Gay, lesbian, and bisexual youth at risk for low self-esteem and depression

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GAY, LESBIAN, AND BISEXUAL YOUTH AT RISK
FOR LOW SELF-ESTEEM AND DEPRESSION

by

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A THESIS
Submitted in partial fulfillment of the requirements of the
Master of Arts Degree in the Graduate Division
of Rowan College of New Jersey
1995

Approved by

Dr. Roberta Dihoff

Date Approved 5/14/95
The purpose of this research was to determine if gay, lesbian, and bisexual youth are at a higher risk for low self-esteem and depression than straight male and female youth. This study further investigated whether gay and bisexual male youth are at a higher risk for low self-esteem and depression than lesbian and bisexual female youth.

The 59 participants, ages 15 to 21, were obtained through a general undergraduate college sample and a selected sample of subjects involved in gay/lesbian community youth groups and college organizations. Of the 59 subjects, 29 were straight males and females and 30 were gay, lesbian, and bisexual males and females. Each subject completed two self-administered measures: the Self-Esteem Index (SEI) and the Beck Depression Inventory (BDI).

Four independent measures t-tests were conducted utilizing the scores of the SEI and the BDI. The analysis of results demonstrated that there was a significant difference in the levels of self-esteem and depression between gay, lesbian, and bisexual youth and straight male and female youth. There were no significant differences in the levels of self-esteem and depression between gay and bisexual males and lesbian and bisexual females.
The purpose of this research was to determine if gay, lesbian, and bisexual youth are at higher risk for low self-esteem and depression than straight youth. This study demonstrates a significantly higher rate of depression and lower levels of self-esteem in gay, lesbian, and bisexual youth.
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ACKNOWLEDGMENTS

The origin and creation of this thesis was inspired by a special friend, Eddie...one of the many children at risk. I dedicate this work to his struggle as a young, gay youth with the hopes and dreams for a brighter tomorrow.

I would like to extend my deep appreciation to my advisors, Dr. John Klanderman and Dr. Roberta Dihoff, for providing me with the academic foundations and experience necessary in my growth as a future leader in education.

I wish to acknowledge and thank School Psychologist, Keith Nelson, who provided me with valuable resources and insight into designing this study. I would also like to extend my love and thanks to my cousin, Dolores Szymanski, for her guidance and wisdom as an Assistant Principal and friend.

I wish to acknowledge the support, understanding, encouragement, and love of my parents and Robert in this long endeavor. Thank you for being there for me and understanding my sometimes limited availability while working on this thesis and other projects. Most of all, I wish to acknowledge Robert’s tolerance and ceaseless efforts in helping me with the word processing and spreadsheet mechanics of this thesis.
Chapter I - The Problem

Need

An adequate support system for gay and lesbian youth in our schools and local communities appears to be rare to nonexistent. The absence of gay and lesbian literature in our schools and public libraries is quite common. Many sex education and awareness programs omit discussion of sexual minorities. Currently, the Philadelphia Gay and Lesbian Task force is lobbying to enact Policy 102 which would promote diversity in the curriculum through multicultural, gender-equal, and gay/lesbian studies.

Due to the lack of a social and educational support structure, gay and lesbian youth may be at risk for dropping out of school, running away from home, abusing drugs/alcohol, and participating in unsafe sex. In addition, they may be struggling with low self-esteem, depressive symptomology, and suicidal ideation. It is crucial that educators, parents, and members of the community initiate reforms to develop educative and therapeutic out-reach programs for these young people who feel isolated in their homes and schools.

Purpose

The purpose of this study is to determine levels of self-esteem and the existence of depressive symptomology in gay, lesbian, and bisexual youth in comparison to straight male and female youth. It is highly plausible that both gay and lesbian young people are at risk in these areas; however this study will ascertain if young gay and bisexual male subjects are at a higher risk than young lesbian and bisexual females for developing low self-esteem and depression.
A portion of the literature review will investigate the differences between gay and lesbian youth in their experience of adolescence, the formation of sexual identity, and the susceptibility to emotional and physical risk factors. It is expected that the research will demonstrate that there is a strong need for gay and lesbian youth services.

Hypotheses

The first hypothesis states that gay, lesbian, and bisexual youth are at a higher risk for low self-esteem than straight male and female youth.

The second hypothesis states that gay, lesbian, and bisexual youth are at a higher risk for depression than straight male and female youth.

The third hypothesis states that gay and bisexual male youth are at a higher risk for low self-esteem than lesbian and bisexual female youth.

The fourth hypothesis states that gay and bisexual male youth are at a higher risk for depression than lesbian and bisexual female youth.

Theory

Adolescence can be a time of emotional trauma, physical awkwardness, insecurity, and identity confusion. The adolescent who is coming to terms with a sexual identity contrary to the norm, is faced with the fear of alienation from family, peers, and society. The heterosexist world is the dominant culture in society that views homosexuality as abnormal, sinful, and sick (Zera, 1992). Gay and lesbian youth who are developing sexually and discovering their sexual preferences are confronted with the unacceptable nature of homosexuality in the home, school, church, workplace, and community. The inner turmoil that erupts is filled with anguish and confusion.
The *Coming out* process involves the formation and development of a gay or lesbian identity (Newman & Muzzonigro, 1993). Zera (1992) adds that it also entails the difficult choice of acknowledging this identity both personally to the self and socially to others. For many gays and lesbians, the process of *Coming out* begins during adolescence (Newman & Muzzonigro, 1993). Erik Erikson (1980) describes the "shock of adolescence" as "the standardization of individuality and the intolerance of 'differences'" (p. 96). Gay and lesbian adolescents must devise methods of coping with the harsh societal prejudice of their "differences" from their heterosexual peers.

A number of coping styles are used by gay and lesbian youth during this developmental period. One coping technique is *learning to hide* in which the individual modifies his/her behavior depending on whether or not the situation is dangerous or detrimental if others found out about his/her secret (Zera, 1992). *Denial of membership* is a coping phase that exists when the individual denies his/her sexual orientation and identifies him/herself as straight. *Gender deviance* occurs when an individual exhibits stereotypical "homosexual" behaviors (i.e., exaggerated flamboyance) based on the rationalization of how gay people should look or act. *Repair* transpires when the person seeks professional experience (e.g., psychiatrist or minister) to help him/her rid of the inner turmoil and to "cure" the homosexuality. *Redefinition* happens when the person reasons or implies that his/her feelings are only situational (i.e., "I only feel this way when I'm with him") or completely redefine him/herself with a more positive label such as bisexual. The ideal coping style of *acceptance* is defined as someone who actively engages in the gay community and seeks out awareness information (Zera, 1992).
The developmental process of all adolescents involves the search for identity with the final goal being the formation of a positive and healthy identity. Zera (1992) explains that for gay and lesbian adolescents, the goal is to develop a positive gay identity. Gay identity formation is comprised of six progressive stages. The first stage, Identity Awareness, is when the gay/lesbian adolescent is becoming aware that he/she is different than his/her peers. This period of discovering that one is attracted to the same sex occurs between the ages of 12 to 14. Newman and Muzzonigro (1993) add that this stage is characterized by confusion, denial, guilt, and shame. The second stage, Identity Comparison, occurs when the individual is fearful of the possibility of being homosexual and resorts to thinking and behaving as if he/she was heterosexual. The individual is experiencing Identity Tolerance, at the third stage, when he/she feels trapped by the sexual preference but can privately admit to being gay or lesbian.

The last three stages are gradual steps to the formation of a positive gay identity and a healthy mental existence. The fourth stage of Identity Acceptance is the beginning of coming out and exploring the gay community. Identity Pride, the fifth stage, signifies complete self-acceptance and full involvement in the gay community. The last stage of Synthesis is the ability to accept one's self and others, and to realize that differences are not always perceived as constituting pain or conflict (Zera, 1992). Everyone progresses through these stages uniquely and at differing paces and ages. For example, some people may remain in the stage of Identity Comparison well into adulthood and marriage to the opposite sex. The final stages appear to be highly ideal, but these are areas that need to be strengthened and encouraged in gay and lesbian youth.
**Definition of Terms**

**Adolescence.** For the purpose of this study, gay adolescence and development will be extended through age 21.

**Bisexuality.** A person who is sexually attracted to both sexes.

**Coming out.** Involves the formation and development of a gay, lesbian, or bisexual identity and acknowledging this identity to one's self and to others.

**Depression.** Clinically defined by the criteria stated in the DSM IV (APA, 1994). As defined by Beck's *Cognitive Triad* of depression: 1. a negative view of the self, 2. a negative view of the world, and 3. a negative view of the future (Baruth & Huber, 1985). As measured by the *Beck Depression Inventory - BDI* (Beck & Steer, 1987).

**Gay.** A homosexual male.

**Heterosexual.** An individual who is sexually attracted to the opposite sex.

**Homosexual.** An individual who is sexually attracted to the same sex.

**Identity formation.** "The unified sense of self as uniquely different from others" (Ryckman, 1993, p. 215).

**Lesbian.** A homosexual female.

**Self-Esteem.** As defined by the *Self Esteem Index - SEI* (Brown & Alexander, 1990).

**Straight.** A heterosexual individual.
Note - the terms gay, lesbian, bisexual, and straight have been selected for this thesis due to their current and frequent usage by gay and lesbian community organizations, advocacy groups, and research journals.

Assumptions

All subjects will be given the Beck Depression Inventory (Beck & Steer, 1987) and the Self Esteem Index (Brown & Alexander, 1990) in the same self-administered format. Directions will be stated clearly and consistently in the same manner for each group administration. Subjects will answer questions with complete anonymity and their identities will be held in strict confidence. The names and locations of gay and lesbian organizations participating in the study will also be confidential.

It is assumed that subjects who consent to participate in the research will provide accurate and sincere answers to the best of their abilities. It is also assumed that the Beck Depression Inventory (Beck & Steer, 1987) and the Self Esteem Index (Brown & Alexander, 1990) are accurate and valid measures.

Limitations

The sample size may be limited due to the lack of gay and lesbian youth organizations in the local tri-state area, and the few numbers of homosexual youths who are participating in these programs. Some of the participants in the study will not be randomly selected, but instead will be chosen through their membership in gay and lesbian organizations and programs. The gay, lesbian, and bisexual sample may be limited primarily to older youth due to the fewer numbers of young adolescents in gay/lesbian organizations.
The rates of self-esteem and depression in gay, lesbian, bisexual, and straight adolescents may be due to other extraneous variables (other than coping with their sexual orientation) such as personality issues, history of mental health, and other familial and environmental influences.

The data will be limited to a select group of gay, lesbian, and bisexual individuals (i.e. receiving supportive services) who may display higher rates of self-esteem and lower instances of depression than those who are not receiving formal assistance.

**Overview**

The following review of research will provide current data on the incidence of low self-esteem and depression in gay, lesbian, and bisexual youth. The impact of the family and peer group on homosexual youth will be discovered. Other crucial factors that may jeopardize the well-being of gay, lesbian, and bisexual youth will be considered; as well as the differences between the experiences and exposure to risk of young gay and bisexual males as opposed to young lesbian and bisexual females.

The *Design of Study* will be presented in Chapter III followed by the *Analysis of Results* and *Summary and Conclusions* in subsequent Chapters IV and V.
Chapter II - Review of the Literature

It's Natural.
I love it!
I feel like it's one of the best things that ever happened to me.
I'm proud of who and what I am.
I'm happy now, but I don't know if I will be in the future.
I would like it more if it was widely accepted.
It is a fact of life. No one chooses...
We have no say in the matter.
I have learned to accept it (Newman & Muzzonigro, 1993, p. 220).

The above quotes were expressed by adolescents who were asked the question, "How do you feel about being gay?" Adolescence, in general, can be a time of emotional trauma, physical awkwardness, insecurity, and identity confusion. The adolescent who is coming to terms with being gay or lesbian, is faced with the stigma of homosexuality in our culture, and finds him/herself alone and scared of the feelings boiling within. Gay and lesbian adolescents are worrisome of the responses they will receive when others (i.e. parents and family members, peers, their school, their church, future employers, and the community at large) discover their sexual orientation.

From reviewing the current literature on homosexuality in adolescence, it is clear that there has been little focus in this area of research (Newman & Muzzonigro, 1993; Zera, 1992). Several studies have been concerned with homosexual adults, particularly male subjects. Post hoc valuative measures of looking back on an adult male's life and analyzing how he came to grips with his sexuality is common (Zera, 1992).

The following review will include the impact that parents and peers have on the gay/lesbian adolescent, the physical and emotional risk factors involved, and expert recommendations for the future. Special focus will be applied to the risk of low
self-esteem, depression, and suicide in gay/lesbian youth. The individual experiences of
gay and lesbian youth may be similar in some respects, but there are various differences
(i.e. differing risk factors and degrees of susceptibility) that will be alluded to throughout
the discussion.

Parental Influence

I was given the conditions of my return: 1. Give up my lifestyle. 2. Like girls. 3. Give up all past friends...Dad escorted me to the garage where I was harassed. Your mother and I have no further reason to live. I don't know what the hell we have done to deserve the treatment we are getting. You were our only hope! (Savin-Williams, 1989, p. 3)

Coming out to parents is one of the most difficult decisions that the gay/lesbian
adolescent will ever make (Savin-Williams, 1989). Many parents view their child's coming
out as a destruction of the future dreams that they embodied of their children (i.e., the
dream that their child will eventually be happily married to the opposite sex and raising
their grandchildren). Much of the coming out right literature has been criticized for its
unrealistic demands: "...by risking coming out to your parents you have given yourself
and them the opportunity to grow" (p. 3). Savin-Williams (1989) notes that parents have
the power and ability to "inflict ostracism, rejection, isolation, and even violence (p. 3)"
when the child confronts them with his/her sexuality. Zera (1992) agrees that the
individual must weigh the negative possibilities of rejection, guilt, physical/verbal abuse,
and expulsion from the home. It is suggested by some researchers that gay/lesbian
children withhold the knowledge of their sexual identity unless they have a secure and
positive outlook of homosexuality and have a strong relationship with their parents
(Savin-Williams, 1989; Zera, 1992). Some view coming out to parents as the "final exit
out of the closet" (Savin-Williams, 1989, p. 3).
Some of the risks associated with negative reactions from parents are running away from home, prostitution, criminal activity, and drug/alcohol abuse (Savin-Williams, 1989). The child may feel helpless in coping with the heightened feelings of alienation and secrecy in the home. The child in this predicament feels isolated and anxious as a result of the emotional distance and lack of open communication with his/her parents.

Although many of the unfortunate responses are not uncommon (Zera, 1992), the type of reactions are usually unpredictable (Savin-Williams, 1989). School Psychologist, Gina Hurley (1994), explains prevalent family reactions and feelings toward the child such as isolation, rejection, disappointment, rage, and feelings of failure. In twenty-six percent of families, the child is banished from the home due to his/her gay or lesbian identity.

Of 37 males in one sample, only two reported positive relations with and acceptance from families (Uribe & Harbeck, 1992). The aftermath of coming out can range from family chaos and dysfunction to expulsion of the child from the home. Fifteen of the youths sampled were living with friends, two were living with “sugar daddies,” and three were residing in residential or foster homes for gay adolescents.

Acceptance of the child may depend on the age, gender, religious background, and the traditional family/cultural values of the parents (Newman & Muzzonigro, 1993; Savin-Williams, 1989). For example, elderly parents may have more difficulty with the realization of their child’s homosexuality due to the time period in which they were raised and from the traditional social norms and religious views that they have acquired (Savin-Williams, 1989).
Gay and lesbian adolescents are more likely to *come out* to their mothers (42% for male and 49% for female children) as opposed to their fathers (31% for male and 37% for female children (Savin-Williams, 1989). In the lesbian sample in the above study (Savin-Williams, 1989), 62% of the mothers and 43% of the fathers "accepted and understood" (p. 5). Females reported that they were more secure and comfortable with their sexual orientation if their parents were accepting. Gay males who reported that their parents were important to their self-worth, felt comfortable with their sexual orientation if their parents were accepting. Males who were comfortable with their sexual orientation had the highest levels of self-esteem. Savin-Williams (1989) concludes that parents have a significant impact on the psychological development of sexual identity for gay and lesbian adolescents. The literature advising one to *come out* despite the consequences and emotional cost to the adolescent is "ignoring the role of the parents in the coming out process" (Savin-Williams, 1989, p. 5).

A positive relationship with one's mother is crucial for both gay and lesbian youth (Savin-Williams, 1989). Lesbian adolescents who reported satisfying relationships with their mothers also had high self-esteem. Lesbian girls who had young mothers were more likely to have a positive self-concept and a satisfying relationship with their mothers. The youthful age of the child's mother as an indicator of positive self-esteem may be due to her generation being more akin to that of the child (i.e. more open and tolerant). Gay males also had higher self-esteem if they too had a satisfying relationship with their mothers. The mother's strong influence in predicting self-esteem and security with one's sexual identity, may be the result of our societal view of the mother. Both heterosexual and
homosexual adolescents, tend to view their maternal relationships as more supportive, warm, and emotional than their paternal relationships.

Newman and Muzzonigro (1993) have researched the effects of traditional family values on gay male adolescents in a study of 27 males of varying cultural, racial, and religious backgrounds. Families were considered to have high or low traditional family values based on four criteria: 1. the importance of religion, 2. emphasis on marriage, 3. emphasis on having children, and 4. whether a non-English language was spoken in the home. Feeling comfortable with one's gay or lesbian identity predicts self-esteem (Newman & Muzzonigro, 1993; Savin-Williams, 1989).

Newman and Muzzonigro (1993) include the variables of racial identity and traditional family values as having an impact on the coming out process. Traditional family values are frequently incompatible with homosexuality, which is generally viewed as unacceptable. Adolescent minorities have the dual role of discovering both their cultural/racial identity and their sexual identity. Many African-American and Hispanic gay youths have been alienated and stigmatized by their family and cultural group for not upholding the traditional standards of heterosexual matrimony and child-rearing. Race alone did not significantly affect the coming out process, but the presence of traditional values in the family strongly influenced the acceptance of gay identity.

**Peer Influence**

Many gay and lesbian adolescents have experienced verbal harassment (i.e. being called "faggots" or "dykes") and physical assaults in the schools (Rofes, 1989; Uribe & Harbeck,
The fear of physical violence and humiliation becomes so great that the victim may turn hurt feelings inward in the form of self-hatred.

The experience of alienation and confusion may also lead to poor social adjustment (Zera, 1992). Some gay and lesbian students will shy away from student activities and involvement with same-sex peers to prevent anyone from finding out about their sexual preference. They may also become socially and emotionally isolated as a result of knowing that they cannot open up to their peer group. In response to the pressures of conformity, gay and lesbian adolescents may resort to dating the opposite sex in order to be considered "normal" by their peers. Some lesbian adolescents have become pregnant to prove to themselves and others that they are not homosexual (Newman & Muzzonigro, 1993; Rofes, 1989). The threat of dropping-out of school is widespread for these adolescents (Uribe & Harbeck, 1992). Many of these students recount that the period during junior and senior high school was one of the most painful and difficult times of their lives. This trying time of emotional and social instability has been described by gay and lesbian students as, "a time when I wanted to die," "a period when I just wanted to blot out all my feelings," and "a time when I felt like I was suffocating" (Uribe & Harbeck, 1992, p. 22).

A Group at Risk

Violence against gays and lesbians has increased, and this is often the result of homophobia and the fear of AIDS (Russell, 1989). Homophobia, the fear and loathing of homosexuals, may be due to a number of factors such as insecurity concerning one’s own sexual identity, strong religious morals, and sheer ignorance of the issues relating to homosexuality. Hurley (1994) reports that virtually half of gay male students and one in five lesbian students are assaulted or harassed (i.e. name-calling, threats, and anti-gay slurs) in schools.

One of the most severe risks for gay youth is the threat of AIDS (Cranston, 1992; Russell, 1989; White, 1991). Rofes (1989) identifies young people, primarily gay male youth, as the "third wave" of people afflicted with AIDS after adult gay males and IV drug users. Adolescent gay and bisexual males face a higher risk of contracting the AIDS virus than lesbian and heterosexual youth (Cranston, 1992). Young gay males are a high risk group due to their behaviors (i.e., having unprotected anal or oral sex) and because current prevention programs have failed to meet their needs. The majority of adolescents infected by AIDS through sexual contact are homosexual youth. The immense population of adult male AIDS cases tends to overshadow the increasing number of adolescents at risk for infection. In a study (Cranston, 1992) of 258, 17 to 25 year old males, 12% tested HIV positive. High rates of HIV infection for this sample were observed in the 17 to 19 (14.3%) and the 20 to 22 (14%) age groups. 22.9% of African-American males and 14.3% of Hispanic males across the entire age range tested HIV positive.

In another sample (Uribe & Harbeck, 1992) of 50 gay and lesbian adolescents, none of the 37 males reported the use of a condom during their first sexual experience. The AIDS
epidemic has not influenced major changes in the sexual behavior of gay adolescents. Death of friends and loved ones to AIDS is often the compelling factor that influences people to practice safer sex (Cranston, 1992). The majority of people who have had first hand experience with AIDS are the adult members of the gay community. The distance of AIDS to the gay adolescent may be one reason for the incorrect assumption that he is not susceptible to the disease and does not need to modify his sexual practice.

**Low Self-Esteem, Depression, and Suicide**

Gay and Lesbian adolescents are also at a higher risk for low self-esteem, depression, and suicide (Cranston, 1992; Hurley, 1994; Rofes, 1989). Lowered self esteem may also put the young person at risk for AIDS (Cranston, 1992; White, 1991). Cranston (1992) points out that "a person with a poor sense of personal worth has less ability to pursue healthy behavioral options" (p. 253). White (1991) adds that low-self esteem combined with the experience of isolation, anxiety, feelings of omnipotence, and peer/familial/communal rejection lead to the gay youth's failure to protect himself against AIDS.

In Uribe and Harbeck's study (1992), 36 out of 37 males admitted to problems with drugs/alcohol. Half of the 50 male and female participants confided that they had attempted suicide in years prior to the study. Cranston (1992) adds that there are higher rates of both suicidal ideation and suicide attempts among gay, lesbian, and bisexual youth than their heterosexual peers. As reported in 1989 by the *Secretary's Task Force on Youth Suicide*, 30% of all adolescents who commit suicide are gay/lesbian (Grossman, 1993; Hurley, 1994). Gay/lesbian youth are also two to three times more likely to attempt
suicide than their heterosexual peers (Stover, 1992; Grossman, 1993). Hurley (1994) reports that "suicide is the leading cause of death for gay and lesbian adolescents" (p. 29).

Homophobia and discrimination in the schools has led to decreased self-esteem and increased potential for self-destructive behaviors (Uribe & Harbeck, 1992). Discriminatory acts seem to be more commonly directed at gay males rather than lesbian females, but both viewed concealment of their sexual identity as pertinent to survival. Stover (1992) explains that the school environment may be a very hostile place, where the words "fag and queer are everyday insults" (p. 36). Due to the effects of harassment and stigmatization in the schools, 28% of gay and lesbian students must drop-out (Grossman, 1993; Hurley, 1994).

Due to the severity of the isolation experienced in the school, these students are prone to poor academic performance, increased truancy, and dropping-out (Hurley, 1994; Sears, 1991). Grossman (1993) claims that isolation is the greatest problem for gay and lesbian students. Findings reveal that 80% of these adolescents have acknowledged isolation as being most traumatic. Isolation may take the form of (1) social isolation (i.e., having no friends or adults that they can communicate with), (2) emotional isolation (i.e., experiencing an emotional separation from family and peers), and (3) cognitive isolation (i.e., deficient knowledge and access to pertinent information about homosexuality and related issues (Grossman, 1993).

**Recommendations**

Current research has suggested the need for (1) AIDS awareness and prevention programs focusing on the gay, lesbian, and bisexual youth in our communities and (2)
school-based counseling and informational services to offer support, coping skills, educational resources, and consciousness-raising about sexual diversity (Anderson, 1992; Caywood, 1993; Croteau & Thiel, 1994; Sears, 1991).

Intervention in the schools is rare due to the controversial nature of this group of adolescents (Hurley, 1994; Russell, 1989). Adolescence is a critical period in the lives of gay and lesbian youth, and a time when emotional support and guidance is crucial. If sex education programs are already in place, they may need to be reformed to service the needs of gay and lesbian youth and to prevent information regarding homosexuality and AIDS from being handled inappropriately. Teachers and other educators need to be properly trained to deal with these issues with compassion and acceptance and to remedy misinformation and bias (Croteau & Thiel, 1994; Hurley, 1994). If faculty and students are not educated fully about homosexuality and related issues, fear and discrimination will worsen causing deeper problems for gay and lesbian students.

Counselors and educators who are working with gay and lesbian students need to be conscious of personal and societal attitudes, biases, behaviors, and anti-gay stigmas which could be detrimental for the student (Croteau & Thiel, 1994; Russell, 1989). The counselor or teacher may not even be aware of his/her actions or nonverbal communication such as being anxious, condescending, critical, rejecting, or withdrawn (Russell, 1989). The educator needs to accept the student for who he/she is and to do so with empathic concern, sincerity, maturity, and objectivity. Three requirements for "good" counselors are (1) to be comfortable and secure with his/her own sexuality so as not to be threatened by differences in others, (2) to be comfortable in discussing issues,
and (3) to strive for objectivity and unbiased counseling (Russell, 1989). The counselor should be informed of current issues and promote well-being by sharing this knowledge with educators and students.

Cranston (1992) states that support services reduce the risk of AIDS infection and increase emotional health. Adolescents need to realize that they are susceptible to the threat of AIDS and choose to reduce the risk by changing their behaviors. This awareness can only come from the emotional and social support in the schools and communities, which will strengthen their self-efficacy and ability to make informed decisions.

Uribe and Harbeck (1992) stress the need for school-based programs that prevent the risks of dropping-out, low self-esteem, drug/alcohol abuse, AIDS, and other physical and psychological threats for gay and lesbian students. Educative programs that currently exist are providing insufficient and inadequate facts and materials. Gay and lesbian students have complained of the lack of care, understanding, and resources available to them in schools. The immediate future demands "school-based assistance and quality education for all students" (Uribe & Harbeck, 1992, p. 27). Mental health professionals and educators should be:

Men and women who can approach their own and other's sexuality without fear or prejudice and who judge others not for whom they love, but for how loving they are.

(Russell, 1989, p. 337)
Chapter III - Design of the Study

Subjects

The 59 total participants who volunteered in this research ranged from ages 15 to 21 (mean age of 19.02). In order to be selected for participation, subjects could not be over age 21. The sex of the participants amounted to 23 males and 36 females. Of the 59 subjects, 45 were community or state college students, three were high school graduates, and ten were currently attending high school. A general sample was taken from 29 community college students and the remaining sample of 30 individuals (i.e. high school students, college students and non-students) were specifically targeted for their participation in gay/lesbian community youth groups and college organizations.

For the purpose of this study it was necessary to request one's sexual orientation to obtain comparative data between gay and straight individuals and between gay, lesbian, and bisexual males and females. The sample was composed of 29 straight and 30 gay, lesbian, and bisexual individuals. Of the 30 individuals in the gay/lesbian/bisexual sample, nine were gay males; 11 were lesbian females, six were bisexual females, three were bisexual males, and one answered not sure (i.e., explaining that she was "bisexual, possibly lesbian.") The majority of the general sample of community college students reported to be straight; with only two reporting to be gay or lesbian. Two of the subjects, participating in the gay/lesbian groups and organizations as supporters or counselors, were straight.

All subjects were given the Self-Esteem Index - SEI (Brown & Alexander, 1990) and the Beck Depression Inventory - BDI (Beck & Steer, 1987). The range of scores, zero to 63, on the BDI indicates low to high levels of depression. The sample of 29 straight male
and female subjects had a mean score of 7.41 and a mode of 4 on the BDI. The total sample of 30 gay, lesbian, and bisexual male and female subjects had a mean score of 13.9 and a mode of 4 on the BDI. The 12 gay and bisexual males from the sample had a mean score of 14.67 on the BDI. The 18 lesbian and bisexual females from the sample had a mean score of 13.39 on the BDI. The two highest scorers on the BDI (i.e. scores of 37.0 and 44.0) were lesbian females who reported in the optional section that they had been diagnosed with Bipolar Disorder. The subject who scored 37.0 on the BDI stated that she had been previously hospitalized for a suicide attempt and the subject who scored 44.0 reported that she was currently receiving counseling.

The possible range of scores on the Self-Esteem Index (Brown & Alexander, 1990), 80 to 320, indicates low to high levels of total self-esteem. The sample of 29 straight male and female subjects had a mean score of 243.48 on the SEI. The total sample of 30 gay, lesbian, and bisexual male and female subjects had a mean score of 226.9 on the SEI. The 12 gay and bisexual males from the sample had a mean score of 221.33 on the SEI. The 18 lesbian and bisexual females from the sample had a mean score of 230.61 on the SEI.

Subjects were also asked Optional Information questions relating to the perceptions and feelings of the gay, lesbian, and bisexual participants. These open-ended questions related to issues of parental, peer, and community support; as well as psychiatric and drug/alcohol history. Of the 30 subjects in the gay/lesbian/bisexual sample, ten gay and bisexual male youths and 17 lesbian and bisexual female youths chose to answer some or all of the optional questions. Nine of these subjects reported that they receive good or average support from their parents and family, and fifteen reported little or no support.
from parents and family. Eighteen reported that they receive good or average support from peers; and five reported little or no support from peers. Nine reported good or average support from school or work; and eleven reported little or no support from school or work. Eleven of these subjects reported good or average support from the community because of their involvement in gay/lesbian youth programs and organizations; and eight reported little or no support from the community. Seven of these subjects reported to have a mental disorder, six reported to be previously or currently in therapy or counseling, two reported to have attempted suicide, and three reported to have been previously hospitalized in a psychiatric in-patient program. Nineteen reported that they have previously or currently feel depressed. Ten reported to previously or currently use drugs/alcohol; and four of the ten reported to be in recovery from drug/alcohol abuse. Seven reported to have runaway from home in the past; and one reported to have been forced out of the home due to sexual orientation. Twenty reported to be involved in one or more gay/lesbian organizations or groups.

Anecdotal information from these self-reports will be included in the discussion section of Chapter V. (Refer to the Appendices for a copy of the Optional Information sheet).

The ethnic origins of subjects consisted of 38 Caucasian, ten African-American, four Latin-American/Hispanic, three Asian, and four individuals who checked the response labeled "other" on the Fact Sheet. Area of residence and household income levels were tallied to assess socioeconomic status of the subjects. Geographical residence of the individuals sampled consisted of 22 in urban, 31 in suburban, and six in rural areas. For total household income levels eight subjects reported under $10,000, seven subjects
reported $10,000 to $15,000, six reported $15,000 to $20,000, three reported $20,000 to
$30,000, thirteen reported $30,000 to $50,000, 18 reported over $50,000, and four
subjects did not indicate or did not know their level of household income.

**Setting**

The research subjects participated in their own familiar and comfortable settings at
school and in gay/lesbian community centers. Specific arrangements to conduct this
research were made through college officials and gay/lesbian organization leaders. The
researcher committed to a specific date, time, and meeting place that was most convenient
for the contact person and the individual participants.

**Measures**

The *Self Esteem Index - SEI* (Brown & Alexander, 1990) is often used by school
psychologists to assess levels of self-esteem in students. For the purposes of this study,
the SEI was used to determine if gay, lesbian, and bisexual youth are at higher risk for low
self-esteem than straight male and female youth, and if gay/bisexual males are at a higher
risk for low self-esteem than lesbian/bisexual females. The SEI is composed of 80
sentences that indicate perceptions about oneself in four areas: personal security,
academic competence, peer acceptance, and family acceptance. The respondent must
choose whether each statement is *Always True, Usually True, Usually False, or Always
False*. To insure that all statements were age appropriate, some of the words were
changed. The overall structure and meaning of each sentence was not altered. For
example, the sentence "I am pretty popular with other kids my age" was changed to "I am
pretty popular with other people my age."
The total score or *self-esteem quotient*, an estimation of the individual's global or general self-esteem level, will be analyzed for the purpose of this study. Kramer & Conoley (1992) report the internal consistency of the SEI as ranging from .80 to .90. Currently there is no test-retest information available, and the validity data is described as insufficient but "promising" (p. 808). The overall "preliminary evidence" of reliability and validity suggests that the SEI has "strong psychometric properties," but further research with larger, more representative samples needs to be established (p. 809).

The *Beck Depression Inventory* (Beck & Steer, 1987) is used by clinicians to aid in the diagnosis of depressive illness. The BDI has also been the tool of choice by researchers for the purpose of assessment and data collection. In this particular study, the BDI is being utilized for the purpose of data collection and analysis only. The data obtained from the results on the BDI will be used to determine if there is a higher risk of depression among gay, lesbian, and bisexual youth than among straight male and female youth; and if there is a higher risk of depression among gay/bisexual males than among lesbian/bisexual females. The BDI consists of 21 groups of statements in which an individual must choose the statement that best describes the way he/she has been feeling in the past week. For example, in group number one, the statements read:

0 I do not feel sad.
1 I feel sad
2 I am sad all the time and I can't snap out of it.
3 I am so sad or unhappy that I can't stand it. (Corcoran & Fischer, 1987, p. 107)

The person would then choose the statement which best describes his/her feelings with regards to sadness in the past week, including the day of taking the BDI. The statements, each on a scale from zero to three, are totaled with a range of scores from zero to 63 with
the higher scores indicating the "severity of depression" (Corcoran & Fischer, 1987, p. 107). Corcoran & Fischer (1987) report that the BDI has "good to excellent" reliability. Split-half reliabilities range from .78 to .93. These reliability measures support the strong internal consistency of the BDI. Test-retest reliability ranges from .48 for psychiatric patients after one week and .74 for undergraduate college students after three months. Similarly, the BDI has "good to excellent" validity (p. 107). The BDI has significantly correlated with other depression scales thus indicating its strong concurrent validity.

Procedure

Participants were obtained through arrangements with local college officials and through contact and approval from gay/lesbian community and college organization leaders in New Jersey and Pennsylvania. All subjects who were 18 years of age and older provided informed consent. (Refer to the Appendices for a copy of the adult Letter of Informed Consent). Subjects under the age of 18 were obtained through a youth group at a gay/lesbian community organization. The youth program director provided consent for the minor aged participants in order to insure the right to privacy in their homes concerning their sexual orientation.

Once the permission from school and organization directors to meet with subjects was obtained, the author of this research handed out a self-administered packet to each participant. The subjects were asked to read the top Letter of Informed Consent carefully, and to sign the form if they wished to participate. Subjects were asked to direct any questions they might have regarding participation in the study to the author. If subjects asked questions that would bias the results of the study (i.e. inquiring about the
hypotheses and findings) they were asked to wait until the debriefing period after all of the packets have been collected.

In the small group of subjects who were under 18 years of age, the program director and counselor introduced the author and explained that the collection of data would be confidential and for the purpose of a Masters thesis. The subjects were told that it was their choice to volunteer as a subject or to refuse participation.

After the subjects read and signed the consent forms they proceeded to read the remainder of the self-explanatory directions in the packet and to fill in their answers to questions and statements. The Fact Sheet requested demographic and personal information about each individual subject (i.e. sex, age, race/ethnic background, sexual orientation, educational level, geographical location, and household income level).

The sections that followed in the research packet were the Self-Esteem Index (Brown & Alexander, 1990), the Beck Depression Inventory (Beck & Steer, 1987), and Optional Information gathered from open-ended questions regarding sexual orientation and mental health status. The final sheet of Hotlines & Information was attached as part of the de-briefing process to provide the subjects with a network of support and help if needed for future reference (i.e. toll free suicide, runaway, child abuse, and drug/alcohol hotlines and numbers of gay/lesbian organizations and youth groups). This information was provided for all participants to have, regardless of sexual orientation.

After all of the packets were collected, a Feedback Sheet was provided for each participant describing the nature of the study further in depth and providing a contact if he/she needed information or had questions concerning resources, research, or supportive
Design

The purpose of this research is to establish if there is a higher risk of low self-esteem and depression in gay, lesbian, and bisexual youth than in straight youth; and if there is a higher risk of low self-esteem and depression in gay/bisexual males than in lesbian/bisexual females. The first general sample of subjects consisted of college students selected for their age grouping between 18-21. The second sampling of subjects, composed of members of gay/lesbian community youth groups and college organizations, were selected for their age group (21 and under) and for the personal characteristic of sexual orientation (i.e. gay, lesbian, or bisexual). Those who were under 18 were participants in a supportive gay/lesbian youth program that protects each member’s right to confidentiality regarding his/her sexual orientation.

The design utilizes a between-subjects approach that will analyze and compare data between straight and gay/lesbian/bisexual subjects and between gay/bisexual males and lesbian/bisexual females. The independent variables have been selected for the subject characteristics of age and sexual orientation. The dependent variables correspond to the subject scores on the standardized measures for depression using the Beck Depression Inventory (Beck & Steer, 1987) and levels of self-esteem using the Self-Esteem Index (Brown & Alexander, 1990).

The scores on the Self-Esteem Index (Brown & Alexander, 1990) of the gay, lesbian, and bisexual youth and the straight male and female youth were recorded. This data was
compared to ascertain if there are any differences in self-esteem levels between straight and gay/lesbian/bisexual samples and between males and females within the gay/lesbian/bisexual sample.

The scores on the *Beck Depression Inventory* (Beck & Steer, 1987) of the gay, lesbian, and bisexual youth and the male and female heterosexual youth were recorded. This data was compared to ascertain if there are any significant differences in the levels of depression between the straight and gay/lesbian/bisexual samples and between males and females within the gay/lesbian/bisexual sample.

The analysis was completed using the spreadsheet program *Lotus 1-2-3* to calculate the sample means for the SEI and BDI scores and to conduct four independent t-test measures to determine if there were significant differences between the sample mean scores.

**Testable Hypotheses**

The first hypothesis states that gay, lesbian, and bisexual youth are at a higher risk for low self-esteem than straight male and female youth. To test the first hypothesis, using the results from the *Self-Esteem Index* (Brown & Alexander, 1990) the scores of the gay, lesbian, and bisexual youth will be compared to the scores of the straight youth. The first null hypothesis states that there will be no significant differences between the self-esteem levels of the gay, lesbian, and bisexual youth sample and the straight male and female youth sample.

The second hypothesis states that gay, lesbian, and bisexual youth are at a higher risk for depression than straight male and female youth. To test the second hypothesis, using the results from the *Beck Depression Inventory* (Beck & Steer, 1987), the scores of the
gay, lesbian, and bisexual youth will be compared to the scores of the straight youth. The second null hypothesis states that there will be no significant differences between the levels of depression of the gay, lesbian, and bisexual youth sample and the straight male and female youth sample.

The third hypothesis states that gay and bisexual male youth are at a higher risk for low self-esteem than lesbian and bisexual female youth. To test the third hypothesis, using the results from the Self-Esteem Index (Brown & Alexander, 1990), the scores of gay and bisexual male youth will be compared to the scores of lesbian and bisexual female youth. The third null hypothesis states that there will be no significant differences between the self-esteem levels of the gay/bisexual male youth sample and the lesbian/bisexual female youth sample.

The fourth hypothesis states that gay and bisexual male youth are at a higher risk for depression than lesbian and bisexual female youth. To test the fourth hypothesis, using the results from the Beck Depression Inventory (Beck & Steer, 1987), the scores of gay and bisexual male youth will be compared to the scores of lesbian and bisexual female youth. The fourth null hypothesis states that there will be no significant differences between the levels of depression in the gay/bisexual male youth sample and the lesbian/bisexual female youth sample.

Summary

The research was designed to determine if there is a higher rate of low self-esteem and depression in gay, lesbian, and bisexual youth than in heterosexual male and female youth.
Additionally the research design has been implemented to determine if there is a higher rate of depression in gay and bisexual males than in lesbian and bisexual females.

The rates of self-esteem and depression were assessed through scores on the *Self-Esteem Index* (Brown & Alexander, 1990) and the *Beck Depression Inventory* (Beck & Steer, 1987). The results are analyzed and discussed in the following chapters.
Chapter IV - Analysis of Results

Restatement of Hypotheses

The first hypothesis states that gay, lesbian, and bisexual youth are at a higher risk for low self-esteem than straight male and female youth.

The second hypothesis states that gay, lesbian, and bisexual youth are at a higher risk for depression than straight male and female youth.

The third hypothesis states that gay and bisexual male youth are at a higher risk for low self-esteem than lesbian and bisexual female youth.

The fourth hypothesis states that gay and bisexual male youth are at a higher risk for depression than lesbian and bisexual female youth.

Overview

In pursuit of this problem, data collection was derived from the resulting scores of participants on the Self Esteem Index - SEI (Brown & Alexander, 1990) and the Beck Depression Inventory - BDI (Beck & Steer, 1987). The results of these self administered measures have been analyzed to determine if there are statistically significant differences between the scores of straight and gay/lesbian/bisexual samples and between males and females within the gay/lesbian/bisexual sample.

Statements of Significance

Four independent-measures t-tests were conducted to assess if there were significant differences on the measures of self-esteem and depression between the straight and gay/lesbian/bisexual samples and between male and female groups within the gay/lesbian/bisexual sample.
Self-Esteem

The data in figure 4.1 suggest that gay, lesbian, and bisexual youth scored significantly lower levels of self-esteem than straight male and female youth; $t(37) = +3.98$, $p < .01$, two-tailed. The mean scores on the *Self-Esteem Index* (Brown & Alexander, 1990) were 243.48 for the straight sample ($n = 29$) and 226.9 for the gay/lesbian/bisexual sample ($n = 30$). The null hypothesis is rejected upon testing the first hypothesis.

The data suggest that there were no significant differences in levels of self-esteem between gay, lesbian, and bisexual males and females; $t(28) = 1.2, p > .05$, two-tailed.

The mean scores on the SEI were 221.33 for the gay/bisexual sample ($n = 12$) and 230.61
for the lesbian/bisexual sample (n = 18). The null hypothesis is accepted upon testing the third hypothesis.

**Depression**

The data in figure 4.2 suggest that gay, lesbian, and bi-sexual youth scored significantly higher levels of depression than straight male and female youth; t(57) = -3.66, p < .01, two-tailed. The mean scores on the *Beck Depression Inventory* were 7.41 for the straight sample (n = 29) and 13.9 for the gay/lesbian/bisexual sample (n = 30). The null hypothesis is rejected upon testing the second hypothesis.

The data suggest that there were no significant differences in levels of depression between gay, lesbian, and bisexual males and females; t(28) = +.31, p > .05, two-tailed. The mean scores on the BDI were 14.67 for the gay/bisexual male sample (n = 12) and
13.39 for the lesbian/bisexual female sample (n = 18). The null hypothesis is accepted upon testing the fourth hypothesis.

Summary

The analysis of results has also shown that there are significant differences between the SEI scores of subjects in the straight sample and gay/lesbian/bisexual sample; thus supporting the first hypothesis and rejecting the null hypothesis. Figure 4.1 plots the SEI scores to demonstrate the significantly lower levels of self-esteem in gay, lesbian, and bisexual youth as compared to straight youth. Statistical analysis did not indicate a significant difference between the SEI scores of males and females within the gay, lesbian, and bisexual sample, thus accepting the third null hypothesis.

The analysis of results has shown that there are significant differences between the BDI scores of subjects in the straight sample and the gay/lesbian/bisexual sample; thus supporting the second hypothesis and rejecting the null hypothesis. Figure 4.2 plots the BDI scores to demonstrate the significantly higher levels of depression in gay, lesbian, and bisexual youth as compared to straight youth. Statistical analysis did not indicate a significant difference between the BDI scores of males and females within the gay, lesbian, and bisexual sample; thus accepting the fourth null hypothesis.
Chapter V - Summary and Conclusions

Summary

The purpose of this study was to determine if gay, lesbian, and bisexual youth are at higher risk for low self-esteem and depression than straight male and female youth. This study further investigated whether gay and bisexual male youth are at a higher risk for low self-esteem and depression than lesbian and bisexual female youth. The research was initiated in response to the need for supportive services and assistance for gay, lesbian, and bisexual youth in our schools and communities. Current research in this area has established that gay, lesbian, and bisexual young people are a group at risk. Some of the risk factors include psychological distress, isolation, verbal/physical abuses, alienation, and insufficient educational and emotional support. These experiences place them in danger of academic failure, running-away, drug/alcohol abuse, low self-esteem, depression, suicide, and AIDS.

The 59 voluntary research participants, ages 15 to 21, were obtained through a general undergraduate college sample and a selected sample of subjects involved in gay/lesbian community youth groups and college organizations. Each subject was given a research packet containing the Self-Esteem Index - SEI (Brown & Alexander, 1990) and the Beck Depression Inventory - BDI (Beck & Steer, 1987). The results of these self-administered tests were used to measure and analyze existing levels of self-esteem and depression in the subjects sampled. High scores on the BDI may indicate high levels of depression and low general scores on the SEI may indicate low self-esteem. It was hypothesized that gay, lesbian, and bisexual youth would score significantly higher on the BDI and lower on the SEI than straight male and female youth. It was also hypothesized that gay and bisexual
male youth would score significantly higher on the BDI and lower on the SEI than lesbian and bisexual female youth.

**Conclusions**

The gay, lesbian, and bisexual youth sample scored significantly higher on the *Beck Depression Inventory* (Beck & Steer, 1987) than the straight male and female youth sample. Gay, lesbian, and bisexual youth also scored significantly lower on the *Self-Esteem Index* than straight male and female youth. These results would support the current research literature by suggesting that gay, lesbian, and bisexual youth are at a higher risk for low self-esteem and depression than their heterosexual peers.

However, the data failed to support the hypotheses that gay and bisexual male youth were at a higher risk for low self-esteem and depression than lesbian and bisexual females. These findings would suggest that although gay, lesbian, and bisexual youth may have greater levels of low self-esteem and depression than straight youth, there do not appear to be any significant differences between males and females within the gay/lesbian/bisexual sample.

**Discussion**

The differences between gay, lesbian, and bisexual youth and straight male and female youth on measures of self-esteem and depression concur with present research findings. The results support the notion that gay, lesbian, and bisexual youth tend to have a higher rate of low self-esteem and depression than straight male and female youth. The *Beck Depression Inventory* has been established as predictive of suicidal intent and behavior (Kramer & Conoley, 1992). Although the risk of suicidal ideation was not measured
independently in this instance, the high BDI scores of the gay/lesbian/bisexual sample lends support to the potential risk of suicide for this group as indicated in the review of literature.

The results did not support the presence of any significant differences in scores between gay and bisexual male youth and lesbian and bisexual female youth on measures of self-esteem or depression. An explanation of this nonsignificant effect may be due to the small sample size of 30 gay, lesbian, and bisexual subjects. This sample was composed of an unequal ratio of only 12 gay and bisexual male youths and 18 lesbian and bisexual female youths. 60% of the subjects in the gay/lesbian/bisexual sample were female.

Another factor that may have influenced nonsignificance is that females tend to score "slightly higher" on the BDI than males (Kramer & Conoley, 1992). In addition, the prevalence of major depression is reported to be "twice as common in adolescent and adult females as in adolescent and adult males" (APA, 1994, p. 341). It was hypothesized in this study that gay and bisexual male youth may have higher rates of low self-esteem and depression than lesbian and bisexual female youth due to the differing levels of societal tolerance and acceptance and the varying developmental periods between gay and lesbian youth. Gay male youth appear to be less tolerated and accepted by society; thus being subjected to increasing amounts of physical and emotional risk. Also, the coming out age of gay males has been reported to be younger than that of lesbians.

School Psychologist Keith Nelson (1994) reported in an unpublished interview that the *Self-Esteem Index* (Brown & Alexander, 1990) tends to result in high scores. He
suggested that significantly low scores may be more meaningful than high scores. This may be a possible explanation for the likeness in SEI scores between gay and bisexual males and lesbian and bisexual females. Both the gay/lesbian/bisexual sample and the straight male and female sample tended to have high scores on the SEI, but the scores of the gay/lesbian/bisexual sample were still significantly lower than the straight sample.

The *Optional Information* section of the research packet, addressed the mental health status of subjects and gay/lesbian issues in the form of self-report questions (i.e., refer to *Appendices* for copy of *Optional Information* sheet). Although this qualitative data was referred to in the *Design of Study* chapter, it will merely serve as anecdotal information for the purposes of this discussion. (Refer to the *Appendices* for a sampling of *Subject Responses* to the *Optional Information* questions).

Though gay and bisexual male youth did have a slightly higher mean score on the *Beck Depression Inventory* (Beck & Steer, 1987) than lesbian and bisexual females, it was not a significant difference. The highest scores on the BDI (scores: 37.0 and 44.0) were two lesbian/bisexual female youths who reported to have a preexisting diagnosis of Bi-Polar Disorder in the *Optional Information* section. One subject reported that she had previously attempted suicide and was hospitalized, and the other subject reported that she was currently receiving counseling. However, even if the scores of these two subjects had been eliminated from the gay/lesbian/bisexual sample, the differences between the mean BDI scores of the gay/bisexual male youth and the lesbian/bisexual female youth would still be nonsignificant.
The self-reports of the 27 gay, lesbian, and bisexual subjects who chose to answer some or all of the optional questions were partially in consensus with the current literature. More than half of these subjects reported to have a lack of parental and family support; but the majority of these subjects reported overwhelming support from peers. This may be due to their involvement in gay/lesbian youth organizations and college groups and from their exposure to other young gay/lesbian peers and adult role models. The majority of these respondents reported that they are involved in one or more gay/lesbian organizations.

**Implications for Future Research**

The gay/lesbian/bisexual sample for this study may have had higher levels of self-esteem and fewer instances of depression in comparison to their fellow peers who are not participating in supportive community and educational programs. Future research might further demonstrate the need for gay/lesbian services by comparing the levels of self-esteem, depression, and other risk factors in gay, lesbian, and bisexual youth who are participating in supportive counseling and educational programs with those who are not.

Also, members of the adult gay/lesbian community are presumed to be at a lower risk for low-self esteem and depression in comparison to gay/lesbian youth. Future directions could establish gay/lesbian young people's need for adult gay/lesbian role models and supportive assistance by comparing the emotional and physical risk factors of gay/lesbian adults with gay/lesbian youth.

This study was limited by the small sample size of 59 subjects; which included both straight and gay/lesbian/bisexual subjects. Subsequent research would benefit from studies...
with a greater number of total subjects and an equal distribution of gay/lesbian/bisexual male and female subjects. Ironically, the majority of subjects within the gay/lesbian/bisexual sample were bisexual and lesbian females. Many of the participating gay/lesbian organizations warned that there may be difficulty in finding young lesbian and bisexual females. Of the few local gay/lesbian youth groups that presently exist, each claims to have only a handful of regular gay and lesbian youth participants; and females are frequently outnumbered by males. This may be an explanation for the focus on gay male youths in much of the current research.

This particular study was fortunate to acquire several lesbian and bisexual female subjects. The unequal distribution of males and females within the gay/lesbian/bisexual sample may have been a result of one participating gay/lesbian college organization that included mainly female members.

Ideally, this study would have valued a younger aged sample (i.e. 18 and under) to measure levels of self-esteem and depression in adolescents. Older gay/lesbian subjects may have higher levels of self-esteem and lower instances of depression than those who are younger. However, a problem that arises is the difficulty in obtaining adolescent gay/lesbian subjects. Many of these youths have not fully come to terms with their gay identity, and may be confused or unsure of their sexual orientation. As a result, they may be less likely to participate in gay/lesbian organizations or to be open about their sexual orientation.
Recommendations

Five recommendations for educators and community members are consistent throughout the research literature pertaining to gay, lesbian, and bisexual youths (Hurley, 1994). The first recommendation is the need to develop school policies and guidelines that will ensure the equity and safety of gay, lesbian, and bisexual students (Hurley, 1994). These guidelines should include anti-harassment and anti-discrimination policies that will offer immediate attention and early interventions regarding this issue (Hurley, 1994; Sears, 1991).

The second recommendation is the need for teacher, counselor, and staff training in the schools to effectively address the needs of gay/lesbian students (Croteau & Thiel, 1994; Hurley, 1994). Educators need to raise their consciousness by confronting their own biases and fears, and learning to provide gay/lesbian students with acceptance and support (Croteau & Thiel, 1994; Rofes, 1989).

The third recommendation is the need for school-based support programs that offer counseling, adult gay/lesbian role-models, and accurate information for all students (Hurley, 1994; Uribe & Harbeck, 1992).

The fourth recommendation is the need for gay/lesbian informational and library resources and materials that will benefit all students (Anderson, 1992; Caywood, 1993; Hurley, 1994). Anderson (1992) reflected on his experience as a confused gay teen who received myths and erroneous information from school and community library books. Many of these books ensured young people who were confused about their sexuality that, "It's just a phase you're going through" (Rofes, 1989, p. 445). Gay/lesbian youth need to
have library materials with positive gay role models and supportive information available
to them (Caywood, 1993). As Anderson (1992) looks back on his experience with the
inaccurate messages found in many library texts for gay and lesbian youth:

   Why didn't they tell us we might be gay? They could have spared me years of tortured
   self-denial, of trying to persuade myself to get past this phase (p. 62).

The final recommendation is the need to supplement school curricula with gay/lesbian
studies and issues; and to foster and promote diversity and acceptance of all students
(Hurley, 1994; Sears, 1991). Specific courses need to address gay/lesbian issues when
discussing topics concerning safe-sex, AIDS, and suicide and violence prevention (Uribe
& Harbeck, 1992).

This study was developed with the purpose of spreading an awareness that gay,
lesbian, and bisexual young people are at risk in our schools and communities. In addition
to future research in this area, there is a desperate need for immediate action and
implementation of educational and supportive programs that will address the needs of gay,
lesbian, and bisexual youth.
References


APPENDICES
LETTER OF INFORMED CONSENT

The purpose of this research is to assess the thoughts and feelings of young people (preferably ages 18-21). You will be asked survey questions that are very personal and serious inquiries concerning your current thoughts and emotions. You may want to answer these questions in a quiet or private area of the room.

Participation in this study is completely voluntary. If you begin to feel uncomfortable with your participation in this study, you may discontinue at any time and are under no obligation to complete the forms or hand-in the packet. There are no foreseeable risks by participating as the questions are for assessment purposes only.

This survey packet includes questions for the purpose of data collection only. All names of persons and organizations participating in this study will be held in strict confidence. Information on these forms will be numerically coded. By signing this form you are providing informed consent for your participation in the research and acknowledging that you are at least 18 years of age or older.

Please answer all of the questions as openly and honestly as possible. Be careful not to skip any questions. The final portion of questions in this packet is optional...feel free to verbalize your inner most thoughts and feelings. The Optional section consists of open-ended questions concerning your feelings about the issue of sexual orientation. Please hand in the entire survey packet even if you choose to skip the Optional section. The Hotline & Information sheet attached to this packet is yours to keep for future reference and assistance. Please return the remainder of the packet (including all of the survey information and this consent form) to the test-giver.

THANK YOU FOR YOUR PARTICIPATION!

Please read the following paragraph. If you would like to volunteer as a participant in this study, please sign below.

In signing this form I avow that I am 18 years of age or older. I understand that I am not permitted to participate in this study unless I meet this age requirement. I consent to participating in this research as a legal adult. I have read the above statements and understand that I may withdraw my participation at anytime. All information collected from my participation will be kept strictly confidential.

Signed __________________________ Date ______________________

Please read all of the instructions carefully. I can answer any questions or concerns that you may have during or after the session. Please contact: Lynne Rossi (phone #)
OPTIONAL INFORMATION

The following questions are optional. Please feel free to answer all, some, or even none of the following questions. Be as open and as verbal as you would like to. Thank you for sharing this confidential information. Please do not place your name on this sheet. Use extra paper if you need to. Please hand in the entire survey packet even if you choose to skip this section. (Note: These questions are geared toward individuals who answered either gay, lesbian, bi-sexual, transgendered, or not sure when asked about their sexual orientation on the previous Fact Sheet.

1. How do you feel about being gay? (or lesbian/bi-sexual, transgendered)

2. Are you open about your sexuality? Why or why not? To what degree are you open?

3. What kind of support do you get from your parents and other family members?

4. What kind of support do you receive from friends/peers?

5. What kind of support/services do you receive from school or work? (i.e. teachers, students, supervisors, & co-workers)
6. What kind of support/services do you receive from your community (i.e. local organizations/groups, church, hospitals/clinics, schools, etc.)

7. Have you ever been diagnosed or hospitalized due to a mental illness? Are you receiving any medications or counseling/therapy? Please elaborate on the type of condition, medications, etc.

8. Do you ever feel depressed? Please explain.

9. Are you currently using drugs/alcohol? Please specify which types and how frequently. Have you ever been in a detox or drug/alcohol rehabilitation center?

10. Have you ever runaway from home or been forced to leave your home? Was your sexuality a factor in causing you to runaway or to be thrown out of your home?

11. Do you belong to any gay/lesbian organizations or groups? If so, which one's and describe what your role is. Have you ever participated in any gay/lesbian events/activities (example - Gay Pride).
SUBJECT RESPONSES

As in the study by Newman and Muzzonigro (1993) one of the optional questions asked, "How do you feel about being gay/lesbian?" Some of the responses were as follows:

Weird, very weird. (19 year old gay male)

I love it. (19 year old gay male)

I feel no differently about being gay than I do about being Catholic or White. It is an integral part of who I am. (19 year old gay male)

Because of my religion I feel it is very wrong, but it is something I want to do. It is like I can't help being bi. It bothers me every day and makes me an unhappy person most of the time. (18 year old bisexual male)

I feel that it is full of heartaches. If I could not be gay I wouldn't be. (17 year old bisexual male)

It is fun. (18 year old lesbian)

I feel free and happy. (18 year old lesbian)

I'm very happy. I have a wonderful girlfriend and I've never been better. (15 year old bisexual female)

Being gay is wonderful, it's just a shame that everyone else doesn't think so. (20 year old lesbian)

It feels good, yet I don't like society's reaction to it. (20 year old lesbian female)
Feedback Sheet

Thank you for your participation! The data collected will be utilized in preparing for my Masters thesis in School Psychology at Rowan College of New Jersey. The purpose of the research is to assess if there is a higher rate of low self-esteem and depression in gay, lesbian, and bisexual youth than in straight youth. I will also be looking to see if there is a higher risk of low self-esteem and depression in gay males than in lesbian females.

Participants in this study have consisted of young people between the ages of 15 and 21 from general college samples and from targeted samples in gay and lesbian organizations. I have completed a literature review which demonstrates a consensus that gay/lesbian youth are at risk for low self-esteem and depression. Additionally, studies have found gay/lesbian youth to be at risk for running away from home, dropping-out of school, and abusing drugs/alcohol. Gay male youth are especially at risk for sexually transmitted diseases such as AIDS. The current research recommends that our communities and schools establish programs and supportive services to assist the growing numbers of gay/lesbian youth that desperately need help. One research explanation for this group being at high risk is due to the ingrained homophobia in our society. Sadly, many people view homosexuality as sick or sinful. As a result, gay/lesbian youth may feel isolated and alienated from their families, friends, and community. Another issue is the lack of research and educative assistance for gay/lesbian youth.

If you are interested in the studies that have been conducted in the area of gay/lesbian youth, please feel free to contact me at (phone number inserted). There are some excellent resources in college and university libraries such as the Journal of Homosexuality. Refer to the Hotlines & Information sheet which lists several gay/lesbian organizations. Many of these organizations have their own gay/lesbian research libraries or can offer references for obtaining specific materials.

If you or someone you know needs assistance or help, please call one of the professional organizations or services listed on the Hotlines & Information sheet.