History of Bullying has Long-Term Consequences:

Coping Strategies and Impact of Stress in LGBTQ Adults

by

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ABSTRACT

The long-term impacts of bullying, stress, sexual prejudice and stigma against members of the LGBTQ population are both worrisome and expansive. Bullying among adolescents is one of the clearest and most well documented risks to adolescent health(Nansel et al., 2004; Wilkins-Shurmer et al., 2003; Wolke, Woods, Bloomfield, & Karstadt, 2001) The present study examined the influence of sexual orientation to severity of bullying experience, coping strategies, emotion regulation and the interaction of gender role endorsements in relation to coping and emotion regulation strategy prediction. Extensive research exists to support high victimization experiences in LGBT individuals (Birkett et al., 2009; Robert H DuRant et al., n.d.; Kimmel & Mahler, 2003; Mishna et al., 2009) and separately, research also indicates support of gender role non conformity, social stress and long term coping skills (Galambos et al., 1990; Sánchez et al., 2010; Tolman, Striepe, & Harmon, 2003b).

The goal of this study was to extend previous finding to find a relationship between the three variables: sexual orientation, victimization history, and non-traditional gender role endorse and utilizing those traits as predictors of future emotion regulation and coping strategies. The data suggests that as a whole LGBT identified individuals experience bullying at a significantly higher rate than their heterosexual counterparts. By utilizing gender role endorsement the relationship can be expanded to predict maladaptive emotion regulation skills, higher rates of perceived stress and increased fear of negative evaluation in lesbian women and gay men.

The data was consistent for all hypotheses in the model: sexual identity significantly predicts higher bully score and atypical gender role endorsement is a moderator of victimization in LGBT individuals. The findings indicate high masculine endorsement in lesbians and high feminine endorsement in gay males can significantly predict victimization and maladaptive coping skills, emotion dysregulation, increased stress, and lack of emotional awareness.

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INTRODUCTION

The long-term impacts of bullying, stress, sexual prejudice and stigma against members of the lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) population are both worrisome and expansive (Friedman, Koeske, Silvestre, Korr, & Sites, 2006; MacDougall, 1998; Meyer, 2003). There are highly publicized incidents of bullying in youth, suicide in teens, acts of violence against the gay community and the current measure of non-heteronormative sexual behavior in society shows that it is a socially devalued status (Meyer, Schwartz, & Frost, 2008)

Unlike the targets of racial prejudice and stigma, which is less unacceptable in today's society, members of the gay community are frequently targets of heated political debate, open discrimination by certain religious sects and currently have unequal legal status throughout the United States (Adam, 2003; MacDougall, 1998; Olson, Cadge, & Harrison, 2006). Research has found that homosexual individuals experience mental health problems at a higher rate than the heterosexual population (Meyer, 2003). Additionally, LGBTQ individuals have relationships that are often considered socially devalued (Meyer, 2003). Homosexual relationships are part of a non-traditional, less socially accepted and approved relationship type known as marginalized relationships (Lehmiller, 2006)

Gender identity development is an integral part of social expression, formation of social bonds and relationship maintenance (Galambos, Almeida, & Petersen, 1990; Sánchez, Westefeld, Liu, & Vilain, 2010; Tolman, Striepe, &

Harmon, 2003). Research has shown that gender non-conformity contributes to an increase in psychological distress, difficulties forming same sex friendships and is a predictor for maladaptive coping skill formation (Falomir-Pichastor & Mugny, 2009; Friedman et al., 2006; Lengua & Stormshak, 2000; Sandfort, Melendez, & Diaz, 2007; Tolman, Striepe, & Harmon, 2003b)

This study examined the relationship between victimization in adolescence and coping mechanisms, stress and fear of negative evaluation specifically in LGBTQ adults. Sexual prejudice, explicit homophobia and sexual stigma are the most *physically* imposing threat to the health and wellness of homosexual individuals, while internalized homophobia has long lasting mental health impacts that span into all aspects of relationships. The negative self-evaluation associated with internalized homophobia has an extensive life impact on working relationships, romantic relationships, as well as experiences with family and friends. Internalized homophobia also has significant health impacts, leading to higher levels of stress, anxiety, depression and lower levels of self esteem (Ryan, Huebner, Diaz, & Sanchez, 2009; Sandfort et al., 2007). Previous research has found that gender non-conformity leads to increased stress, anxiety and mental health issues (Falomir-Pichastor & Mugny, 2009; Friedman et al., 2006; Nagoshi et al., 2008; Sandfort et al., 2007). However, little research exists exploring the relationship between a non-heteronormative sexual identity and gender identity and the combined impact of the two traits on both victimization history along with ability to predict future maladaptive coping and increased stress. Therefore, this

study also examined the effects of traditional and non-traditional gender role endorsements on current stress and coping mechanisms for LGBTQ adults.

REVIEW OF LITERATURE

Internalized Homophobia

Currently there are significant overarching social disadvantages and prejudices to a non-heteronormative lifestyle. The recognition and observation of these attitudes creates a sense of "internalized homophobia" that begins even prior to a self-realization of one's sexuality and formation of a sexual identity (Allen & Oleson, 1999; Herek, 2004; Meyer & Dean, 1998a). Internalized homophobia has been defined as "a gay person's direction of negative social attitudes towards themselves" (Frost & Meyer, 2009; Meyer & Dean, 1998). This negative social attitude is a result of the collection of societal views toward sexual orientation and attempt to eliminate the internal distress of entering a minority status (Rowen & Malcolm, 2003). Unlike heterosexuality, which is an assumed status at birth, homosexual individuals must go through a period of self-reflection and selfdiscovery prior to "coming out." Researchers have found that the coming out process creates internalized homophobia; this sense of conflict, self-loathing or self hatred significantly impacts the perceived quality of interpersonal relationships, perceived life stress and psychological health (Frost & Meyer, 2009a; Meyer & Dean, 1998b), and increases risks of chronic conditions. Previous research indicates that chronic conditions such as stress and anxiety have a significant detrimental impact on both personal health and well being but also quality of romantic and interpersonal relationships (Hymel, Rubin, Rowden, & LeMare, 1990; Otis, Rostosky, Riggle, & Hamrin, 2006; Perren & Alsaker, 2006).

The development of LGBTQ sexual identity is a multi-stage process which includes: sensitization, identity confusion, identity assumption and commitment (Richard, 1988). Richard (1988) defines these concepts further: sensitization is a physical sexual response to non-heteronormative stimuli and identity confusion is the worry and uncertainty regarding the beginning of the selflabeling process. *Identity assumption* is the internal process of sexual identity certainty and the final stage is *commitment*, which marks the transition to outward verbalization or expression of sexual identity, and the traditional mental image associated with "coming out." The process of homosexual identity development causes the individual to develop a sense of perceived stigma which can lead to self loathing, "hiding behavior," and both adaptive and maladaptive coping strategies based on the person's internalized beliefs regarding their sexuality (Meyer, 1995). The stigma surrounding homosexuality leaves the individual with an internalized negative self-perception due to conflict between person identity and the dominant values of society (Allen & Oleson, 1999; Meyer, 2003; Rowen & Malcolm, 2003). Therefore, according to this research, the individual comes to believe they have a deviant identity and that internal conflict manifests as selfloathing (i.e. internalized homophobia).

The current status of homosexuality within Western culture in particular is one of conflict. There are multiple movements to both expand and restrict "gay rights" (e.g., the right to marry, hospital visitation, adoption, sexual equality in the workplace, social and cultural discrimination). The social climate for LGBTQ individuals is in flux (Adam, 2003; Birkett, Espelage, & Koenig, 2009; Grossman

et al., 2009; Ragins & Cornwell, 2001; Rostosky & Riggle, 2002) and open sexual identity expression is not always culturally acceptable. The negative impact of cultural attitudes toward sexual identity expression causes internal duress and negative internal evaluation of sexual status.

Although feelings of internalized homophobia are most acute at the early stages of coming out, researchers found that internalized homophobia rarely completely subsides (Cass, 1984; Richard, 1988) (Frost & Meyer, 2009; Rowen & Malcolm, 2003). Therefore, internalized homophobia can continue to affect and shape current and future relationships. Even as an acute sense of internalized homophobia subsides the rumination of the early internal conflict can continue to create shame, effect relationships with family and friends, and lead to a multitude of mental health issues and psychological distress (Allen & Oleson, 1999; Frost & Meyer, 2009a; Meyer et al., 2008).

The stress involved in the process of "coming out" to immediate family and friends puts individuals at most risk for mental health problems and maladaptive coping strategies. Researchers have found that anxiety, depression, and suicidal ideations and attempts reach a peak at this point in homosexual identity development (Friedman et al., 2006; Meyer, 1995). The most worry surrounding the "coming out process" appears to revolve around the perceived rejection from immediate family and close friendships. This is especially true in populations that rate high in extrinsic religiosity and have much more stringent or negative evaluations of the homosexual population (Tsang & Rowatt, 2007). The age at which a person "comes out" can affect stress and psychological health as

well. The stress of living with a "secret" or shame of self-identity can significantly impact a person's community life functioning and sense of personal well being (Friedman et al., 2006; Ryan et al., 2009; Swearer, Espelage, Vaillancourt, & Hymel, 2010; Swearer, Turner, Givens, & Pollack, 2008).

Higher levels of internalized homophobia have shown over multiple studies to be highly correlated with low self esteem, low self worth, higher sexual and HIV-related risk behaviors, and higher levels of alcoholism and drug use (Dew & Chaney, 2005; Meyer, 2003; Meyer & Dean, 1998; Meyer et al., 2008; Szymanski, Chung, & Balsam, 2001). Due to the low amount of social control and high acceptance of social disapproval, stigma and prejudice related to sexual orientation homosexual individuals risk internalized and externalized traits of victimization (Meyer, 1995). Victimization effects are the result of status in a minority group that is "incongruent between the minority person's culture, needs, and experience, and social structures (Meyer, 2003). A socially devalued sexual status therefore creates constant vigilance at an individual level to hide and constantly monitor which eventually leads to negative psychological symptoms such as stress, anxiety and low self-esteem which strengthens and elongates the impact of internalized homophobia (Meyer, 1995).

Coping strategies for internalized homophobia are difficult to suggest and most of the coping strategies that researchers have found are maladaptive (such as the significant spike in suicidal ideations and attempts, anxiety, depression, drug use, and risk taking behavior). Awareness of sexual orientation alone as well as being teased for sexual identity at school leads to more frequent recreational drug

use, truancy from school, increased alcoholism and increased risk of violence within the school system (DuRant, Krowchuk, & Sinal, 1998; Kimmel & Mahler, 2003). In order to combat the long-term impacts of internalized homophobia there would need to be an overarching cultural shift of attitudes towards homosexuality itself.

Fortunately, it appears that internalized homophobia begins to decrease with age. This effect is amplified by positive life conditions such as the ability to be "out" at work, a stable partnership, sexual satisfaction, and a diminished belief in stigmatization and worry regarding exclusion by social groups. As people age they are able to develop "safe spaces" and create a supportive and healthy social circle which decreases feelings of worthlessness and low self esteem (Berger, 1980).

Sexual Prejudice and Stigma

Heterosexism, sexual prejudice and sexual stigma create a negative and sometimes dangerous environment for LGBTQ individuals. Sexual stigma is the awareness or knowledge of society's negative regard for homosexuality. Sexual prejudice is a negative individual attitude toward LGBTQ individuals or behavior while heterosexism is a broader term that defines cultural acceptance and approval of sexual relationships and sexual contact. Heterosexism asserts superiority of heterosexual relationships and continues to perpetuate ideas of sexual stigma and prejudice (Herek, 2004). To date, research has found that LGBTQ prejudice is positively correlated with physical aggression in

homophobic adult males (Bernat, Calhoun, Adams, & Zeichner, 2001; Parrott & Zeichner, 2005).

Interestingly, research has also found a strong positive correlation between religious orientation and implicit sexual prejudice and a positive correlation between "right wing authoritarianism" and explicit sexual prejudice (Tsang & Rowatt, 2007). Implicit sexual prejudice indicates an internal but not outwardly expressed prejudice towards LGBTQ individuals while explicit sexual prejudice refers to overt behaviors toward LGBTQ (Herek, 2000, 2004). The findings suggest that individuals high in religiosity will also have high levels of homophobia.

This effect is not surprising, as Western religions do not condone homosexuality or a homosexual lifestyle. The interesting facet of these findings indicate a difference in people who "use" their religion and those who "live" their religion (Tsang & Rowatt, 2007). In other words, people high in right wing authoritarianism (and religiosity) are "using" the teaching of their religion as a method of discrimination or as a means to an end. Conversely, those high in religiosity but liberal or moderate in their political beliefs are more likely to "live" their religion, meaning they are not likely to be explicitly sexually prejudiced. Other research has indicated that individuals who score extremely high in homophobia are more likely to be aroused by erotic images, suggesting that extreme external homophobia may be an indicator for latent homosexuality and self hatred—perhaps as a result of very debilitating internalized homophobia (Adams, Wright, & Lohr, 1996; Zeichner & Reidy, 2009).

While the extremely religious, politically convicted or extremely homophobic create a physical and psychological distance from the gay community, their presence continues to create significant "minority stress" for members of the gay community. Minority stress in non-heterosexual individuals is the result self-comparison to the negative evaluation of homosexuality in mainstream culture (Herek, 2004). Sexual prejudice in mainstream culture has a significant impact on the psychological health of the gay population. As previously mentioned the rate of mental illness and psychological disorders in the gay community is higher than in the heterosexual community (Meyer, 1995). This psychological stress includes anxiety, depression, and low self worth all of which have been shown by previous research to have long term physical health impacts as well as impacts on social relationships and an internal sense of well-being (Heponiemi et al., 2006).

Due to the societal disadvantage of homosexuality individuals often develop an avoidant coping strategy in relation to their sexual status when faced with confrontation or aggression (Meyer et al., 2008). Previous research has indicated that although avoidant coping strategies may be affective in the short term (because one does not have to address the issue directly) it can lead to long term stress and over-activation of the stress response system (Newman, et. al 2011; Taylor, Lerner, Sage, Lehman, & Seeman, 2004).

Bullying/Victimization and Gender Roles

Bullying among adolescents is one of the clearest and most well documented risks to adolescent health. The typical bullying scenario imagined by

most is overt physical bullying. However, research has shown that other forms of bullying are equally psychologically harmful (e.g., Baldry, 2004). Verbal and relational bullying (having gossip spread or being purposely ignored) is more common among females and can lead to some of the same psychological and somatic conditions as overt physical bullying.

If they are open about their sexuality during adolescence or childhood, LGBT individuals can experience long lasting effects of stress and social discrimination due to their sexuality (Batson, Floyd, Meyer, & Winner, 1999). Although Taylor et al (2004) noted that any kind of social stress early in life has long lasting effects in adulthood, the probability of social stress, ostracism, violence or bullying is significantly higher in the gay community—therefore putting LGBTQ individuals at a higher risk than the heterosexual population (Birkett et al., 2009; DuRant et al., 1998; Grossman et al., 2009; Mishna, Newman, Daley, & Solomon, 2009; Russell, Franz, & Driscoll, 2001).

Previous research on bullying (Newman et al., 2011) has already demonstrated that victims of bullying are more likely to develop avoidant coping strategies. Homosexuality presents a unique set of additional issues. Bullying and ostracism in adolescence is especially significant in the gay community. Swearer, Turner, Givens, & Pollack (2003) found that harassment based on sexual orientation is rarely considered as bullying in a public school setting, and, consequently, school administrators rarely intervene. LGBT youth are more likely to be verbally harassed, threatened with violence, more likely to witness violence and more likely to be injured by this violence than their heterosexual peers

(Russell et al., 2001). Members of the LGBTQ community are also more likely to attempt suicide, abuse drugs and become truant from school due to fear (Duhrant, Drowchuk, Sinal; 1998).

Gay men in particular experience a high level of aggression from their peers (Birkett et al., 2009; Swearer et al., 2008). This aggression is more likely to be in the form of verbal taunting, vicious teasing rather than physical aggression but gay males and transgendered persons are at the most risk for physical violence (Nagoshi et al., 2008). Previous research has found that lesbian women may not experience sexual prejudice in an overt or aggressive manner, however they often face sexual prejudice as they begin to mature, especially in the realm of competitive sports and work environments (Griffin, 1992; Szymanski et al., 2001). Like in childhood and adolescence, the physical and psychological energy of remaining hidden can compound and continuously contribute to feelings of worthlessness, stress and anxiety (Allen & Oleson, 1999).

Throughout adolescence and into adulthood LGTBQ individuals continue to experience multiple types of social stress, prejudice and stigma that have long-term health impacts. Aggression toward gay and transgendered identified men is the highest among the homosexual minorities (including lesbians, bisexual men and women, and queer and questioning individuals); (Bernat et al., 2001; Nagoshi et al., 2008). Research has found heterosexual men who have high homophobic tendencies are most likely to respond aggressively to homosexual males (Falomir-Pichastor & Mugny, 2009). Falomir-Pichastor and Mugny believe this is because

male homosexuality presents a direct threat to the heterosexual male's gender identity and personal masculinity.

The threat to male gender identity begins in childhood. Bullying literature suggests that young boys are often teased or tormented for being "too effeminate" or participating in activities that are more commonly for girls (Swearer et al., 2008). The social pressure for boys to conform to a standard of masculinity is more rigid than the social standard for young females (Galambos et al., 1990; Tolman, Striepe, & Harmon, 2003). Kimmel and Mahler (2003) argue that nearly all of the incidents of school shootings between 1982 and 2001 were carried out by boys who had been frequently taunted for appearing gay, sexually inadequate or being non-conformist with typical male culture. Boys who are labeled not "man enough" face an increase in suicidal ideations, depressive symptoms and decreased healthy social interactions (Swearer et al., 2010).

This taunting due to gender role non-conformity provides more validation that homosexuality is a form of deviance and it is used as a threat to masculinity and as an insult to heterosexual men (Falomir-Pichastor & Mugny, 2009; Swearer et al., 2008). Gender-based aggression is easily transferable to adolescence and adulthood when challenges to masculinity have serious consequences for social status, romantic relationships and even workplace functioning (Otis et al., 2006; Rostosky & Riggle, 2002).

It is hypothesized that LGBTQ individuals encounter bullying at a higher rate than members of the heteronormative majority. Additionally, the study aims to show that sexual orientation combined with non-traditional gender roles will be

directly related to long term maladaptive coping skills, increased perceived stress and fear of negative evaluation as a result of being bullied.

METHOD

Recruitment and Sample Techniques

Recruitment of a minority group, and in particular sexual minorities, requires special consideration and justification. According to Meyer and Wilson (2009), there is no supported method to determine if a sample of LGBTQ individuals is actually representative of the population at whole. This is the result of multiple factors the most prominent being that a sizeable portion of the LGBTQ population remains hidden (Donovan, 1992) due to the considerable stigma, possibility for job loss or rejection or reduction of social status (Meyer & Wilson, 2009).

Therefore, in the context of this study a combination of *targeted sampling*, and *snowball-sampling* techniques were used in order to reach a representative group of the intended population. Targeted sampling requires purposeful and strategic recruitment in areas or by methods that the intended population is likely to frequent and in an environment that is not likely to create a risk of exposure to a hidden population (Donovan, 1992; Salganik, 2006). It is important to note that a targeted or snowball sampling technique holds a higher degree of validity and external generalization ability than does *convenience sampling* (Browne, 2005; Salganik, 2006).

Procedure

Participants were recruited via two methods: online and in LGBTQ "safe places." For the purposes of this study a safe place is defined as an environment that encourages, supports and promotes the open expression of sexuality in a

format that is not likely to risk social standing. In-person recruitment was done by handing business cards with a link to an online survey out to people in attendance at local pride parades and leaving business cards at local gay establishments such as restaurants, bars, and community centers. This method yielded fewer than 30 respondents (<1% of total sample size).

The primary method of recruitment utilized online social networking sites. Within the last decade social networking sites have become much more prominent and commonplace as a form of communication and connection to other individuals (Boyd & Ellison, 2007). Previous research has indicated that social networking has "revolutionized" the coming out process, providing access to resources and support, and dramatically increasing the ability to access, meet and communicate with other members of the LGBT community while maintaining anonymity (Haag & Chang, 1998; Sauerbier, 2011). Additionally, it has allowed members of the gay community to explore romantic relationships in an environment that poses a low risk of exposure and opportunity for open expression of sexuality (Gudelunas, 2012).

Online recruitment was done through the sites Facebook, Twitter, Tumblr, and gay community boards such as MeetUp and email listservs of gay organizations. Recruitments were posted on the "walls" through groups of gay focused or allied organizations or celebrities. The social networking sites were not "gay exclusive" websites and many heterosexual participants were directed to the survey from the same message boards or organizations as the LGTBQ participants. Potential participants were then directed to an outside data collection

site to complete the survey described below. No identifying information was collected during the study in order to ensure complete anonymity. Aside from basic demographic information such as location, age, sex, gender and sexual identity the only information participants were asked to provide was responses to the survey materials listed below. No compensation was offered for participation of completion of the study.

Participants

All participants (N=568) were recruited through the two aforementioned techniques and directed to an online website to participate in the survey anonymously. Ages of participants ranged from 18-90 years (M=32.04, SD=11.980, Mode=18). Any participants who reported being less than 18 years of age were excluded from analysis.

Sex was divided into three categories: male (n=191, 33.6%), female (n=368, 64.8%) and intersex (n=1, 0.2%). The single intersex participant was excluded from analysis. Gender was a separate category: male (n=190 33.5%), female (n=360, 63.4%) and other (n=14, 2.5%). Since there was no significant difference between sex and gender all analysis that required separation of males and female participants were made using the sex variable.

Sexual Identity was separated into five categories for analysis purposes: lesbian (n=111, 19.5%), gay men (n=127, 22.4%), bisexual (n=125, 22%), transgendered (n=7, 1.2%), and straight (n=172, 30.3%). Participants who selected any sexual orientation other than straight were asked to report the age they "came out" (i.e. became open to others regarding their sexual orientation)

(n=359, M=19.68, Mode= 15, range 4-48 years). Some of the missing data includes gay individuals who have not "come out" to their friends of families and it is important to note that no scale of coming out was used to measure degree of outness.

One potential benefit of this study and of future research utilizing social networking sites is the worldwide response ability. Respondents in this study were primarily from the United States (n=457, 80.5%), the United Kingdom (n=14, 2.5%), Canada (n=16, 2.5%) and Australia (n=8, 1.4%). Nineteen other countries were represented although contributed to less than 1% of total participants. See Appendix B for complete listing. Forty-eight states were represented in the survey with the largest percentages from California (n=68, 12.0%), Arizona (n=61, 10.7%) and New York (n=34, 6.0%). See Appendix C for a complete listing of states represented in the study.

Materials

Experiences with Bullying Questionnaire (EBQ; Newman, Holden, & Delvill, 2005). The EBQ is a 10-item self-report measure of bullying/victim history and feelings of isolation and perceived popularity during school years (elementary through college). It also measures bullying type experienced/perpetrated: physical, verbal/emotional or both. The EBQ was modeled after the Olweus' Bully/Victim Questionnaire (Solberg & Olweus, 2003) which measures similar variables but also includes measures of aggression, depressive tendencies, global negative self evaluation, peer disintegration, and antisocial tendencies. In the present study, we calculated a single "bullying

score" by summing frequencies of victimization across time periods (Newman, Holden, & Delville, 2011). This score ranged from 0 to 6, and represents one's cumulative experience as a victim of bullying. Higher scores indicate more frequent victimization by bullying. See Appendix D.

Bem Sex Role Inventory (BSRI; Bem, 1974). The BSRI creates a clear distinction between masculine and feminine sex roles and traits. The BSRI is a sixty-item inventory with 20 questions related to traits associated with masculinity and 20 related to femininity. The final 20 questions are neutral traits not related to traditional masculine or feminine roles but provide context and also to ensure that participants are not answering in manner that is socially desirable for their gender. Examples of masculine traits are: 'acts as a leader', 'competitive', and 'willing to take risks. Feminine traits include: 'cheerful,' 'sympathetic,' and 'understanding,' while neutral items include: 'adaptable,' 'conceited,' and 'unpredictable.' Participants were asked to rate each trait on a scale of 1 (never or almost never true) to 5 (always or almost always true). A score of high masculinity not only indicates endorsement or traditional masculine traits but a rejection of feminine traits and vice versa. An androgynous score indicates an equal endorsement of both masculine and feminine traits. See Appendix E.

Difficulties in Emotion Regulation Scale (DERS; Gratz & Roemer, 2004). The DERS measures modulation of emotional arousal, awareness, understanding and acceptance of emotions as well as ability to act in desired manner regardless of emotional arousal. The DERS has an overall score and can be divided into sub-scaled items that address different aspects of emotion

dysregulation. The DERS is a 36-item self report measure that asks participants to rate how often an items applies to themselves, with responses ranging from 1 (*almost never*, 0-10%) to 5 (*almost always*, 91-100%). The DERS has a score range of 36-180 allowing for both a total score and six subscale scores: (a) non-acceptance of emotional responses, (b) difficulties engaging in goal-directed behaviors when distressed, (c) difficulties controlling impulsive behavior when distressed, (d) lack of emotional awareness, (e) limited access to a self-identified emotion regulation strategy, and (f) lack of emotional clarity. Higher scores reflect greater difficulties with emotion regulation in both the overall score and the subscale scores. See Appendix F.

Perceived Stress Scale (PSS; Sheldon Cohen, Kamarck, & Mermelstein, 1983). The PSS is a ten-item scale that measures the degree to which one perceives situations and life events as stressful. Questions indicate how unpredictable, uncontrollable or overloaded participants felt in the last month. Items included: "In the last month, how often have you been upset because of something that happened unexpectedly?" Higher scores indicate a larger degree of perceived stress. See Appendix G.

Brief Fear of Negative Evaluation (bFNE; Leary, 1983). The bFNE is a 12-item scale that measures the degree of apprehension one feels toward a negative evaluation by others. Higher scores indicate that a person is more likely to avoid situations that would result in negative feedback, seek social approval, work harder on projects that will be evaluated by others, experience higher rates

of social anxiety (as compared to those with lower scores), and indicate feeling worse about receiving negative feedback. See Appendix H.

Emotion Regulation Questionnaire (ERQ; Gross & John, 2003). The ERQ is a ten-item scale developed to measure two separate emotional regulation strategies: reappraisal and suppression. Reappraisal involves cognitive change in a potentially emotional situation that alters the emotional response; this is generally considered a positive coping strategy. Conversely, suppression involves stifling any emotional response whether positive or negative that also impacts the emotional response and outward behavior. Previous research indicates that suppression is cognitively taxing whereas reappraisal is not. Participants were asked to rate both reappraisal ("I control my emotions by changing the way I think about the situation I'm in") and suppression ("I control my emotions by not expressing them") items on a 7-point scale with 1 indicating strongly disagree and 7 strongly agree. Scores are separated into a reappraisal and suppression score with higher scores indicating more use of emotional regulation strategy. There was no differentiation between positive and negative emotions and regulation strategies. See Appendix I.

RESULTS

Hypothesis 1: Sexual Minorities Experience More Victimization

The impact of sexual orientation on victimization and experiences with bullying was tested using a regression analysis, with total bullying score as the dependent variable. Using the Experiences with Bullying Questionnaire (EBQ) the "bullying score" was calculated by summing the frequencies of bullying across time periods to include elementary, high school and college (Newman, Holden, & Delville, 2011). Additionally, in a comparative sample of young adults that were not specifically targeted as LGBTQ one third of those surveyed reported a history of bullying (Newman, Holden, & Delville, 2011). The highest possible bully score for victimization by bullying is a 6 and all groups surveyed had a mean score over 4.

For this study regression analysis was utilized in order to examine the relative impact of each coefficient in the model and to conduct a multi-step analysis to identity interaction and moderation of sexual identity and gender role endorsement on the dependent variable. In order to examine the impact of sexual identity on experiences with bullying and victimization, it was necessary to utilize dummy coding in order to create a dichotomous comparison value from multiple categorical variables. The comparison group, which was also the largest group, was heterosexual individuals. This allowed each subset of homosexuality to be compared to the heteronormative sample. As seen in Figure 1 the group most impacted by bullying was gay males (M=4.99, SD=1.26, n=112) and transgendered participants (M=5.0, SD=.894, n=6). However, due to the low

number of transgendered respondents it was unclear from this study if it was possible to generalize this effect to a larger population. The low number of responses from transgendered participants was most likely due to the difficulty finding individuals in a population that is more hidden and faced with even higher rates of sexual prejudice and discrimination than other members of the LGBTQ community (Nagoshi et al., 2008). For a detailed list of each group and its corresponding mean see Table 1 in Appendix J.

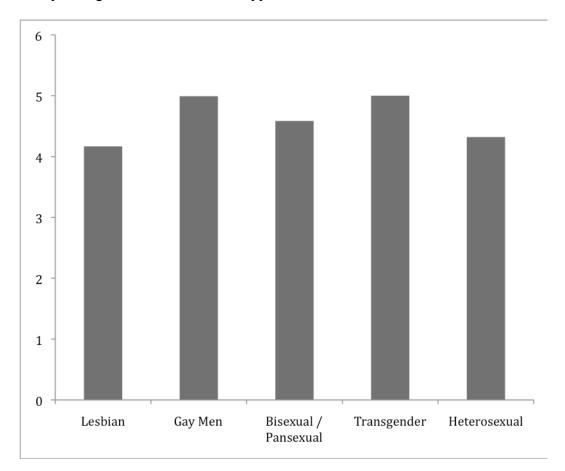


Figure 1. Means of bully scores by sexual identity

By utilizing a linear regression analysis the data supports previous research that a non-hetero sexual identity alone is a significant predictor of

victimization (R^2 = .031, F(2,376)= 4.231, p <.01). Although the overall model was significant, a review of individual coefficients showed that the effect of sexual identity on victimization history was only significant in gay males (β = .128, t(425)=2.239, p=.026). In this study sample, the opposite effect was found in lesbian participants (β = -.117, t(425)=-2.094, p=.037) suggesting that lesbians experience bullying and victimization at a significantly lesser rate than their heterosexual peers. Transgendered and bisexual / pansexual individuals did not differ significantly from the heterosexual control group. See Table 2 for reference.

Table 2
Summary of Regression Analysis Predicting Bullying Score by Sexual Identity (N=430)

	Model 1			
Variable	В	SE B	β	
Lesbian	410	.196	117*	
Gay Men	.415	.185	.128*	
Bisexual / Pansexual	.009	.187	.003	
Transgender	.424	.585	.035	
R^2		.040		
F for change in R^2		4.448**		

Note: **p*<.05, ***p*<.01

The associations were examined in more detail by breaking down the bullying experience by type of victimization (physical, emotional / verbal, or

both). A chi-square analysis revealed a significant association between sexual identity and victimization type, χ^2 (12) = 68.839, p < .001. In gay males, 86.6% of the sample reported encounters with bullying (69.6% report verbal / emotional bullying and 17% report both physical and emotional bullying). For lesbians 69.7% also reported victimization and of that bullying 1.1% was physical only, 56.2% was verbal / emotional only, and 13.5% was a combination of the two. The results were similar for the other three groups. See Figure 2 for additional results.

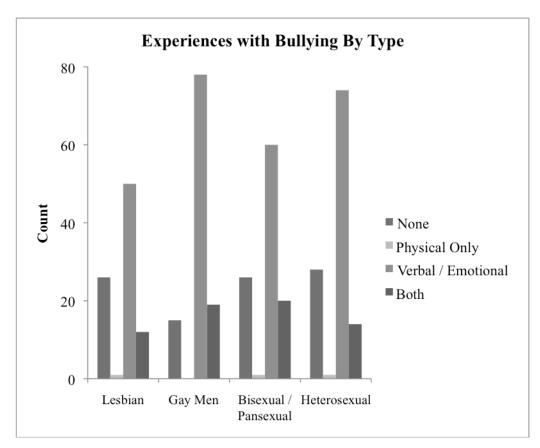


Figure 2. Bullying experience by sexual identity and type of victimization encountered

Hypothesis 2: Gender Identity As A Moderator in Victimization

In order to examine the impact that endorsement of non-traditional gender role characteristics had on victimization in non-heteronormative individuals, a linear regression analysis was utilized, which predicted victimization based on the interaction of those two characteristics. Initial analysis showed that the impact of sexual identity was greatest in gay men and it was therefore hypothesized that the impact of non-traditional gender role endorsement would be greatest in this population as well. In the analysis of gay men, sexual identity and gender role endorsement were entered in Step 1, and the two-way interaction term of Sexual Identity X Gender Role in Step 2. The main effects model explained 3.1% of the variance in victimization (F(2,376)=6.045, p<.01) and the interaction term explained an additional 1.2% of the variance. (F(3,375)=5.551, p=.036). As seen in Table 3, gay male sexual identity contributed uniquely to victimization score, and this was qualified by a significant interaction between sexual identity and gender role endorsement. In order to interpret this interaction, the regression lines were graphed at +/- 2 SD around the mean. As seen in Figure 3, the endorsement of feminine gender role characteristics was associated with a higher predicted value of bully score, while low endorsement of feminine characteristics was associated with a decrease in the predicted victimization score. Additionally, the endorsement of less feminine gender role characteristics was associated with lower predicted bullying score or a buffer effect against victimization.

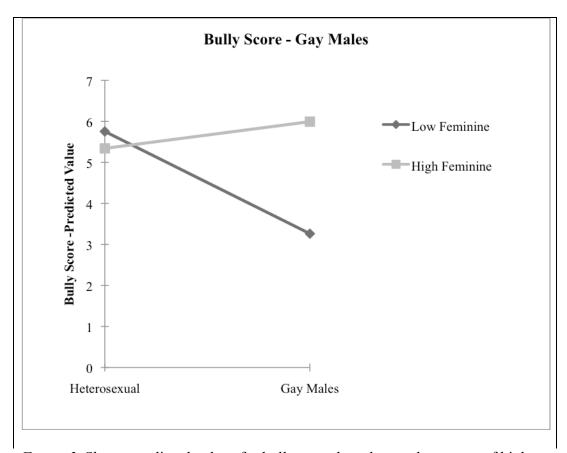


Figure 3. Shows predicted values for bully score based on endorsement of high feminine or low feminine gender role characteristics

Note: All predicted values are calculated within +/- 2 SD of the mean

Table 3

Summary of Regression Analysis Predicting Gay Male Bully Score with an Interaction by Gender Identity (N=379)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Gay Men	.556	.163	.170**	-2.955	1.617	920*
BSRI Fem	076	.109	035	221	.129	103
GayxFem				.515	.242	.786*
R^2		.026			.035	
F for change	e in R^2	6.045**			5.551*	

Note: **p*<.05 ***p*<.01

To examine the impact of non-traditional gender role endorsement in lesbian women a similar regression analysis was conducted to predict victimization score based on an interaction of these characteristics. In the analysis of lesbian women, sexual identity and gender role endorsement were entered in Step 1, and the two-way interaction term of Sexual Identity X Gender Role in Step 2. The main effects model explained 1.8% of the variance in victimization (F(2,372)=3.463, p=.032). Although the main effect for Model 2 was not significant the interaction term was a moderate predictor of variance within the model $(\beta=.623, t(372)=1.904, p=.058)$. Both gay men and lesbian women

show an interaction between non-traditional gender role and endorsement and sexual orientation.

As seen in Table 4, lesbian sexual identity contributed uniquely to victimization score, but this was qualified by a trend of interaction between sexual identity and gender role endorsement. In order to interpret this interaction, the regression lines were graphed at +/- 2 SD around the mean. As seen in Figure 4, the low endorsement of traditional feminine characteristics indicated the predicted bully score should increase while adherence to traditional feminine gender roles (as determined by high endorsement of these characteristics) is associated with a decrease in the predicted value.

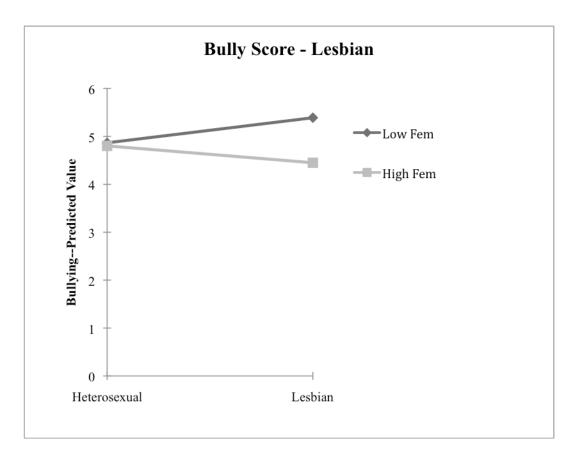


Figure 4. Shows predicted values for bully score based on endorsement of high feminine or low feminine gender role characteristics

Table 4

Summary of Regression Analysis Predicting Lesbian Bully Score with an

Interaction by Gender Identity (N=372)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	332	.128	133**	-1.867	.816	749*
BSRI						
Masculine	078	.098	.041	.046	.099	.024
LesbianxMasc				.313	.165	.624 ^a
R^2		.020			.029	
F for change in	R^2	3.697*			3.691 ^a	

Note: **p*<.05 ***p*<.01 ^ap=.058

Hypothesis 3: Sexual Identity and Gender Role Effect Stress and Coping Outcomes

Previous research has indicated support for maladaptive coping skills and increased stress, anxiety and depression related to gender role non-conformity (Falomir-Pichastor & Mugny, 2009; Gruber & Fineran, 2008; Lengua & Stormshak, 2000; Sandfort, Melendez, & Diaz, 2007). Research has also explored the impact of gender role non-conformity and suicidality in gay men (Fitzpatrick, Euton, Jones, & Schmidt, 2005; Friedman et al., 2006). However, little research

actually explores the interaction of sexual orientation (specifically lesbian women and gay men) and atypical gender role endorsement on the long term coping strategies. Specifically, this study examined the coping strategies of gender role non-conformity in LGBTQ adults with a history of bullying and victimization. Research on bullying indicates an increase in avoidant and suppressive management of negative emotions (Gruber & Fineran, 2008; Hamilton et al., 2008; Newman et al., 2011) and that bullying among LGBT individuals is more pervasive than among their heterosexual peers (Birkett et al., 2009; DuRant, Krowchuk, & Sinal, 1998; Mishna et al., 2009).

For the purposes of this study, coping strategies were divided into multiple categories: difficulties in emotion regulation (which can be further divided into different aspects of emotion regulation), emotion suppression (as opposed to emotion reappraisal which is a positive coping mechanism), perceived stress, and fear of negative evaluation by peers. To examine the impact the interaction of endorsement of non-traditional gender role characteristics and sexual identity has on coping skills separated by bullying history, a regression analysis was utilized to predict the outcome of the previously mentioned coping strategies and maladaptive behavior based on sexual identity, history of bullying (bully score), and gender role endorsement (masculine or feminine). Because sexual identity and gender role endorsement were only significant predictors of bullying score in gay men and lesbian women all other non-heterosexual identities were excluded from this portion of analysis.

It was hypothesized that the interaction of non-traditional gender role endorsement with sexual identity would contribute significantly to coping strategies. In the analysis of gay men, sexual identity, bullying score, and gender role endorsement were entered in Step 1, and the two-way interaction term of Sexual Identity X Gender Role in Step 2. The analysis of the Difficulties in Emotion Regulation Scale total score showed that the main effects model explained 4.4% of the variance in victimization (F(3,335) = 5.070, p < .01) and the interaction term explained an additional 1.1% of the variance. (F(3,335) = 4.926, p = .038). The interaction term endorsement of high feminine gender role characteristics in gay identified men was a significant predictor of difficulties in emotion regulation overall ($\beta = .836$, t(335) = 2.083, p = .038). As seen in Table 6 below, both sexual identity and bullying score contributed uniquely to overall difficulties in emotion regulation, but this was qualified by a significant interaction between sexual identity and gender role endorsement.

In order to interpret this interaction, the regression lines were graphed at +/- 2 SD around the mean. As seen in Figure 5, the high endorsement of feminine gender role characteristics in gay men was significantly associated with an increase in the predicted value of difficulties in emotion regulation while the predicted value for low feminine gender role endorsement decreased. Perhaps equally as interesting to the increase in difficulties with emotion regulation based on feminine gender role endorsement is the association of low feminine gender role endorsement with a lower difficulty in emotion regulation.

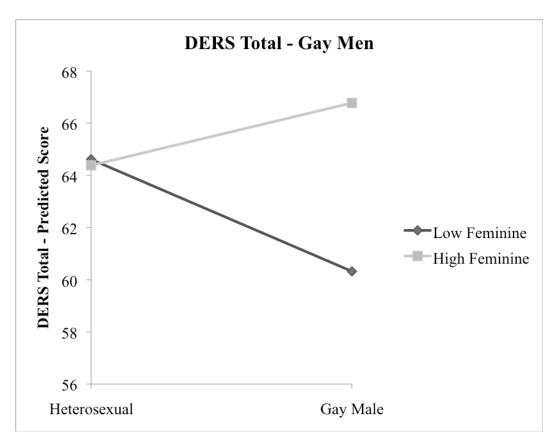


Figure 5. Shows predicted values for Difficulties in Emotion Regulation Scale (DERS) total score based on interaction of gender role endorsement for gay males

The DERS total score was broken down into six subsections that described multiple aspects of emotion dysregulation and included: (a) non-acceptance of emotional responses, (b) difficulties engaging in goal directed behavior, (c) impulse control difficulties, (d) limited access to emotion regulation strategies, and (e) lack of emotional clarity (Gratz & Roemer, 2004). For a more detailed analysis of emotion regulation strategies most impacted by the interaction of sexual identity and gender role endorsement, further regression analysis was

conducted on each subset presented. Refer to Table 5 below, significant results are indicated in bold.

Table 5
Summary of Regression Analysis for Variables Predicting DERS Scores of
Gay Males by Bullying Score and Gender Role Endorsement

Difficulties in Emotion Regulation Scale (DERS) **Total Score** (N=335)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
				-		
Gay Male	-7.068	3.043	126*	53.071	22.289	949*
Bully Score	3.282	.944	.189**	3.062	.945	.177**
BSRI Fem	.333	2.003	.009	-2.172	2.328	058
SexIDxBSRI				9.501	4.56	.836*
R^2		.044			.056	
F for change	5.070**			4.926*		

Difficulties in Emotion Regulation Scale (DERS) Non

Acceptance (N=331)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
-				-		
Gay Male	-1.918	.812	129*	10.285	5.971	694
Bully Score	.812	.254	.175**	.770	.256	.166**
BSRI Fem	.527	.536	.053	.067	.626	.007
SexIDxBSRI				1.728	1.222	.574
R^2		.042			.0470	
F for change in R^2		4.753*			4.075	

Difficulties in Emotion Regulation Scale (DERS) Goals

(N=331)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Gay Male	-1.376	.592	128*	-3.422	4.364	319
Bully Score	.436	.185	.130*	.426	.187	.127*
BSRI Fem	.170	.391	.024	.057	.457	.008
SexIDxBSRI				.423	.893	.194
R^2		.028			.029	
F for change in R^2		3.157*			2.418	

Difficulties in Emotion Regulation Scale (DERS) Impulse $(N=333) \label{eq:new_policy}$

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Gay Male	767	.665	064	-6.312	4.888	523
Bully Score	.590	.206	.158**	.563	.207	.151
BSRI Fem	.429	.438	.053	.126	.512	.016
SexIDxBSRI				1.145	1.00	.467
R^2		.023			.031	
F for change in R^2		3.115*			2.666	

Difficulties in Emotion Regulation Scale (DERS) **Awareness** (N=334)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Gay Male	515	.589	048	-4.133	4.338	386
Bully Score	.204	.183	.061	.186	.184	.056
			-			
BSRI Fem	-1.050	.388	.147**	-1.248	.454	174**
SexIDxBSRI				.747	.888	.343
R^2		.028			.030	
F for change in R^2		3.147*			2.535	

Difficulties in Emotion Regulation Scale (DERS) **Strategies** (N=333)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
				-		
Gay Male	-1.518	.857	097 ^a	16.516	6.268	-1.060**
Bully Score	.722	.269	.148**	.646	.268	.133*
BSRI Fem	.467	.565	.045	353	.656	034
SexIDxBSRI				3.097	1.282	.978*
R^2		.028			.045	
F for change in R^2 3.163*				3.865*		

Difficulties in Emotion Regulation Scale (DERS) **Clarity** (N=333)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
-			-	-		
Gay Male	-1.501	.471	.174**	12.076	3.421	-1.401**
Bully Score	.382	.146	.143**	.331	.145	.124*
BSRI Fem	028	.310	005	606	.358	105
SexIDxBSRI				2.185	.700	1.247**
R^2		.043			.070	
F for change	$in R^2$	4.894**			6.202**	

Note: **p*<.05 ***p*<.01 ^a*p*<.07

There was a significant main effect for subsections non-acceptance of emotional responses (F(3,331) = 4.73, p < .01) accounting for 4.2% of the model variance, difficulty engaging in goal directed behavior when distressed (F(3,331) = 3.157, p = .025) accounted for 2.8% of model variance, difficulty controlling impulsive behavior when distressed (F(3,333) = 3.115, p = .026) accounted for 2.3% of model variance, and lack of emotional awareness (F(3,334) = 3.163, p = .025) accounted for 2.8% of the model variance, respectively. However in the models *non-acceptance*, *goals*, and *impulse* the high endorsement of feminine gender role characteristics was not a significant predictor in the model. However, in the model *awareness* high feminine endorsement was a significant predictor in

both Models 1 and 2 (β = -.147, t(335) = -2.704 p <.01, β = -.174, t(335) = -2.748, p <.01). This was congruent with validity testing that indicated men show significant limited access to and awareness of emotion regulation strategies when compared to women (Gratz & Roemer, 2004).

For lesbian women, the linear regression analysis began with sexual identity, bullying score, and gender role endorsement in Step 1, and the two-way interaction term of SexualIdentiyxGenderRole in Step 2. The total score analysis of Difficulties in Emotion Regulation Scale showed that the main effect of Model 1 explained 1.3% of the variance (F(3,335) = 16.606, p < .01) but the interaction term did not explain any additional proportion of variance. Based on examination of individual model predictors only victimization score (β = .184, t(335) = 3.545, p < .01) and overall endorsement of high masculine characteristics ($\beta = -.334$, t(335) = -5.756, p < .01) contributed to the main effect. There was no interaction of lesbian identity and high masculine gender role endorsement. The regression lines were graphed at +/- 2 SD around the mean. While there was no significant interaction between lesbian identity and masculine gender role endorsement the predicted score values for lesbian women were congruent with emotion dysregulation values for clinical samples of generalized anxiety disorder (average scores 95-100) (Salters-Pedneault, Roemer, Tull, Rucker, & Mennin, 2006) and reached the lower limits of average post-traumatic stress disorder clinical samples (average scores 100-105) (Tull, Barrett, McMillan, & Roemer, 2007). See Table 6 in Appendix K for full regression tables.

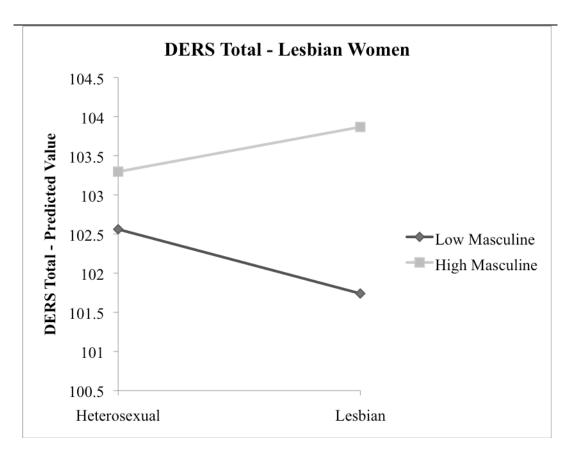


Figure 6. Shows predicted values for Difficulties in Emotion Regulation Scale (DERS) total score based on interaction of gender role endorsement for lesbian women

Another method of emotion regulation examined the differences between antecedent-focused (a strategy implemented before the emotion response) and response-focused (strategy implemented once the emotion response has already occurred) coping skills known as cognitive reappraisal and emotion suppression, respectively (Gross & John, 2003). Cognitive reappraisal intervenes in the emotion response and involves changing a potentially emotion-eliciting situation in a way that reduces negative emotional impact (Lazarus & Alfert, 1964) and in

the context of this study was viewed as a positive coping mechanism. Suppression is a response-focused that is generally only effective in decreasing the behavioral expression of negative emotion but also may inhibit the expression of positive emotion (Gross & John, 2003). Additionally, Gross & John (2003) assert that the suppression of negative emotion does not change the internal experience of that emotion and by not addressing it could cause negative emotions to accumulate and cause long term internal distress.

It was hypothesized that the interaction of non-traditional gender role endorsement with sexual identity would contribute significantly to suppression of negative emotions and low instances of cognitive reappraisal. To examine the relative impact and interaction of sexual identity and gender role endorsement along with victimization history, I conducted a pair of regression analyses, predicting both cognitive reappraisal and emotion suppression. For gay men, each regression analysis included the gender role endorsement composite and the victimization score composite in Step 1, and added the two-way interaction term in Step 2.

The main effects model did not significantly explain the variance for emotion suppression (F(3,302) = 2.017, p = .112) or cognitive reappraisal (F(3,303) = .861, p = .344). However, a crossover interaction was present in Model 2 of emotion suppression (F(4,302) = 4.428, p = .040). The model became significant due to the interaction of high feminine gender role endorsement and sexual identity ($\beta = .855$, t(303) = 2.007, p = .046). In order to interpret this interaction, we graphed the regression lines at $\pm .250$ around the mean. As seen

in Figure 7, sexual identity combined with high feminine gender role endorsement impacted the predicted value of emotion suppression. However, low feminine gender role endorsement again was associated with a decrease in emotion suppression. For full regression table of emotion regulation in gay males see Table 7 in Appendix L.

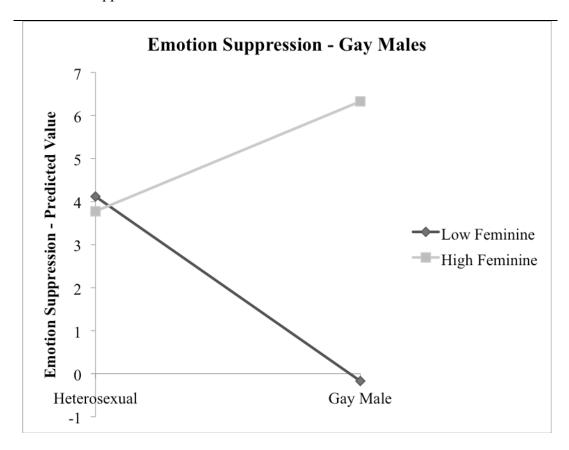


Figure 7. Shows predicted values for Emotion Regulation Questionnaire - Suppression (ERQ-S) score based on interaction of gender role endorsement for gay males

Note: All predicted values are calculated within +/- 2 SD of the mean

Unlike gay men, there was a main effect present in the regression analysis of emotion suppression in lesbian women (F(3,302) = 6.451, p < .01). This

explained 6.1% of the variance and the interaction effect accounted for an additional 1.6% of model variance (F (4,302) = 6.399, p =.016). Figure 8 shows the interaction effect of masculine gender role endorsement in lesbian women on the predicted emotion suppression value. Also in contrast with gay men there was the significant main effect for cognitive reappraisal (F (3,303) = 7.629, p < .01) in lesbian women, which accounted for 7.1% of the model variance. However, upon adding the gender role interaction term in Step 2 there was no significant effect. See Table 8 Appendix M for full regression tables of emotion regulation in lesbian females.

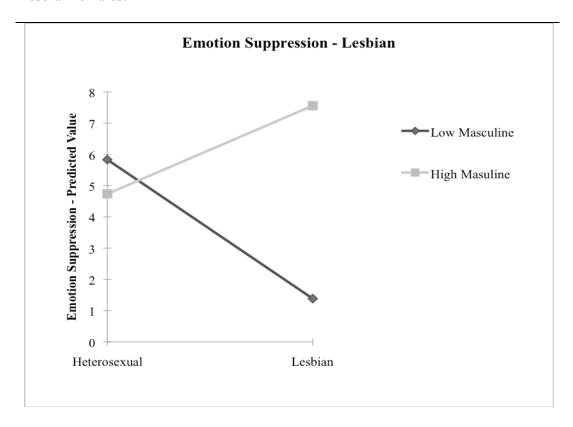


Figure 8. Shows predicted values for Emotion Regulation Questionnaire - Suppression (ERQ-S) score based on interaction of gender role endorsement for lesbian females

The third indicator of long-term psychological impact in this analysis was perceived stress. To examine the impact of perceived stress in gay males and lesbian females a linear regression analysis was conducted with sexual identity, bullying score and gender role endorsement added in Step 1, and the interaction term added in Step 2. The main effects model explained 3.9% of variance in gay males (F (3, 297) = 3.948, p < .01), and 1.3% of variance in lesbian females (F (3, 297) = 14.666, p < .001). There was no significant interaction effect of gender role endorsement with sexual identity in either lesbians or gay men. Upon further examination there was a trend present related to gender role and perceived stress in gay males (See Figure 9). When compared to all other groups the effect of being bullied and being a gay male has the most impact on variance in perceived stress score. See Table 9 in Appendix N and Table 10 in Appendix O for full regression tables for gay males and lesbian females, respectively.

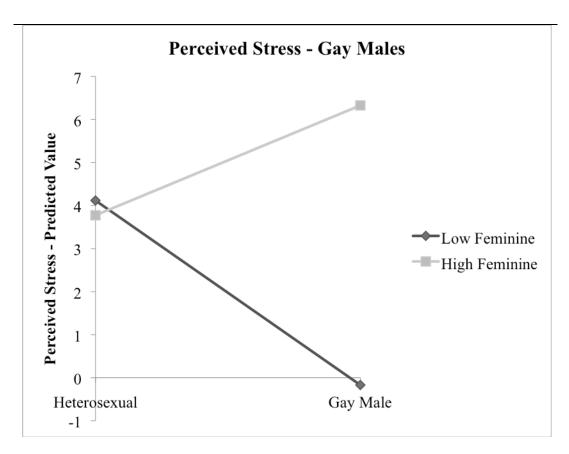


Figure 9. Shows Perceived Stress Scale (PSS) predicted values based on gender role endorsement for gay males

The final indicator of stress and coping outcomes for gay men and lesbian women was the fear of negative evaluation by peers. High fear of negative evaluation by peers is associated with social anxiety, social approval seeking, entrance into unbalanced relationships, avoidance of situations where evaluation takes place, and self-serving behaviors (Leary, 1983). Again, a similar linear regression analysis utilized with fear of negative evaluation as the dependent variable. Step 1 of the model included sexual identity (gay male or lesbian female), victimization score and gender role endorsement (high feminine or high

masculine). Step 2 of the model included the interaction effect of gender role endorsement and sexual identity. The main effects model explained 5.6% of variance in gay males (F (3, 323) = 6.292, p < .001), and addition of the interaction term did not result in a significant change in model variance. Upon examination of model coefficients in gay males both victimization history (β = .114, t(323) = 2.049, p = .041) and high endorsement of feminine gender role characteristics (β = .153, t(323) = 2.400, p = .017) significantly predicted fear of negative evaluation. In order to interpret this effect, the regression lines were graphed at 2 SD above and below the mean. As seen in Figure 10, gay males with high endorsement of feminine gender roles had an increased predicted value of fear of negative evaluation by peers.

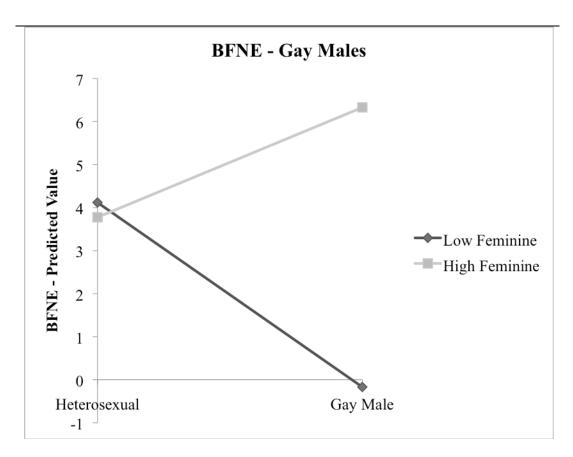


Figure 10. Shows Brief Fear of Negative Evaluation predicted values based on gender role endorsement for gay males

In lesbian women, the main effect regression analysis accounted for 1.4% of the variance in fear of negative evaluation (F (3, 323) = 17.326, p < .001). The interaction term did not significantly predict any additional variance, although examination of the model indicated that both victimization score (β = .138, t (323) = 2.616, p = .009) and high endorsement of masculine gender role characteristics (β = -.314, t (323) = -5.339, p < .001) significantly predicted BFNE values. In order to interpret this effect, the regression lines were graphed at +/- 2 SD around

the mean. As seen in Figure 11, high masculine lesbian females appeared to have an increased fear of negative evaluation by peers.

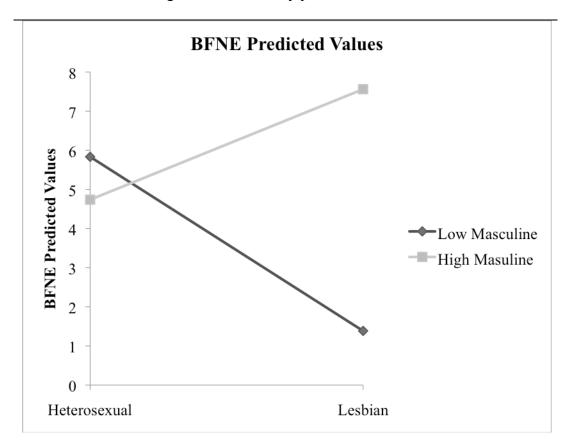


Figure 11. Shows Brief Fear of Negative Evaluation predicted values based on gender role endorsement for lesbian females

Note: All predicted values are calculated within +/- 2 SD of the mean

Although there was no direct interaction effect, the data showed that gay men and lesbian women with a non-traditional gender role endorsement were likely to have a higher predicted value of fear of negative evaluation by peers.

There was no significant difference in fear of negative evaluation scores of gay men or lesbians (F(2,363) = .112, p = .894). See Table 11 in Appendix P and Table 12 in Appendix Q for full regression analysis tables for gay men and lesbian women.

DISCUSSION

The present study examined the influence of sexual orientation on severity of bullying experience, coping strategies, emotion regulation and the interaction of gender role endorsements in relation to coping and emotion regulation strategy prediction. Extensive research exists to support high victimization experiences in LGBT individuals (Birkett et al., 2009; DuRant et al., 1998; Kimmel & Mahler, 2003; Mishna et al., 2009) and separately, research also indicates support of gender role non conformity, social stress and long term coping skills (Galambos et al., 1990; Sánchez et al., 2010; Tolman, Striepe, & Harmon, 2003b). The goal of this study was to combine previous finding to find a relationship between the three variables: sexual orientation, victimization history, and non-traditional gender role endorsement and utilizing those traits as predictors of future emotion regulation and coping strategies. The data suggests that as gay males but experience bullying at a significantly higher rate than their heterosexual counterparts. By utilizing gender role endorsement the relationship can be expanded to predict maladaptive emotion regulation skills, higher rates of perceived stress and increased fear of negative evaluation in lesbian women and gay men.

The data are consistent for all hypotheses in the model: sexual identity significantly predicts bully score and atypical gender role endorsement is a moderator of victimization in LGBT individuals. The findings suggest that in high masculine gender identified lesbian women and high feminine identified gay males a statistically significant victimization history is likely to be present.

Additionally, as evidenced by the bullying type breakdown, further exploration and consideration of social and emotional bullying should be considered and studied for its relative impact on adult functioning.

Finally, consistent with the final hypothesis gender role non-conformity does moderate the relationship of gay or lesbian sexual orientation as significant predictor of adult maladaptive coping skills and increased negative emotions. Although the gender role endorsement impact was not present among all models in regards to coping skills, the strength and consistency that it predicted maladaptive outcomes is sufficient to stipulate that a pattern does exist. Future research is needed to further explore the effects of atypical gender roles in non-heteronormative adults. These findings both support and expand upon previous literature that has just begun to explore the negative psychosocial impact that atypical gender endorsement has on LGBT adults, such as increased risk of suicide, occurrence of adulthood post-traumatic stress disorder, and mental distress (D'Augelli, Grossman, & Starks, 2006; Fitzpatrick et al., 2005; Lengua & Stormshak, 2000). This literature does not explore the impact of bullying on these adult outcome characteristics.

Limitations / Future Directions

Potential alternative explanations for the outcomes of this study include increased victimization in adolescence may be due to third unaddressed personality or physical characteristics that differentiates an individual from their peers aside from sexual orientation and gender role. Previous research indicates multiple other factors that may also increase rate of victimization such as obesity

(Griffiths, 2005; Janssen, Craig, Boyce, & Pickett, 2004), disability (Wolke et al., 2001), race (Meyer, 2003), lack of social support (Holt & Espelage, 2006) or pre-existing psychological instability (Salmon, James, & Smith, 1998). Secondly, sexual orientation did not significantly interact in all categories with gender role endorsement. This may be due to multiple factors to include broad selection of sexual orientation definitions outside of gay male and lesbian female. Multiple participants indicated they did not identify with the provided labels of sexual orientation (gay, lesbian, bisexual, transgendered, queer) and entered a unique sexual orientation into the model (such as two spirited, asexual or questioning). In order to maintain the integrity of the existing data those participants could not be included in data analysis. In future research it would be prudent to limit sexual orientation to a pre-determined set of values. Although, this raises a different issue in the area of sexual orientation research as to the complete and thorough nature of current sexual orientation definitions.

Another limitation for this study is the difficulty in accessing significant and still representative sample sizes in a hidden population (Hartman, 2011; Watters & Biernacki, 1989). It is impossible to determine if the respondents of this study are actually representative of the population a whole. Thus, a scientifically validated sampling technique specifically driven toward the LGBTQ community could provide further insight on the reliability of current sample. This could provide a possible explanation for the bullying score of lesbian women being significantly lower than bully values in heterosexual population because it

would be possible to verify if the responses of lesbian women were actually representative of the entire population or sampling bias.

Lastly, limitations exist within the survey measures themselves. Since 1974 when the Bem Sex Role Inventory was initially validated it is possible that social and gender roles have shifted the actual validity of this measure (Holt & Ellis, 1998). Holt & Ellis (1998) found at the time of their study two criteria that no longer were successful predictors of sex role identity and noted an overall shift in traditional masculine and feminine role perceptions. Additionally, limited information is available for prediction of sex role validity outside of "American" cultural definitions of masculine and feminine sex roles (Harris, 1994). Combine this information with the constantly evolving norms of gender among all ethnicities and cultures and the ability to infer global generalization of this measure continues to decrease. However, there seem to be no overarching methodical disputes of its validity of the BSRI as a whole therefore can still be considered a valid sex role indicator.

Additionally, the Experiences with Bullying Questionnaire is a subjective *perception* of participant victimization experiences. There is no way to determine the relative impact actual experiences may have had. However, Newman et al. (2011) noted that the EBQ maintains reliability up to 6 weeks later, after first administration, indicating that impact and experience with victimization is a stable and reliable perception.

Future research should focus on the interaction of atypical gender role endorsement in the LGBT community and attempt to expand population sample,

clearly define sexual orientation parameters and utilize sex role measures high in external validity in order to identify broad gender characteristics. Further research may explore in-group bullying and victimization – bullying between different sexual minority groups and compare the interaction of in-group victimizations to emotion regulation, coping and negative cognitive impact.

The results of this study suggest that sexual minorities are at a significant risk of victimization in youth. The risk of victimization substantially increases for feminine gay males or those who identify atypical gender role characteristics. The victimization of sexual minorities has shown to be a significant predictor of future maladaptive coping and regulation styles along with increased emotional duress. This outcome is again amplified in non-traditional gender role endorsements and is likely to result in emotion suppression, inability to identify emotion regulation strategies, lack of emotional awareness and clarity, fear of evaluation in social situations, and higher perceived daily stress. Within each sexual identity some traits of gender role endorsement were actually able to create "buffer" effect against a negative outcome. For each model that showed a significant increase in victimization or difficulty coping based on endorsement on atypical gender role characteristics the opposite association was found in participants with high endorsement of typical gender role characteristics (high masculine characteristics in gay males or high feminine characteristics in lesbian females). Further exploration of the buffering effects and in depth examination of preventative and treatment measures for such an at-risk population should be top priority for future research.

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APPENDIX A

IRB APPROVAL LETTER





Office of Research Integrity and Assurance

To:

Matt Newman

FACULTY/AD

From:

Mark Roosa, Chair Sm

Soc Beh IRB

Date:

04/11/2011

Committee Action:

Exemption Granted

IRB Action Date:

04/11/2011

IRB Protocol #:

1103006269

Study Title:

Bullying in LGBT Community

The above-referenced protocol is considered exempt after review by the Institutional Review Board pursuant to Federal regulations, 45 CFR Part 46.101(b)(2).

This part of the federal regulations requires that the information be recorded by investigators in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. It is necessary that the information obtained not be such that if disclosed outside the research, it could reasonably place the subjects at risk of criminal or civil liability, or be damaging to the subjects' financial standing, employability, or reputation.

You should retain a copy of this letter for your records.

APPENDIX B COUNTRIES REPRESENTED

Countries represented in total sample size (N = 568)

Country	Number
USA	457
United Kingdom	14
Canada	16
New Zealand	4
Australia	8
Italy	1
Kenya	1
Ireland	3
Puerto Rico	2
Tunisia	1
Germany	2
Scotland	2
South Africa	2
Greece	4
Brazil	1
Finland	1
Austria	1
Jordan	1
Spain	2
Portugal	1
Belgium	1
Bermuda	1
Colombia	1
Vietnam	1
Argentina	1
Peru	1

APPENDIX C STATES REPRESENTED

States Represented in Total Sample (N=568)

state	Number
Alabama	2
Alaska	3
Arizona	61
Arkansas	1
California	68
Colorado	9
Connecticut	5
Delaware	1
Florida	19
Georgia	9
Hawaii	1
Idaho	1
Illinois	7
Indiana	9
Iowa	6
Kansas	4
Kentucky	2
Louisiana	3
Maine	6
Maryland	3
Massachusetts	9
Michigan	18
Mississippi	2
Missouri	9
Montana	2
Nebraska	11
Nevada	1
New Hampshire	2
New Jersey	16
New Mexico	3
New York	34
North Carolina	5
North Dakota	5
Ohio	13
Oklahoma	3
Oregon	8
Pennsylvania	21
Rhode Island	1
South Carolina	4
South Dakota	2
Tennessee	1
Texas	28
Utah	1
Virginia	13
Washington	10
Wisconsin	6
Wyoming	2

APPENDIX D

EXPERIENCES WITH BULLYING QUESTIONNAIRE

The following questions about both your current and past experiences with bullying. Please answer each one using the scales provided. You are free to skip any questions that make you uncomfortable.

1. How often were you a victim of bullying during high school?

Not at all Once or twice Occasionally Frequently Very Often

2. If you were a victim of bullying during high school, was it primarily physical, verbal / emotional, or both?

N/A (not bullied) Physical Verbal / Emotional Both

3. If you were a victim of bullying during high school, was it done primarily by males, females, or both?

N/A (not bullied) Males Females Both

4. How often were you a victim of bullying before high school?

Not at all Once or twice Occasionally Frequently Very Often

5. If you were a victim of bullying before high school, was it primarily physical, verbal / emotional, or both?

N/A (not bullied) Physical Verbal / Emotional Both N/A 6. If you were a victim of bullying before high school, was it done primarily by males, females, or both?

N/A(not bullied) Males Females Both N/A

7. How often did you hit or tease others during high school?

Not at all Once or twice Occasionally Frequently Very Often

8. How often did you hit or tease others before high school?

Not at all Once or twice Occasionally Frequently Very Often

9. How popular were you with your peers during high school?

Not at all A little popular Somewhat popular Fairly popular Very popular

10. How isolated were you from your peers during high school?

Not at all A little isolated Somewhat isolated Fairly isolated Very isolated

APPENDIX E BEM SEX ROLE INVENTORY

Please indicate how well each of the characteristics listed below describes you.

Use this scale for all of the ratings:

		1	2	3	4	5	6	7
]	Nev	er or					1	Always or
alı	nos	t neve	r				alm	ost always
	tru	ie						true
	1.	Self-	reliant					31. Makes decisions easily
	2.	Yield	ling					32. Compassionate
	3.	Help	ful					33. Sincere
	4.	Defe	nds ow	n belie	efs			34. Self-sufficient
	5.	Chee	rful					35. Eager to soothe hurt
feeli	ings							
	6.	Moo	dy					36. Conceited
	7.	Indep	oenden	ıt				37. Dominant
	8.	Shy						38. Soft spoken
	9.	Cons	cientic	ous				39. Likable
	10.	Athl	etic					40. Masculine
	11.	Affe	ectiona	te				_41. Warm
	12.	Thea	atrical					42. Solemn
	13.	Asse	ertive					43. Willing to take a stand
	14.	Flatt	erable					44. Tender

15. Happy	45. Friendly
16. Strong personality	46. Aggressive
17. Loyal	47. Gullible
18. Unpredictable	48. Inefficient
19. Forceful	49. Acts as a leader
20. Feminine	50. Childlike
21. Reliable	51. Adaptable
22. Analytical	52. Individualistic
23. Sympathetic	53. Does not use harsh
language	
24. Jealous	54. Unsystematic
25. Has leadership abilities	55. Competitive
26. Sensitive to the needs of others	56. Loves children
27. Truthful	57. Tactful
28. Willing to take risks	58. Ambitious
29. Understanding	59. Gentle
30. Secretive	60. Conventional

APPDENIX F DIFFICULTIES IN EMOTION REGULATION SCALE

Please indicate how often the following statements apply to you by writing the appropriate number from the scale below on the line next to each item:

1	2	3	4						
5									
almost never	sometimes	about half the time	most of the time	almost					
always									
(0-10%)	(11-35%)	(36-65%)	(66-90%)						
(91-100%)									
1	_ I am clear abou	t my feelings.							
2	_ I pay attention to how I feel.								
3	I experience my emotions as overwhelming and out of control.								
4	_ I have no idea h	now I am feeling.							
5	_ I have difficulty	making sense out of i	ny feelings.						
6	_ I am attentive to	my feelings.							
7	I know exactly	how I am feeling.							
8	_ I care about what	at I am feeling.							
9	_ I am confused a	bout how I feel.							
10	When I'm upse	t, I acknowledge my en	motions.						
11	When I'm upset	t, I become angry with	myself for feeling t	hat					
way.									

12	When I'm upset, I become embarrassed for feeling that way.
13	When I'm upset, I have difficulty getting work done.
14	When I'm upset, I become out of control.
15	When I'm upset, I believe that I will remain that way for a long
time.	
16	When I'm upset, I believe that I'll end up feeling very depressed.
17	When I'm upset, I believe that my feelings are valid and
importa	nt.
18.	When I'm upset, I have difficulty focusing on other things.

APPENDIX G PERCEIVED STRESS SCALE

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

- 0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often
- 1. In the last month, how often have you been upset because of something that happened unexpectedly?
- 2. In the last month, how often have you felt that you were unable to control the important things in your life?
- 3. In the last month, how often have you felt nervous and "stressed"?
- 4. In the last month, how often have you felt confident about your ability to handle your personal problems?
- 5. In the last month, how often have you felt that things were going your way?
- 6. In the last month, how often have you found that you could not cope with all the things that you had to do?
- 7. In the last month, how often have you been able to control irritations in your life?
- 8. In the last month, how often have you felt that you were on top of things?
- 9. In the last month, how often have you been angered because of things that were outside of your control?
- 10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

APPENDIX H

BRIEF FEAR OF NEGATIVE EVALUATION SCALE

Read each of the following statements carefully and indicate how characteristic it is of you according to the following scale:

- 1 : Not at all characteristic of me
- 2 : Slightly characteristic of me
- 3 : Moderately characteristic of me
- 4 : Very characteristic of me
- 5 : Extremely characteristic of m
- 1.I worry about what other people will think of me even when I know it doesn't make any difference.^a
- 2.I am unconcerned even if I know people are forming an unfavorable impression of me.
- 3. I am frequently afraid of other people noticing my shortcomings.
- 4.I rarely worry about what kind of impression I am making on someone.
- 5.I am afraid that others will not approve of me.
- 6.I am afraid other people will find fault with me.
- 7.Other people's opinions of me do not bother me.
- 8. When I am talking to someone, I worry about what they may be thinking about me.
- 9.I am usually worried about what kind of impression I make.
- 10. If I know someone is judging me, it has little effect on me.
- 11. Sometimes I think I am too concerned with what other people think of me.
- 12. I often worry that I will say or do wrong things.

APPENDIX I

EMOTION REGULATION QUESTIONNAIRE

Instructions and Items

We would like to ask you some que	estions about your emo	otional life, in particular,						
how you control (that is, regulate an	nd manage) your emot	tions. The questions						
below involve two distinct aspects of your emotional life. One is your emotional								
experience, or what you feel like inside. The other is your emotional expression,								
or how you show your emotions in the way you talk, gesture, or behave. Although								
some of the following questions ma	y seem similar to one	another, they differ in						
important ways. For each item, plea	ase answer using the fo	ollowing scale:						
13	45	7						
strongly	neutral	strongly						
disagree		agree						
1 When I want to feel more p	ositive emotion (such	as joy or amusement), I						
change what I'm thinking about.								
2 I keep my emotions to myse	elf.							
3 When I want to feel less neg	gative emotion (such	as sadness or anger), I						
change what I'm thinking about.								
4 When I am feeling positive	emotions, I am carefu	al not to express them.						
5 When I'm faced with a stres	ssful situation, I make	myself think about it in						
a way that helps me stay calm.								
6 I control my emotions by no	ot expressing them.							
7 When I want to feel more p	ositive emotion, I cha	nge the way I'm						
hinking about the situation.								

8 I	control my emotions by changing the way I think about the situation I'm
in.	
9 W	When I am feeling negative emotions, I make sure not to express them.
10	When I want to feel less negative emotion, I change the way I'm
thinking a	about the situation.

APPENDIX J BULLY MEANS BY SEXUAL IDENTITY

Table 1

Bully Means by Sexual Identity

Sex ID	Mean (SD)
Lesbian	4.1667 (1.44)
Gay Male	4.99 (1.27)
Bisexual / Pansexual	4.58 (1.52)
Transgender	5.00 (.89)
Heterosexual	4.58 (1.38)

APPENDIX K

DERS REGRESSION TABLE LESBIAN FEMALES

Table 6
Summary of Regression Analysis for Variables Predicting DERS Scores of
Lesbian Females by Bullying Score and Gender Role Endorsement

Difficulties in Emotion Regulation Scale (DERS) **Total Score** (N=329)

		Model 1	Model 1			
Variable	В	SE B	β	В	SE B	β
Lesbian	2.739	3.079	.046	-7.393	20.442	382
Bully Score	3.221	.899	.186**	3.195	.902	.184**
BSRI Masc	-10.485	1.682	320**	-10.924	1.898	394**
SexIDxBSRI				2.058	4.105	.174
R^2		.13			.131	
F for change in R^2		16.606**			12.489	

Difficulties in Emotion Regulation Scale (DERS) Non

Acceptance (N=325)

		Model 1		Model 2		
Variable	В	SE B	β	В	SE B	β
Lesbian	.176	.846	.011	-4.185	5.596	267
Bully Score	.76	.249	.164**	.75	.25	.162**
BSRI Masc	-2.115	.464	243**	-2.307	.524	265**
SexIDxBSRI				.886	1.124	.283
R^2		.081			.083	
F for change in R^2		9.672**			7.401	

Difficulties in Emotion Regulation Scale (DERS) Goals (N=325)

		Model 1	Model 2			
Variable	В	SE B	β	В	SE B	β
Lesbian	.2	.616	.018	-1.566	4.08	138
Bully Score	.408	.182	.122*	.404	.182	.120*
BSRI Masc	-1.513	.338	24	-1.591	.382	252**
SexIDxBSRI				.359	.82	.158
R^2		.069			.069	
F for change in	$n R^2$	8.054**			6.073	

Difficulties in Emotion Regulation Scale (DERS) Impulse

(N=327)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	.874	.696	.068	3.848	4.619	.301
Bully Score	.602	.203	.161**	.61	.204	0.163**
BSRI Masc	-1.203	.381	170**	-1.074	.43	152*
SexIDxBSRI				604	.928	237
R^2		.053			.054	
F for change in	$n R^2$	6.097**			4.671	

Table 6 (cont.)

Difficulties in Emotion Regulation Scale (DERS) Awareness

(N=328)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	355	.628	031	-3.517	4.166	310
Bully Score	.196	.183	.059	.188	.184	.057
BSRI Mascu	734	.343	117*	872	.388	139*
SexIDxBSRI				.642	.837	.284
R^2		.019			.021	
F for change in	R^2	2.111			1.729	

Difficulties in Emotion Regulation Scale (DERS) Strategies

(N=327)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	.394	.873	.024	2.865	5.78	.174
Bully Score	.721	.257	.148**	.727	.258	.149**
BSRI Masc	-2.794	.477	305**	-2.686	.539	294**
SexIDxBSRI				502	1.161	153
R^2		.109			.11	
F for change in	$n R^2$	13.503**			10.149	

Difficulties in Emotion Regulation Scale (DERS) Clarity (N=327)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	.823	.48	.09	-2.451	3.183	268
Bully Score	.37	.14	.139**	.362	.14	.136**
BSRI Masc	-1.596	.263	316**	-1.739	.296	344**
SexIDxBSRI				.665	.639	.365
R^2		.116			.119	
F for change in	R^2	14.433**			11.098	

Note: **p*<.05 ***p*<.01

APPENDIX L ERQ REGRESSION TABLE GAY MALES

Table 7
Summary of Regression Analysis for Variables Predicting ERQ Scores of Gay Males
by Bullying Score and Gender Role Endorsement

Emotion Regulation Questionnaire (ERQ) Reappraisal (N=303)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Gay Male	002	.172	001	.418	1.261	.142
Bully Score	067	.054	073	065	.055	070
BSRI						
Feminine	.142	.113	.072	.165	.133	.084
SexIDxBSRI				087	.258	145
R^2		.011			.011	
F for change in A	R^2	1.113			.861	

Emotion Regulation Questionnaire (ERQ) Suppression (N=302)

0.529

0.264

0.033

2.535*

.855*

Model 1 Model 2 Variable В SE B β В SE B β Gay Male -.084 1.292 -.867* 0.178 -.027 -2.653 **Bully Score** 0.135 0.056.141* 0.119 0.056 .125* **BSRI** Feminine -.031 0.116 -.016 -.174 0.136 -.086

0.02

2.017

Note: **p*<.05 ***p*<.01

F for change in R^2

SexIDxBSRI

 R^2

APPENDIX M ERQ REGRESSION TABLE LESBIAN FEMALES

Table 8

Summary of Regression Analysis for Variables Predicting ERQ Scores of

Lesbian Females by Bullying Score and Gender Role Endorsement

	Emotion F	Regulation C	uestionnair	e (ERQ) R	eappraisal	(N=297)		
		Model 1			Model 2			
Variable	В	SE B	β	В	SE B	β		
Lesbian	129	.176	042	018	1.146	006		
Bully Score	093	.053	101	093	.053	1		
BSRI Masc	.441	.096	.257**	.446	.11	.260**		
SexIDxBSRI				022	.229	037		
R^2		.071			.071			
F for change in	n R^2	7.629**			5.705			

Emotion Regulation Questionnaire (ERQ) Suppression (N=296)

Model 1 Model 2 Variable В SE B β В SE B β Lesbian .076 -2.597 -.813* .244 .183 1.181 **Bully Score** .158 .055 .165** .152 .054 .159** BSRI Masc -.355 .1 -.200** -.486 .113 -.274** .909* SexIDxBSRI .576 .237 R^2 .061 .079 F for change in R^2 6.451** 6.399*

Note: *p<.05 **p<.01

APPENDIX N PSS REGRESSION TABLE GAY MALES

Table 9
Summary of Regression Analysis for Variables Predicting PSS Scores of Gay
Males by Bullying Score and Gender Role Endorsement

Perceived Stress Scale (PSS) (N=297)

		Model 1		Model 2			
Variable	В	SE B	β	В	SE B	β	
Gay Male	-2.734	1.064	149*	-8.809	7.795	481	
Bully Score	0.874	0.331	.153**	0.837	0.335	.147*	
BSRI Fem	0.573	0.695	0.047	0.236	0.817	0.019	
SexIDxBSRI				1.249	1.587	0.338	
R^2		0.039			0.041		
F for change in	R^2	3.948**			3.112		

Note: *p<.05 **p<.01

APPENDIX O

PSS REGRESSION TABLE LESBIAN FEMALES

Table 10
Summary of Regression Analysis for Variables Predicting PSS Scores of Lesbian
Females by Bullying Score and Gender Role Endorsement

Perceived Stress Scale (PSS) (N=291)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	2.17	1.068	.113*	3.109	6.941	.162
Bully Score	.959	.317	.168**	.962	.318	.169**
BSRI Mas	-3.531	.581	334**	-3.488	.659	330**
SexIDxBSRI				190	1.389	05
R^2		.13			.13	
F for change in	$n R^2$	14.666**			10.968	

Note: **p*<.05 ***p*<.01

APPENDIX P BFNE REGRESSION TABLE GAY MALES

Table 11

Summary of Regression Analysis for Variables Predicting BFNE Scores of Gay

Males by Bullying Score and Gender Role Endorsement

Brief Fear of Negative Evaluation (N=323)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Gay Male	355	1.39	014	-17.251	10.246	683
Bully Score	0.995	0.435	.126*	0.897	0.438	.114*
BSRI						
Feminine	3.532	0.922	.209**	2.59	1.079	.153*
SexIDxBSRI				3.487	2.095	0.681
R^2		0.056			0.064	
F for change in	R^2	6.292**			5.437	

Note: *p<.05 **p<.01

APPENDIX Q

BFNE REGRESSION TABLE LESBIAN FEMALES

Table 12
Summary of Regression Analysis for Variables Predicting BFNE Scores of
Lesbian Females by Bullying Score and Gender Role Endorsement

Brief Fear of Negative Evaluation (N=317)

		Model 1			Model 2	
Variable	В	SE B	β	В	SE B	β
Lesbian	.923	1.41	.035	15.882	9.275	.596
Bully Score	1.051	.417	.133*	1.089	.416	.138**
BSRI						
Masculine	-5.320	.773	359**	-4.656	.872	314**
SexIDxBSRI				-3.034	1.859	572
R^2	2	.14			.147	
F for change in	R^2	17.326**			13.728	

Note: **p*<.05 ***p*<.01