

## Minority-specific Determinants 1

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### **Minority-specific Determinants of Mental Well-being Among Lesbian, Gay and Bisexual Youth**

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Abstract

This study discusses the impact of stress specific to being lesbian, gay, or bisexual (LGB), measured by means of the concepts of stigma consciousness and internalized homonegativity, on the mental well-being of LGB youth. Also, the effects of positive and negative social support were considered within the model. The sample consisted of 743 LGBs less than 26 years old who were recruited during the online ZZZIP survey in Flanders, Belgium.

Hierarchical regression shows that LGB-specific unsupportive social interactions have the greatest direct effect on mental well-being of LGB youth, followed respectively by stigma consciousness, internalized homonegativity, and confidant support.

## Minority-specific Determinants of Mental Well-being Among Gay, Lesbian, and Bisexual Youth

Within most parts of the Western world the societal situation of lesbian, gay, or bisexual (LGB) men and women is evaluated positively. Gay and lesbian rights have been extended, and in some countries include the right to marriage and adoption. In other countries, registered partnership and antidiscrimination measures have been taken. This does not mean, however, that individual LGBs no longer experience problems due to generalized heteronormativity and to negative reactions in their work, family or school environment. In particular, the younger generations, from 16 to 26 years old, are particularly at risk of major depression, generalized anxiety disorder, conduct disorder, nicotine dependence, multiple disorders, suicidal ideation, and suicide attempts (Fergusson, Horwood, & Beautrais, 1999). These generations are maturing in a social environment that is rapidly changing, certainly with regard to LGB issues. Further, notwithstanding progressive social developments, youth research points out that depressive symptoms and suicidal behavior among LGB youth are frequent problems (Van Heeringen & Vincke, 2000)

This paper will study how the experience of LGB-specific minority stress affects the mental well-being of LGB youth. It will also look at what roles positive confidant support and negative social interactions play in this process.

### LGB Youth: A Population at Risk of Mental Health Problems

Generally, adolescence and early adulthood can be very stressful due to the numerous life transitions that take place during these phases of the life cycle. The situation for LGB youth is even more problematic because of surplus stress they experience as a result of being part of a sexual minority (D'Augelli & Hershberger, 1993; Huebner, Rebchook, & Kegeles, 2004).

Consequently, LGB youth are at increased risk of mental health problems (D'Augelli & Hershberger, 1993; Lock & Steiner, 1999; Safren & Heimberg, 1999).

The concept of minority stress, in this case LGB-specific minority stress, refers to the determinants of these mental health outcomes. LGB-specific minority stress was first conceptualized as a result of a “marginal” minority status. LGB-specific minority stress differs from other kinds of minority stress because of the potentially hidden character of sexual identity (Lindquist & Hirabayashi, 1979). More recent research conceptualizes the broader term *minority stress* as the excess stress individuals from stigmatized minority groups experience as a result of being part of that group. This excess stress is brought about through minority-specific determinants or stressors. Concerning sexual minorities, the following types of stressors are noted: (a) external, objective stressful events and conditions, e.g., discrimination at work; (b) expectations of such stressful events; and (c) the internalization of negative societal attitudes regarding sexual minorities, as well as the perceived need to conceal one's sexual orientation. These different types of LGB-specific minority stress cause negative mental health outcomes (Meyer, 2003).

The present study focuses on two kinds of internal minority stress. The first dimension we consider is *stigma consciousness* (Pinel, 1999). This refers to the sensitivity LGBs have regarding the collective disapproval of personal characteristics or beliefs that are against cultural norms, in this case being LGB. Stigma consciousness affects the expectation of stressful events and the awareness of being stigmatized. Gay men appear to experience higher levels of stigma consciousness than lesbians. Gay stigma also has a negative effect on positive self-perceptions because of its negative impact on group identity, and is directly associated with lower self-esteem, lesser well-being, and higher psychological distress (Frable, Wortman, & Joseph, 1997).

The second internal stressor we focus on is *internalized homonegativity*. This can be defined as internalized negative attitudes that LGB individuals possess about their own sexuality,

reflecting societal views concerning LGBs (Mayfield, 2001). Internalized homonegativity has been perceived as a major risk factor in dealing with LGB youths' mental health issues (Morrow, 2003). This study investigates how stigma consciousness and internalized homonegativity impact mental health in a LGB youth population.

### LGB-specific Confidant Support Within a LGB Youth Population

Social support has a key negative effect on depression (Cohen, 1998; Meyer, 2003; Pearlin, 1985). Young adults who perceive low levels of social support (Elliot, Herrick, & Witty, 1992; Whatley & Clopton, 1992; Yang & Clum, 1994) tend to report significantly more depressive symptoms than those with higher levels of social support. One specific variant of social support is confidant support.

Confidant support refers to the availability of persons to whom one can turn to talk about personal problems. Generally, one could say that it is the support one receives from significant others. For example, Goldfried and Goldfried (2001) underlined the importance of parental support in the lives of LGB individuals. Partners, friends, and other family members can also function as "confidants." A number of studies targeting lesbian and gay young adults have also shown the importance of higher levels of LGB-specific confidant support and the extent to which it is associated with lower levels of depression and hopelessness, and raised self-esteem (Van Heeringen & Vincke, 2000; Vincke & Van Heeringen, 2002).

Building on the concept of LGB-specific confidant support, it is clear that not only the quantitative aspect of support is important but also the more qualitative aspects. The latter dimension is clearly demonstrated in the concept of *unsupportive social interactions* (Ingram, Betz, & Mindes, 2001). Social support research has mostly focused on its beneficial effects, whereas the negative influences of support have been neglected. Studies have shown that unsupportive social interactions account for a significant amount of the variance in psychological and physical symptoms, controlling for the variance explained by stress and social support among

college students (Ingram et al., 2001). These studies indicate that unsupportive social interactions concerning specific life events can lead to frustration, anger, and disappointment, thereby lowering self-esteem and producing negative attitudes toward others.

## Research Questions

In this study, we consider the effects of stigma consciousness and internalized homonegativity on the mental well-being of LGB youth. We expect that higher levels of LGB stigma consciousness and internalized homonegativity will be associated with lower levels of mental well-being. In addition to these internal stressors, we focus on confidant support and unsupportive social interactions. On the basis of the general literature, we expect to find that both will have a main effect. We expect that having confidants will result in less depression, and that experiencing unsupportive interactions will lead to higher depression.

## Method

### *Data Collection: The ZZZIP Survey*

With all of the major social and political changes over the last few years, the Flemish government wanted more insight into the lives of LGBs in Flanders (the northern, Dutch-speaking part of the federate state of Belgium). The department of sociology at the University of Ghent took on this assignment and in the autumn of 2004 administered the ZZZIP survey. Because of the hidden character of the target population, a combination of an online survey and a standard postal survey was the best methodological choice. The online survey portion was integrated into a specific Internet site ([www.zzzip.be](http://www.zzzip.be)), and an accompanying recruitment campaign was developed. It was important that the social marketing that founded this campaign was directed toward people with same-sex orientation, behavior, or identity, but was not exclusively connected to the label of LGB. It was imperative for us to recruit not only those individuals who identified themselves as being LGB, but also anyone who experienced same-sex attraction. The latter group is sometimes neglected within research because they are harder to reach and even less visible than LGBs. We

had a greater chance of reaching them through online surveys because of the anonymous character of the Internet. The website was online for three months and when the online survey concluded, 10,558 respondents had started the questionnaire, of which 5,091 were not exclusively heterosexual. Of the latter group, 2,741 filled it in completely. Of the 500 paper versions that were sent out, 180 were returned. The average completion time online was 45 minutes. The present study uses the ZZZIP data.

### *Participants*

In total, 2,921 LGBs, including those who did not identify themselves as such, participated in the ZZZIP study. However, the present research is based on 820 LGB individuals under 26 years old who participated in the survey, of whom 504 (61%) were male and 316 (39%) were female. The mean age was 21.5 years old. We used the Kinsey (1998) scale to have respondents define their own sexuality. This is a 7-point Likert scale with answers ranging from *exclusively heterosexual* to *exclusively homosexual*. No respondents were exclusively heterosexual; 3% saw themselves as predominantly but not exclusively heterosexual, 7% as bisexual, 34% as predominantly but not exclusively homosexual, and 56% as exclusively homosexual. Concerning education, 64% had a college or university degree, 30% had a high school diploma, and 6% had a lower degree.

### Measures (see Appendix for example items)

#### *Independent*

*Stigma consciousness.* To identify the extent to which respondents expected to be stigmatized by others, we used the stigma consciousness questionnaire for gay men and lesbian women (SCQ; Pinel, 1999). Cronbach's alpha was 0.76. (range 0-60, 10 items)

*Internalized homonegativity.* To measure internalized homophobia, we used the internalized homonegativity inventory (IHNI) for gay men (Mayfield, 2001). In this particular scale, the term *homophobia* has been replaced by *homonegativity*, relieving the whole concept of

its psychiatric context. We adapted the scale to relieve the contents of its male perspective and again curtailed the measure to 11 items in view of our lengthy questionnaire and the context of a LGB youth population. Cronbach's alpha was 0.80. (range 0-44, 11 items)

*LGB-specific confidant support.* To measure LGB-specific confidant support, we used a 4-item scale. The respondents could indicate whether there is (a) somebody with whom they could talk when they felt excited, worried, nervous, or depressed; (b) somebody they could turn to when they needed advice; (c) somebody they could trust to talk to about themselves; or (d) someone they could turn to when they had an important personal problem. We clearly stated in the introduction of the scale that the support that was measured concerned LGB-specific issues. For this scale, Cronbach's alpha was 0.97. (range 0-16, 4 items)

*The LGB-specific unsupportive social interactions inventory.* We measured unsupportive social interactions concerning specific LGB problems. We used 12 items from the unsupportive social reactions inventory (USII; Ingram et al., 2001). We had to decrease the number of items in the original scale because of the already lengthy questionnaire, and chose those items that could easily fit within a LGB youth context. Cronbach's alpha was 0.88. (range 0-36, 12 items)

### *Dependent*

We defined *mental well-being* as the level of self-reported depression. The Center of Epidemiologic Studies Depression (CES-D) scale consists of 20 items, and its strength lies in its nonclinical nature. The respondent is asked to score how frequently he or she felt a certain way during the past week on a 4-point scale (Radloff, 1977). As in most research using the CES-D, the internal consistency of this scale was very high, with a Cronbach's alpha value of 0.94. (range 0-60, 20 items)



## Procedures

### *Comparing Means*

In order to compare mean scale values of depressive symptoms, internalized homonegativity, LGB-specific unsupportive social interactions, LGB-specific confidant support, and stigma consciousness on the basis of sex (male or female), age (younger than 21 or 21 years old or older; we used 21 as a threshold age because most people at that age are transitioning from study to work, from living with parents to living on their own), and education (with or without a college or university degree), we used independent sample *t* tests.

### *Bivariate Analysis*

To explore the possible associations between the different variables included in the model, we calculated Pearson's correlations.

### *Multivariate Analysis*

We performed a hierarchical linear regression to examine possible one-way, linear effects of internalized homonegativity, stigma consciousness, LGB-specific confidant support, and LGB-specific unsupportive social interactions on the dependent variable—depressive outcomes—while controlling for the other independent variables.

## Results

### *Mean Differences*

The *t* tests indicated mean differences on some of the scales to be included in the analysis, on the basis of sex, age, and education. Table 1 shows all mean scores differentiated on the basis of sex (male or female), age (under 21 years old or between 21 and 26 years old), and education (with or without a college or university degree).

All of the following findings are significant on the 0.01 level. Women (18,00) scored higher on the depression scale ( $t = -3.182$ ) than men (15.17). Respondents younger than 21 years old indicated experiencing more feelings of depression (19.04;  $t = -4.974$ ), more unsupportive

behavior ( $9.81; t = -2.678$ ) from others, and less LGB-specific confidant support ( $13.04; t = 2.66$ ) than respondents 21 years old or older did. Respondents with no college or university degree scored higher levels of depressive symptoms ( $17.17; t = -3.527$ ) and LGB-specific unsupportive social interactions ( $9.45; t = -2.968$ ), and less LGB-specific confidant support ( $13.68; t = 2.644$ ), than those with a degree did.

#### *Bivariate Analysis*

The bivariate analysis showed significant ( $p < .01$ ) correlations between all LGB-specific stressors and depressive symptoms (see Table 2). The results were as expected. Higher levels of depressive symptoms were associated with higher levels of internalized homonegativity, stigma consciousness, and LGB-specific unsupportive social interactions, on the one hand, and with lower levels of LGB-specific confidant support, on the other hand.

#### *Hierarchical Regression Analysis*

The theoretically assumed causal relations in our model were tested through hierarchical regression analysis (Meyer, 2003). The different steps in the analysis are needed to evaluate the effect of the internal minority stressors on depressive symptoms and to see how both social support concepts come into play as one cluster. Apart from the independent variables—internalized homonegativity, stigma consciousness, LGB-specific unsupportive social interactions, and LGB-specific confidant support—and the dependent variable—depressive symptoms—we included demographic variables of age and sex in the model. Education was left out here to simplify the model (Table 3). A log transformation was performed on the dependent depression variable prior to the analysis to avoid problems caused by the distribution of the variable concerned (before transformation, skewness: 0.7; kurtosis: -0.2).

Age and sex were added in step 1 and were therefore controlled for during the rest of the analysis but will not be discussed further. Our theoretical model determined that in step 2 the LGB-specific internal stressors cluster should be added. Stigma consciousness and internalized

homonegativity both had independent significant effects of more or less equal size. (Beta: 0.25 and 0.23, respectively;  $p < .001$ ). Thus, if respondents experienced more internalized homonegativity or stigma consciousness, they reported more depressive symptoms.

Adding LGB-specific confidant support and LGB-specific unsupportive social interactions to the model (step 3), we observed a significantly negative association between LGB-specific confidant support and depressive symptoms. Further, we perceived that the concept of LGB-specific unsupportive social interactions had a strong positive significant effect on depressive symptoms. Within the social support cluster, the effect of LGB-specific unsupportive social interactions on depressive symptoms was significantly larger (Beta: 0.25) than the effect of LGB-specific confidant support (Beta: -0.08). This means that having someone to interact with concerning LGB-related topics indeed has a lowering influence on depression rates, but the nature of those interactions, in this case unsupportive interaction, tends to be even more important. In other words, within this explanatory model, higher levels of LGB-specific unsupportive social interactions form the greatest cause for higher levels of depressive symptoms among LGB youth.

As shown in Table 3, all independent variables accounted for a total of 29% of the variance in LGB youths' depressive symptoms, controlled for age and sex.

### Conclusion and Discussion

This study centered on LGB-specific determinants of mental well-being among LGB youth and the relative nature of the concept of support for the target group in dealing with these LGB-specific stressors. The present research was conducted on the basis of a subsample of LGB youth younger than 26 years old from the ZZZIP database, a government-funded study into the lives of gay males, lesbians, and bisexuals in Flanders.

The  $t$  tests showed significant mean differences in depressive symptoms between men and women, between respondents less than 21 years old and 21 years or older, and between respondents with and without a college or university degree. Women, respondents 21 years old or

older, and respondents without a college or university degree indicated a higher degree of depressive symptoms. Significant mean differences on the basis of age and highest attained degree were also found for LGB-specific unsupportive social interactions and LGB-specific confidant support. The respondents who were younger than 21 years old and without a college or university degree experienced significantly more LGB-specific unsupportive social interactions and less LGB-specific confidant support.

Bivariate analysis made apparent significant correlations between all LGB-specific stressors and depressive symptoms and confirmed the main effect hypotheses.

Next a hierarchical regression analysis was performed, controlling for age and sex. When predicting depressive symptoms, we found the highest beta was for LGB-specific unsupportive social interactions, with higher levels of LGB-specific unsupportive social reactions being associated with higher levels of depressive symptoms. Significant effects were also found for internalized homonegativity, stigma consciousness, and LGB-specific confidant support, with higher levels of internalized homonegativity and stigma consciousness and lower levels of LGB-specific confidant support being associated with an increased indication of depressive symptoms.

A lot of time and information was required of the respondents since the ZZZIP database would eventually be used to support equal opportunity policy. Consequently, we had to shorten several of the scales and drop some questions to avoid respondent drop out. We should also stress that the data was mainly collected by means of the Internet. Shortcomings that result from using this kind of method are apparent, extreme self-selection and underrepresentation of older age groups to name two major examples (Koch & Emrey, 2001). However, in order to maximize diversity within this large sample of LGBs, we adapted several other kinds of data collection strategies like on site promotion of the website at LGB venues and sending out paper versions of the questionnaire.

The differences in mean score on the CES-D scale on the basis of sex, age, and education are typical within mental health studies (Bouma, Ranchor, Sanderman, & Van Sonderen, 1995), although this LGB population had much higher average scores than heterosexual groups in similar research (Yoshikawa, Wilson, Chae, & Cheng, 2004). Of the LGB respondents, 36.8% scored above the clinical cutoff point of 16, constituting a risk for clinical depression, and 22.9% above the cutoff of 23, constituting a high risk for depression. These findings contribute to the ongoing concern about mental health problems among LGB youth. Further, stigma consciousness, or being conscious of the stigma attached to being part of LGB minorities, and internalized homonegativity, the internalization of societal negative attitudes toward LGBs, are substantial predictors of depressive outcomes and should be studied more closely in terms of future prevention and information campaigns. Further, we found evidence in the significant effect of confidant support that having someone to talk to and/or rely upon seems to be pivotal in shielding a LGB youth from stressful experiences. We also broadened the concept of confidant support by adding LGB-specific unsupportive social interactions to supportive social interactions, viewing these as two dimensions of the support structure. It should be stressed that it is not only the support of confidants that is of major significance in dealing with the mental well-being of LGB youth, but also the nature of those supportive interactions, in which case the direct effect of LGB-specific unsupportive interactions is even more important. Unsupportive social interactions seem to be an important hindrance in the lives of LGB youth; experiencing distancing, minimizing, and bumbling on the part of others, and blaming others' reactions for the problems they have can heavily impact LGBs' mental well-being. It is clear, therefore, that the concept of unsupportive interactions has its rightful place within minority stress models. On the whole, it seems that a more positive social climate toward LGBs in general is not enough to help young LGBs with their mental struggles on an individual level. LGBs will always be a minority and mental health issues will remain a part of that minority status, especially for LGB youth. Further, growing social

acceptance of LGBs could lead to minimizing the personal issues LGB youth continue to have to deal with.

In the future, our research model should be expanded by adding objective external minority stressors for example the experience of discrimination on the basis of sexual orientation. Further, it is important that policy and research focus not only on the mere presence of social support but also take into account possible social interactions that are unsupportive.

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## Appendix: Example items

### **Stigma consciousness**

I never worry that my appearance could be seen by others as “typically gay” or “typically lesbian.”

Most heterosexuals have no trouble seeing LGBs as their equals.

*Response categories: 7-point Likert scale: Do not agree—Agree*

### **Internalized homonegativity**

I see my sexual orientation as a gift.

I wish I wasn't LGB.

*Response categories: 5-point Likert scale: Do not agree—Agree*

### **LGB-specific confidant support**

Is there someone trustworthy you can talk to about yourself with regard to your sexual orientation?

Is there someone you can talk to when you're having major personal problems with your sexual orientation?

*Response categories: 5-point Likert scale: No, there is not—Yes, there is*

### **LGB-specific unsupportive social interactions inventory**

They refused to take me seriously when I talked about my sexual orientation.

They changed the subject whenever my sexual orientation came up in the conversation.

*Response categories: 4-point Likert scale: They never reacted in this way—They always reacted in this way*

### **CES-Depression scale**

During the past week...

My sleep was restless.

I felt hopeful about the future.

*Response categories: 4-point Likert scale: Never—Always*

Table 1

*Mean Scores and Mean Differences (t tests)*

	Mean	SD	Sex		Age		Education	
			M	F	< 21	≥ 21	No coll./univ. degr.	Coll./univ. degr.
Depressive symptoms	16.58	12.71	15.17*	18.00*	19.04*	14.62*	17.17*	13.71*
Internalized homonegativity	12.37	7.61	12.22	11.92	12.53	11.85	11.85	12.62
Unsupportive social interactions	9.14	6.13	8.83	9.45	9.81*	8.62*	9.45*	8.01*
Confidant support	13.61	4.04	13.86	13.85	13.04*	14.13*	13.68*	14.46*
Stigma consciousness	26.61	9.17	27.26	25.96	27.06	26.58	26.80	26.58

\* significant ( $p < 0.001$ ) difference in mean score.

Table 2

*Bivariate Correlations*

Variables	1	2	3	4	5
1. Internalized homonegativity	–	0.34*	0.18*	-0.31*	0.31*
2. Stigma consciousness		–	0.28*	-0.21*	0.31*
3. Unsupportive social interactions			–	-0.30*	0.40*
4. Confidant support				–	-0.27*
5. Depressive symptoms					–

\*  $p < 0.001$ .

Table 3

*Stepwise Hierarchical Regression with CES-Depression Scale as Dependent Variable*

	Step 1		Step 2		Step 3	
	B	$\beta$	B	$\beta$	B	$\beta$
Age	-0.1	-0.19*	-0.01	-0.17*	-0.01	-0.14*
Sex: female	0.03	0.10*	0.04	0.12*	0.03	0.11*
Internalized homonegativity			0.01	0.23*	0.00	0.19*
Stigma consciousness			0.00	0.25*	0.00	0.18*
Confidant support					-0.00	-0.08*
Unsupportive social interactions					0.01	0.25*
R <sup>2</sup> (increase)	0.07		0.22	(0.15*)	0.29	(0.07*)

\*  $p < 0.001$ .