	50
<b>Work Employees (sign)</b>							
Baby Boomers	5	38.40	8.68	27.63	49.17	30	50
Generation Xers	20	25.75	5.99	22.95	28.55	16	40
Millennials	10	20.20	1.99	18.78	21.62	17	23
Total	35	25.97	7.91	23.26	28.69	16	50
<b>Work Supervisor (sign)</b>							
Baby Boomers	5	37.00	7.58	27.58	46.42	30	50
Generation Xers	39	27.33	7.23	24.99	29.68	16	47
Millennials	11	20.82	2.23	19.32	22.31	18	25
Total	55	26.91	7.69	24.83	28.99	16	50

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Religious Leader (sign)</b>							
Baby Boomers	6	41.33	5.82	35.23	47.44	32	49
Generation Xers	17	26.00	6.70	22.56	29.44	17	35
Millennials	1	14.00				14	14
Total	24	29.33	9.73	25.23	33.44	14	49
<b>Religious Congregation (significant)</b>							
Baby Boomers	6	43.33	5.31	37.75	48.91	35	50
Generation Xers	10	28.80	6.22	24.35	33.25	19	38
Millennials	1	23.00				23	23
Total	17	33.59	9.36	28.78	38.40	19	50
<b>Club / Organization Leader (ns)</b>							
Baby Boomers	0						
Generation Xers	10	22.50	3.50	19.99	25.01	18	30
Millennials	3	18.33	2.52	12.08	24.58	16	21
Total	13	21.54	3.69	19.31	23.77	16	30

Table 11 - continued

*Mean Ages in Years When Disclosed to Specific Individuals by Age Group*

	N	Mean	SD	95% Confidence Interval		Age Range	
				lower	upper	min	max
<b>Club / Organization</b>							
Co-members (ns)							
Baby Boomers	0						
Generation Xers	10	22.80	3.85	20.04	25.56	18	30
Millennials	3	18.33	2.52	12.08	24.58	16	21
Total	13	21.77	4.00	19.35	24.19	16	30
<b>Community /</b>							
Neighbors (sign)							
Baby Boomers	6	35.50	7.50	27.63	43.37	28	45
Generation Xers	35	28.89	6.94	26.50	31.27	18	47
Millennials	8	19.94	3.32	17.16	22.71	15	25
Total	49	28.23	7.74	26.01	30.46	15	47

*Note:* significance / sign =  $p < .05$

Table 12

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Mother				
Purposefully Not Out				
Frequency	1	4	2	7
Percentage	6.7%	4.9%	6.3%	5.4%
Expected Frequency	0.8	4.4	1.7	
Out				
Frequency	14	78	30	122
Percentage	93.3%	95.1%	93.8%	94.6%
Expected Frequency	14.2	77.6	30.3	
Father (significant)				
Purposefully Not Out				
Frequency	1	5	7	13
Percentage	6.7%	6.1%	21.9%	10.1%
Expected Frequency	1.5	8.3	3.2	
Out				
Frequency	14	77	25	116
Percentage	93.3%	93.8%	78.1%	89.9%
Expected Frequency	13.5	73.7	28.8	
Stepmother				
Purposefully Not Out				
Frequency				
Percentage				
Expected Frequency				
Out				
Frequency	15	82	32	129
Percentage	100%	100%	100%	100%
Expected Frequency	15	82	32	
Stepfather				
Purposefully Not Out				
Frequency				
Percentage				
Expected Frequency				
Out				
Frequency	15	82	32	129
Percentage	100%	100%	100%	100%
Expected Frequency	15	82	32	

Table 12 – continue

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Brother				
Purposefully Not Out				
Frequency	0	1	0	1
Percentage	0%	1.2%	0%	0.8%
Expected Frequency	0.1	0.6	0.2	
Out				
Frequency	15	81	32	47
Percentage	100%	98.8%	100%	65.3%
Expected Frequency	14.9	81.4	31.8	
Sister (significant)				
Purposefully Not Out				
Frequency	1	0	0	1
Percentage	6.7%	0%	0%	0.8%
Expected Frequency	0.1	0.6	0.2	
Out				
Frequency	14	82	32	128
Percentage	93.3%	100%	100%	99.2%
Expected Frequency	14.9	81.4	31.8	
Grandmother (significant)				
Purposefully Not Out				
Frequency	0	10	13	23
Percentage	0%	12.2%	40.6%	17.8%
Expected Frequency	2.7	14.6	5.7	
Out				
Frequency	15	72	19	106
Percentage	100%	87.8%	59.4%	82.2%
Expected Frequency	12.3	67.4	26.3	
Grandfather (significant)				
Purposefully Not Out				
Frequency	0	5	12	17
Percentage	0%	6.1%	37.5%	13.2%
Expected Frequency	2.0	10.8	4.2	
Out				
Frequency	15	77	20	112
Percentage	100%	93.8%	62.5%	86.8%
Expected Frequency	13.0	71.2	27.8	

Table 12 – continue

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Aunt (significant)				
Purposefully Not Out				
Frequency	2	8	10	20
Percentage	13.3%	9.8%	31.3%	15.5%
Expected Frequency	2.3	12.7	5.0	
Out				
Frequency	13	74	22	109
Percentage	86.7%	91.5%	68.8%	84.5%
Expected Frequency	12.7	69.3	27.0	
Uncle (significant)				
Purposefully Not Out				
Frequency	2	7	11	20
Percentage	13.3%	8.5%	34.4%	15.5%
Expected Frequency	2.3	12.7	5.0	
Out				
Frequency	13	75	21	109
Percentage	86.7%	91.5%	65.6%	84.5%
Expected Frequency	12.7	69.3	27.0	
Cousin (significant)				
Purposefully Not Out				
Frequency	2	8	9	19
Percentage	13.3%	9.8%	28.1%	14.7%
Expected Frequency	2.2	12.1	4.7	
Out				
Frequency	13	74	23	110
Percentage	86.7%	90.2%	79.1%	85.3%
Expected Frequency	12.8	69.9	27.3	
Son				
Purposefully Not Out				
Frequency				
Percentage				
Expected Frequency				
Out				
Frequency	15	82	32	129
Percentage	100%	100%	100%	100%
Expected Frequency	15.0	82.0	32.0	



Table 12 – continue

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Daughter				
Purposefully Not Out				
Frequency				
Percentage				
Expected Frequency				
Out				
Frequency	15	82	32	129
Percentage	100%	100%	100%	100%
Expected Frequency	15.0	82.0	32.0	
Grandson				
Purposefully Not Out				
Frequency				
Percentage				
Expected Frequency				
Out				
Frequency	15	82	32	129
Percentage	100%	100%	100%	100%
Expected Frequency	15.0	82.0	32.0	
Granddaughter				
Purposefully Not Out				
Frequency				
Percentage				
Expected Frequency				
Out				
Frequency	15	82	32	129
Percentage	100%	100%	100%	100%
Expected Frequency	15.0	82.0	32.0	
Other Family Member				
Purposefully Not Out				
Frequency	0	6	4	10
Percentage	0%	7.3%	12.5%	7.8%
Expected Frequency	1.2	6.4	2.5	
Out				
Frequency	15	76	28	119
Percentage	100%	92.7%	87.5%	92.2%
Expected Frequency	13.8	75.6	29.5	

Table 12 – continue

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Close Gay Friend (sign)				
Purposefully Not Out				
Frequency	0	0	2	2
Percentage	0%	0%	6.3%	1.6%
Expected Frequency	0.2	1.3	0.5	
Out				
Frequency	15	82	30	127
Percentage	100%	100%	93.8%	98.4%
Expected Frequency	14.8	80.7	31.5	
Close Heterosexual Friend				
Purposefully Not Out				
Frequency	0	1	2	3
Percentage	0%	1.2%	6.3%	2.3%
Expected Frequency	0.3	1.9	0.7	
Out				
Frequency	15	81	30	126
Percentage	100%	98.8%	93.8%	97.7%
Expected Frequency	14.7	80.1	31.3	
Gay Acquaintance (sign)				
Purposefully Not Out				
Frequency	0	1	4	5
Percentage	0%	1.2%	12.5%	3.9%
Expected Frequency	0.6	3.2	1.2	
Out				
Frequency	15	81	28	124
Percentage	100%	98.8%	87.5%	96.1%
Expected Frequency	14.4	78.8	30.8	
Heterosexual Acquaintance				
Purposefully Not Out				
Frequency	2	6	4	12
Percentage	13.3%	7.3%	12.5%	9.3%
Expected Frequency	1.4	7.6	3.0	
Out				
Frequency	13	76	28	117
Percentage	86.7%	92.7%	87.5%	90.7%
Expected Frequency	13.6	74.4	29.0	

Table 12 – continue

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Co-Workers				
Purposefully Not Out				
Frequency	3	11	6	20
Percentage	20.0%	13.4%	18.8%	15.5%
Expected Frequency	2.3	12.7	5.0	
Out				
Frequency	12	71	26	109
Percentage	80.0%	86.6%	81.3%	84.5%
Expected Frequency	12.7	69.3	27.9	
Work Employees				
Purposefully Not Out				
Frequency	2	12	3	17
Percentage	13.3%	14.6%	9.4%	13.2%
Expected Frequency	2.0	10.8	4.2	
Out				
Frequency	2	70	28	111
Percentage	40.0%	85.4%	87.5%	86.0%
Expected Frequency	3.3	70.6	27.5	
N/A				
Frequency	0	0	1	1
Percentage	0%	0%	3.1%	0.8%
Expected Frequency	0.1	0.6	0.2	
Work Supervisor				
Purposefully Not Out				
Frequency	5	19	11	35
Percentage	33.3%	23.2%	34.4%	27.1%
Expected Frequency	4.1	22.2	8.7	
Out				
Frequency	10	63	21	94
Percentage	66.7%	76.8%	65.6%	72.9%
Expected Frequency	10.9	59.8	23.3	
Religious Leader				
Purposefully Not Out				
Frequency	1	13	8	22
Percentage	6.7%	15.9%	25.0%	17.1%
Expected Frequency	2.6	14.0	5.5	
Out				
Frequency	14	69	24	107
Percentage	93.4%	84.1%	75.0%	82.9%
Expected Frequency	12.4	68.0	26.5	

Table 12 – continue

*Percentage of Domains in which Respondents are Not Out by Age Group*

Person / Domain	Baby Boomers	Generation Xers	Millennials	Row Total
Religious Congregation				
Purposefully Not Out				
Frequency	1	11	7	19
Percentage	6.7%	13.4%	21.9%	14.7%
Expected Frequency	2.2	12.1	4.7	
Out				
Frequency	14	71	25	110
Percentage	93.3%	86.6%	78.1%	85.3%
Expected Frequency	12.8	69.9	27.3	
Club / Organization Leader				
Purposefully Not Out				
Frequency	1	7	1	9
Percentage	6.7%	8.5%	3.1%	7.0%
Expected Frequency	1.0	5.7	2.2	
Out				
Frequency	14	75	31	120
Percentage	93.3%	91.5%	96.9%	93%
Expected Frequency	14.0	76.3	29.8	
Club / Organization Co-members				
Purposefully Not Out				
Frequency	1	5	1	7
Percentage	6.7%	6.1%	3.1%	5.4%
Expected Frequency	0.8	4.4	1.7	
Out				
Frequency	14	77	31	122
Percentage	93.3%	93.9%	96.9%	94.6%
Expected Frequency	14.2	77.6	30.3	
Community / Neighbors				
Purposefully Not Out				
Frequency	1	14	5	20
Percentage	6.7%	17.1%	15.6%	15.5%
Expected Frequency	2.3	12.7	5.0	
Out				
Frequency	14	68	27	109
Percentage	93.3%	82.9%	84.4%	84.5%
Expected Frequency	12.7	69.3	27.0	

Table 13

*Mean Level of Perceived Support Across Domains by Age Group*

	N	Mean	SD	95% Confidence Interval		Range	
				lower	upper	min	max
<b>Mother</b>							
Baby Boomers	10	3.40	1.27	2.50	4.30	2	5
Generation Xers	75	3.21	1.46	2.88	3.55	1	5
Millennials	32	3.44	1.27	2.98	3.89	1	5
Total	117	3.29	1.38	3.04	3.54	1	5
<b>Father</b>							
Baby Boomers	8	3.38	1.30	2.29	4.46	2	5
Generation Xers	65	3.32	1.29	3.00	3.64	1	5
Millennials	28	3.36	1.10	2.93	3.78	1	5
Total	101	3.34	1.23	3.09	3.58	1	5
<b>Sibling</b>							
Baby Boomers	15	4.20	.86	3.72	4.68	3	5
Generation Xers	77	4.05	1.04	3.82	4.29	1	5
Millennials	29	3.93	.88	3.59	4.27	2	5
Total	121	4.04	.98	3.87	4.22	1	5

Table 13 - continued

*Mean Level of Perceived Support Across Domains by Age Group*

	N	Mean	SD	95% Confidence Interval		Range	
				lower	upper	min	max
<b>Grandparent</b>							
Baby Boomers	4	3.00	1.83	.09	5.91	1	5
Generation Xers	40	3.08	1.33	2.65	3.50	1	5
Millennials	27	2.93	1.30	2.41	3.44	1	5
Total	71	3.01	1.33	2.70	3.33	1	5
<b>Family</b>							
Baby Boomers	14	3.86	.95	3.31	4.41	2	5
Generation Xers	82	3.78	1.01	3.56	4.00	1	5
Millennials	32	3.47	1.05	3.09	3.85	1	5
Total	128	3.71	1.01	3.53	3.89	1	5
<b>Non-homosexual</b>							
<b>Friends</b>							
Baby Boomers	15	4.20	.68	3.83	4.57	3	5
Generation X	82	4.20	.69	4.04	4.35	2	5
Millennials	32	4.25	.72	3.99	4.51	2	5
Total	129	4.21	.69	4.09	4.33	2	5

Table 13 - continued

*Mean Level of Perceived Support Across Domains by Age Group*

	N	Mean	SD	95% Confidence Interval		Range	
				lower	upper	min	max
<i>Colleagues</i>							
Baby Boomers	15	3.87	.99	3.32	4.42	2	5
Generation X	76	3.88	.86	3.68	4.08	1	5
Millennials	28	3.89	.92	3.54	4.25	2	5
Total	119	3.88	.89	3.72	4.04	1	5

*Note.*

Scale: 1 = Not At All

2 = Very Little

3 = Moderately

4 = Very Much

5 = Extremely

Table 14a

*Frequency of Self-Reports Concerning Depression by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Row Total
Yes, this is a problem				
Frequency	5	47	19	71
Percentage	33.3%	59.5%	59.4%	56.3%
Expected Frequency	8.5	44.5	18.0	
No, this is not a problem				
Frequency	10	32	13	55
Percentage	66.7%	40.5%	40.6%	43.7%
Expected Frequency	6.5	34.5	40.6	
Yes, sought treatment				
Frequency	5	32	8	45
Percentage	100%	66.7%	42.1%	62.5%
Expected Frequency	3.1	30.0	11.9	
No, did not seek treatment				
Frequency	0	16	11	27
Percentage	0%	33.3%	57.9%	37.5%
Expected Frequency	1.9	18.0	7.1	
Yes, Related to Sexual Orientation				
Frequency	3	16	6	25
Percentage	60.0%	33.3%	31.6%	34.7%
Expected Frequency	1.7	16.7	6.6	
No, Not Related to Sexual Orientation				
Frequency	2	32	13	47
Percentage	40.0%	66.7%	68.4%	65.3%
Expected Frequency	3.3	31.3	12.4	
Yes, Treatment was Helpful				
Frequency	2	25	5	32
Percentage	40.0%	80.6%	62.5%	72.7%
Expected Frequency	3.6	22.5	5.8	
No, Treatment was not Helpful				
Frequency	3	6	3	12
Percentage	60.0%	19.4%	37.5%	27.3%
Expected Frequency	1.4	8.5	2.2	



Table 14b

*Frequency of Self-Reports Concerning Anxiety by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Row Total
Yes, this is a problem				
Frequency	5	46	6	67
Percentage	33.3%	59.0%	50.0%	53.6%
Expected Frequency	8.0	41.8	17.2	
No, this is not a problem				
Frequency	10	32	16	58
Percentage	66.7%	41.0%	50.0%	46.4%
Expected Frequency	7.0	36.2	14.8	
Yes, sought treatment				
Frequency	3	28	4	3
Percentage	60.0%	60.9%	25.0%	5
Expected Frequency	2.6	24.0	8.4	52.2%
No, did not seek treatment				
Frequency	2	18	12	
Percentage	40.0%	39.1%	75.0%	32
Expected Frequency	2.4	22.0	7.6	47.8%
Yes, Related to Sexual Orientation				
Frequency	2	11	5	18
Percentage	40.0%	26.2%	33.3%	29.0%
Expected Frequency	1.5	12.2	4.4	
No, Not Related to Sexual Orientation				
Frequency	3	31	10	44
Percentage	60.0%	73.8%	66.7%	71.0%
Expected Frequency	3.5	29.8	10.6	
Yes, Treatment was Helpful				
Frequency	2	23	3	28
Percentage	66.7%	95.8%	100.0%	93.3%
Expected Frequency	2.8	22.4	2.8	
No, Treatment was not Helpful				
Frequency	1	1	0	2
Percentage	33.3%	4.2%	.0%	6.7%
Expected Frequency	.2	1.6	.2	

Table 14c

*Frequency of Self-Reports Concerning Anger by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Row Total
Yes, this is a problem				
Frequency	3	26	8	37
Percentage	20.0%	32.9%	25.0%	29.4%
Expected Frequency	4.4	23.2	9.4	
No, this is not a problem				
Frequency	12	53	24	89
Percentage	80.0%	67.1%	75.0%	70.6%
Expected Frequency	10.6	55.8	22.6	
Yes, sought treatment				
Frequency	0	8	0	8
Percentage	.0%	30.8%	.0%	21.6%
Expected Frequency	.6	5.6	1.7	
No, did not seek treatment				
Frequency	3	18	8	29
Percentage	100.0%	69.2%	100.0%	78.4%
Expected Frequency	3.0	26.0	6.3	
Yes, Related to Sexual Orientation				
Frequency	2	6	1	9
Percentage	66.7%	24.0%	12.5%	25.0%
Expected Frequency	.8	6.3	2.0	
No, Not Related to Sexual Orientation				
Frequency	1	19	7	27
Percentage	33.3%	76.0%	87.5%	75.0%
Expected Frequency	3.0	18.8	6.0	
Yes, Treatment was Helpful				
Frequency		8		8
Percentage		100.0%		100.0%
Expected Frequency		8.0		
No, Treatment was not Helpful				
Frequency				
Percentage				
Expected Frequency				

Table 14d

*Frequency of Self-Reports Concerning Alcohol/Drug Use by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Row Total
Yes, this is a problem				
Frequency	3	18	6	27
Percentage	20.0%	22.8%	18.8%	21.4%
Expected Frequency	3.2	16.9	6.9	
No, this is not a problem				
Frequency	12	61	26	99
Percentage	80.0%	77.2%	81.3%	78.6%
Expected Frequency	11.8	62.1	25.1	
Yes, sought treatment				
Frequency	0	5	0	5
Percentage	.0%	27.8%	.0%	19.2%
Expected Frequency	.4	3.5	1.2	
No, did not seek treatment				
Frequency	2	13	6	21
Percentage	100.0%	72.2%	100.0%	80.8%
Expected Frequency	1.6	14.5	4.8	
Yes, Related to Sexual Orientation				
Frequency	0	5	2	7
Percentage	.0%	31.3%	33.3%	29.2%
Expected Frequency	.6	4.7	1.8	
No, Not Related to Sexual Orientation				
Frequency	2	11	4	17
Percentage	100.0%	68.8%	66.7%	70.8%
Expected Frequency	2.0	11.3	4.3	
Yes, Treatment was Helpful				
Frequency	1	5		6
Percentage	100.0%	100.0%		100.0%
Expected Frequency	1.0	5.0		
No, Treatment was not Helpful				
Frequency				
Percentage				
Expected Frequency				

Table 14e

*Frequency of Self-Reports Concerning Obsessive-Compulsive Behaviors by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	2	15	3	20
Percentage	14.3%	19.0%	9.4%	16.0%
Expected Frequency	2.2	2.6	5.1	
No, this is not a problem				
Frequency	12	64	29	105
Percentage	85.7%	81.0%	90.6%	84.0%
Expected Frequency	11.8	66.4	26.9	
Yes, sought treatment				
Frequency	0	4	0	4
Percentage	.0%	26.7%	.0%	20.0%
Expected Frequency	.4	3.0	.6	
No, did not seek treatment				
Frequency	2	11	3	16
Percentage	100.0%	73.3%	100.0%	80.0%
Expected Frequency	1.6	12.0	2.4	
Yes, Related to Sexual Orientation				
Frequency	0	3	0	3
Percentage	.0%	20.0%	.0%	15.0%
Expected Frequency	.3	2.3	.5	
No, Not Related to Sexual Orientation				
Frequency	2	12	3	17
Percentage	100.0%	80.0%	100.0%	85.0%
Expected Frequency	1.7	12.8	2.6	
Yes, Treatment was Helpful				
Frequency		1		1
Percentage		50.0%		50.0%
Expected Frequency		1.0		
No, Treatment was not Helpful				
Frequency		1		1
Percentage		50.0%		50.0%
Expected Frequency		1.0		

Table 14f

*Frequency of Self-Reports Concerning Eating Disorders by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	0	9	8	17
Percentage	.0%	11.4%	25.0%	13.5%
Expected Frequency	2.0	10.7	4.3	
No, this is not a problem				
Frequency	15	70	24	109
Percentage	100.0%	88.6%	75.0%	86.5%
Expected Frequency	13.0	68.3	27.7	
Yes, sought treatment				
Frequency		4	0	4
Percentage		44.4%	.0%	23.5%
Expected Frequency		2.1	1.9	
No, did not seek treatment				
Frequency		5	8	13
Percentage		55.6%	100.0%	76.5%
Expected Frequency		6.9	6.1	
Yes, Related to Sexual Orientation				
Frequency		2	1	3
Percentage		25.0%	12.5%	18.8%
Expected Frequency		1.5	1.5	
No, Not Related to Sexual Orientation				
Frequency		6	7	13
Percentage		75.0%	87.5%	81.3%
Expected Frequency		6.5	6.5	
Yes, Treatment was Helpful				
Frequency		1	0	1
Percentage		50.0%	.0%	33.3%
Expected Frequency		.7	.3	
No, Treatment was not Helpful				
Frequency		1	1	2
Percentage		50.0%	100.0%	66.7%
Expected Frequency		1.3	.7	

Table 14g

*Frequency of Self-Reports Concerning Attentional Problems by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	2	13	5	20
Percentage	13.3%	16.5%	15.6%	15.9%
Expected Frequency	2.4	12.5	5.1	
No, this is not a problem				
Frequency	13	66	27	106
Percentage	86.7%	83.5%	84.4%	84.1%
Expected Frequency	12.6	66.5	26.9	
Yes, sought treatment				
Frequency	0	7	0	7
Percentage	.0%	53.8%	.0%	35.0%
Expected Frequency	.7	4.6	1.8	
No, did not seek treatment				
Frequency	2	6	5	13
Percentage	100.0%	46.2%	100.0%	65.0%
Expected Frequency	1.3	8.5	3.3	
Yes, Related to Sexual Orientation				
Frequency	0	0	1	1
Percentage	.0%	.0%	25.0%	5.9%
Expected Frequency	.1	.6	.2	
No, Not Related to Sexual Orientation				
Frequency	2	11	3	16
Percentage	100.0%	100.0%	75.0%	94.1%
Expected Frequency	1.9	10.4	3.8	
Yes, Treatment was Helpful				
Frequency		6		6
Percentage		85.7%		85.7%
Expected Frequency		6.0		
No, Treatment was not Helpful				
Frequency		1		1
Percentage		14.3%		14.3%
Expected Frequency		1.0		

Table 14h

*Frequency of Self-Reports Concerning Self-Confusion by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	2	21	7	30
Percentage	13.3%	26.9%	21.9%	24.0%
Expected Frequency	3.6	18.7	7.7	
No, this is not a problem				
Frequency	13	57	25	95
Percentage	86.7%	73.1%	78.1%	76.0%
Expected Frequency	11.4	59.3	24.3	
Yes, sought treatment				
Frequency	1	8	1	10
Percentage	50.0%	40.0%	16.7%	35.7%
Expected Frequency	.7	7.1	2.1	
No, did not seek treatment				
Frequency	1	12	5	18
Percentage	50.0%	60.0%	83.3%	64.3%
Expected Frequency	1.3	12.9	3.9	
Yes, Related to Sexual Orientation				
Frequency	2	15	3	20
Percentage	100.0%	88.2%	75.0%	87.0%
Expected Frequency	1.7	14.8	3.5	
No, Not Related to Sexual Orientation				
Frequency	0	2	1	3
Percentage	.0%	11.8%	25.0%	13.0%
Expected Frequency	.3	2.2	.5	
Yes, Treatment was Helpful				
Frequency	1	6		7
Percentage	100.0%	100.0%		100%
Expected Frequency	1.0	6.0		
No, Treatment was not Helpful				
Frequency				
Percentage				
Expected Frequency				

Table 14i

*Frequency of Self-Reports Concerning Family Conflict by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	4	23	9	36
Percentage	26.7%	29.1%	28.1%	28.6%
Expected Frequency	4.3	22.6	9.1	
No, this is not a problem				
Frequency	11	56	23	90
Percentage	73.3%	70.9%	71.9%	71.4%
Expected Frequency	10.7	56.4	22.9	
Yes, sought treatment				
Frequency	2	6	1	9
Percentage	50.0%	28.6%	12.5%	27.3%
Expected Frequency	1.1	5.7	2.2	
No, did not seek treatment				
Frequency	2	15	7	24
Percentage	50.0%	71.4%	87.5%	72.7%
Expected Frequency	2.9	15.3	5.8	
Yes, Related to Sexual Orientation				
Frequency	1	14	2	17
Percentage	25.0%	70.0%	33.3%	56.7%
Expected Frequency	2.3	11.3	3.4	
No, Not Related to Sexual Orientation				
Frequency	3	6	4	13
Percentage	75.0%	30.0%	66.7%	43.3%
Expected Frequency	1.7	8.7	2.6	
Yes, Treatment was Helpful				
Frequency	2	5	0	7
Percentage	100.0%	100.0%	.0%	87.5%
Expected Frequency	1.8	4.4	.9	
No, Treatment was not Helpful				
Frequency	0	0	1	1
Percentage	.0%	.0%	100.0%	12.5%
Expected Frequency	.3	.6	.1	



Table 14j

*Frequency of Self-Reports Concerning Relational Issues by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	7	34	8	49
Percentage	46.7%	43.0%	25.0%	38.9%
Expected Frequency	5.8	30.7	12.4	
No, this is not a problem				
Frequency	8	45	24	77
Percentage	53.3%	57.0%	75.0%	61.1%
Expected Frequency	9.2	48.3	19.6	
Yes, sought treatment				
Frequency	4	17	3	24
Percentage	57.1%	50.0%	42.9%	50.0%
Expected Frequency	3.5	17.0	3.5	
No, did not seek treatment				
Frequency	3	17	4	24
Percentage	42.9%	50.0%	57.1%	50.0%
Expected Frequency	3.5	17.0	3.5	
Yes, Related to Sexual Orientation				
Frequency	3	9	2	14
Percentage	42.9%	28.1%	33.3%	31.1%
Expected Frequency	2.2	10.0	1.9	
No, Not Related to Sexual Orientation				
Frequency	4	23	4	31
Percentage	57.1%	71.9%	66.7%	68.9%
Expected Frequency	4.8	22.0	4.1	
Yes, Treatment was Helpful				
Frequency	3	9	1	13
Percentage	75.0%	64.3%	33.3%	61.9%
Expected Frequency	2.5	8.7	1.9	
No, Treatment was not Helpful				
Frequency	1	5	2	8
Percentage	25.0%	35.7%	66.7%	38.1%
Expected Frequency	1.5	5.3	1.1	

Table 14k

*Frequency of Self-Reports Concerning Feelings of Isolation by Age Group*

Item Response	Baby Boomers	Generation Xers	Millennials	Total
Yes, this is a problem				
Frequency	1	18	12	31
Percentage	6.7%	23.1%	40.0%	25.2%
Expected Frequency	3.8	19.7	7.6	
No, this is not a problem				
Frequency	14	60	18	92
Percentage	93.3%	76.9%	60.0%	74.8%
Expected Frequency	11.2	58.3	22.4	
Yes, sought treatment				
Frequency	0	2	1	3
Percentage	.0%	11.8%	9.1%	10.3%
Expected Frequency	.1	1.8	1.1	
No, did not seek treatment				
Frequency	1	15	10	26
Percentage	100.0%	88.2%	90.9%	89.7%
Expected Frequency	.9	15.2	9.9	
Yes, Related to Sexual Orientation				
Frequency	1	9	3	13
Percentage	100.0%	60.0%	37.5%	54.2%
Expected Frequency	.5	8.1	4.3	
No, Not Related to Sexual Orientation				
Frequency	0	6	5	11
Percentage	.0%	40.0%	62.5%	45.8%
Expected Frequency	.5	6.9	3.7	
Yes, Treatment was Helpful				
Frequency		1		1
Percentage		100.0%		100.0%
Expected Frequency		1.0		
No, Treatment was not Helpful				
Frequency				
Percentage				
Expected Frequency				

Table 15

*Comparisons between Studies regarding Ages of Milestones*

	Age / Age Groups	First same- sex attraction	Thought “might” be gay	First same-sex sexual act	Self- labeled / Self- identified	Self- disclosure
Current Study	49 – 66	16.73	17.00	22.87	25.27	26.47
	28 – 48	15.10	16.98	19.38	21.73	21.50
	18 - 27	14.88	15.50	18.16	19.34	19.44
D’Augelli & Grossman (2001)		16.48			25.67	29.76
Schafer (1976)			18.0	19.5	20.5	
Parks (1999)	45 & Older	18.8		22.8 (20.66)	31.9 (22.84)	24.9 (23.59)
	30 – 44	17.0		21.1 (20.02)	25.5 (22.53)	22.6 (22.02)
	Under 30	14.6		20.5 (17.80)	20.3 (19.13)	21.0 (19.30)
Grov, Bimbi, Nanin, & Parsons (2006)	55 & Older			28.43 (28.67)	24.90 (31.00)	27.38 (33.50)
	45 – 54			23.00 (18.81)	23.09 (20.96)	25.53 (21.21)
	35 – 44			21.33 (20.26)	21.06 (22.85)	22.93 (22.33)
	25 – 34			18.78 (18.52)	18.86 (20.40)	20.11 (20.12)
	18 - 24			16.85 (17.67)	15.88 (18.53)	16.87 (19.27)
Morris & Rothblum (1999)			18	22	23	24