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# ***“That’s so Gay!”* Examining the Covariates of Hearing this Expression among Gay, Lesbian, and Bisexual College Students**

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## **ABSTRACT**

**Objective:** The investigators examined the health and wellbeing correlates of hearing the popular phrase “that’s so gay” among gay, lesbian, and bisexual (GLB) emerging adults.

**Participants:** Participants were 114 self-identified GLB students aged 18 - 25 years. **Methods:** An online survey was distributed to students at a large public university in the Midwest during winter 2009. **Results:** Participants’ social and physical wellbeing was negatively associated with hearing this phrase, specifically feeling isolated and experiencing physical health symptoms (i.e., headaches, poor appetite or eating problems). **Conclusions:** College professionals and student leaders must acknowledge that the phrase is a form of heterosexist harassment. As such, policies addressing diversity and harassment should address students’ use of this phrase. Additionally, colleges and universities should develop practices that counteract poorer wellbeing associated with hearing the phrase.

Heterosexist language, one of many mechanisms through which heterosexism is enacted, communicates anti-gay sentiment towards gay, lesbian, and bisexual (GLB) people. The popular expression “that’s so gay” is an example of heterosexist language.<sup>1-3</sup> “Gay” is frequently used today to describe something as stupid, weird, or undesirable.<sup>1,3-5</sup> “That’s so gay” has become so ubiquitous it has been described as “low-level, tolerated background noise” across educational settings, including college.<sup>5</sup> Besides using it as a generic negative adjective, heterosexual students may use the expression as an intentional slight against a GLB person, someone perceived to be GLB, or even a heterosexual peer.<sup>6,7</sup> GLB students may also use the phrase; some use it as an expression of empowerment or an in-group reference to gay culture and behavior,<sup>5</sup> while others may use it as a way to deride other GLB people due to their own internalized homophobia.<sup>8</sup> “That’s so gay,” is, in fact an example of a sexual orientation microaggression.<sup>1</sup>

Most studies investigating GLB college students’ experiences of heterosexism have concentrated on blatant, targeted behaviors such as threats and violence.<sup>9-11</sup> Few have examined subtle, untargeted, non-assaultive heterosexism, for example gay jokes, anti-GLB epithets, or similar microaggressions.<sup>3,4,12,13</sup> Given the often-covert nature of contemporary prejudice<sup>1</sup> subtle forms of heterosexism are likely more common on college campuses. GLB students may feel unsafe, unwelcome, and excluded when subjected to heterosexism, either overt or subtle.<sup>1,3,6,12,14,15</sup>

Heterosexism has been linked to poor health outcomes for sexual minorities.<sup>1,16,17</sup> Minority stress theory proposes that minorities, including GLB people are vulnerable to experiencing chronic psychosocial stress as a result of experiencing stigma and rejection related

to membership in a stigmatized group.<sup>16-18</sup> That stress may lead to poor psychological and physical health.<sup>1,16, 18</sup>

Studies have shown GLB youth who experience overt heterosexism<sup>6,19</sup> and non-assaultive heterosexual harassment<sup>12</sup> tend to have poorer scores on mental health variables. Similar trends have been documented in regard to physical health concerns and problems among GLB adults.<sup>20</sup> The relationship between heterosexism and physical health has not been investigated with GLB students or youth.

Studies suggest that GLB students who experience hostility in the social environment tend not to disclose their sexual orientation to others.<sup>11,21</sup> In contrast, research has also found that overhearing subtle heterosexual remarks would not necessarily influence the likelihood of disclosure.<sup>4</sup> In general, publicly acknowledging one's sexual identity—being “out”—is associated with positive self-worth for GLB individuals and has been considered a benefit to well-being, particularly mental health<sup>22, 23</sup> and some dimensions of physical health.<sup>24</sup> GLB college students' mental health and physical wellbeing might be impacted when they feel compelled to conceal their sexual identities in actual or perceived heterosexual environments.

This study extends existing research by examining the incidence and possible consequences of hearing “that's so gay” among a sample of GLB undergraduate college students who are emerging adults—18-25 years-old. We limited our analysis to emerging adults given the centrality of identity exploration during this life stage.<sup>25</sup> Informed by existing research, we hypothesized that students who hear “that's so gay” more frequently will report:

1. lower levels of perceived social acceptance
2. lower levels of psychological wellbeing
3. lower levels of physical wellbeing.

And finally, given the inconsistent findings in the literature concerning disclosure of minority sexual orientation, we asked: what is the relationship between hearing “that’s so gay” and levels of disclosure and willingness to disclose GLB status?

## **METHODS**

### **Participants**

Respondents were 114 students between ages 18 and 25 years who identified as gay, lesbian, or bisexual (GLB) taken from a larger survey sample of 2,605. Sampling involved (1) a census of junior and sophomore undergraduates, (2) a random sample of graduate students, and (3) a convenience sample of gay, lesbian, bisexual, and transgender (GLBT) students recruited through GLBT student organizations. Approximately 13% of eligible undergraduates completed the survey (age  $M = 19.71$ ,  $SD = 2.52$ ; 74% White; 62% female; 5% GLB). The response rate for the random sample of graduate students was 14% (age  $M = 27.73$ ,  $SD = 5.91$ ; 67% White; 60% female; 7% GLB). The convenience sample consisted of 37 individuals (age  $M = 24.19$ ,  $SD = 4.90$ ; 65% White; 51% undergraduate; 43% female). Nearly 16% of the current analytical sample was derived from the convenience sample.

The data for this study were drawn from an anonymous online campus climate survey conducted at a large *Research 1* public university located in the Midwest in the winter of 2009. An advisory committee consisting of students, staff, faculty, and alumni assisted with the study, including survey design. Further, a group of recent graduates provided feedback on the survey instrument. The university’s anti-discrimination policy includes protections based on sexual orientation, gender identity, gender expression, and other enumerated identities. In addition to for-credit courses and programs concerning an array of minority social identity groups, the

university sponsors numerous campus-wide awareness campaigns and programs to foster respect for diversity, including diversity in sexual orientation.

The survey was conducted by the service contracted by the university for its campus-wide student satisfaction and learning surveys. Seven and 14 days after the initial invitation to join the study, potential participants were sent reminder messages. The invitation and follow-up messages contained the link to the survey. Interested participants had the opportunity to enter a raffle for one of fifty \$50 cash cards. None of the recruitment and informed consent materials referenced sexual orientation or issues related to sexual orientation. The study received institutional review board approval and students provided informed consent by selecting “I agree to take this survey” after reading the study consent form.

## **Measures**

*Demographic Variables.* In addition to sex, age, race, and university affiliation (i.e., undergraduate/graduate), we measured sexual orientation and gender expression. In response to the question “What is your sexual orientation?” respondents chose from “completely lesbian or gay,” “mostly lesbian or gay,” “bisexual,” “mostly heterosexual,” “completely heterosexual,” “asexual,” and “not listed, please specify.” After defining gender identity as “how a person conveys their gender identity to others, often through behavior, clothing, hairstyles, voice, or body characteristics,” we asked “would you consider your gender expression on campus to be different from society's expectations based on your assigned sex at birth?” Response categories consisted of “no, never,” “yes, some of the time,” “yes, most of the time,” and “yes, all of the time.”

*That's so Gay.* Two questions were asked about the phrase “that’s so gay” being used to suggest something is stupid or undesirable. The stem for each question was “In the past 12 months at the University (or, if less than 12 months, since you’ve been here)...” One item addressed hearing the phrase (“I’ve heard other people say “that’s so gay” to suggest something is stupid or undesirable”). Immediately following, the second item attended to saying the phrase (“How many times have YOU SAID this?”). Response categories for both items were “never” (coded 0), “once” (coded 1), “2 – 3 times” (coded 2), “4 – 9 times” (coded 3), and “10 or more times” (coded 4). A higher score indicated hearing or saying the expression more often.

*Dependent Variables.* We assessed social acceptance on campus through two separate items taken from Cortina and colleagues’ *Social Acceptance Scale*: “In general, I fit in with the other students here” and “I feel left out of things here at [name of university].” A seven-point Likert scale was used for each item (1 = strongly disagree, 7 = strongly agree).<sup>26</sup>

We used self-esteem and anxiety as indicators of psychological functioning. Self-esteem was assessed using four items from Rosenberg’s self-esteem scale.<sup>27</sup> Each item was scored using a seven-point Likert scale, with higher scores representing higher levels of self-esteem (current sample  $\alpha = .86$ ). We used the 6-item anxiety subscale of the Brief Symptom Inventory to assess anxiety.<sup>28</sup> Each item was scored using a five-point Likert scale (1 = not at all, 5 = extremely).

Higher scale scores indicated more anxiety (current sample  $\alpha = .78$ ).

Two separate items inquired about physical wellbeing. The stem for both was “In the last month, how often did you...?” One question concerned having a headache, and the other asked about experiencing trouble eating or a poor appetite. The response categories were “not at all” (coded 1) “once,” “a few times,” “fairly frequently,” and “a lot of the time” (coded 5).

Two separate items were used concerning disclosure of sexual orientation. One item inquired about one's outness among other students generally (1 = not at all, 7 = completely open). Another item assessed comfortableness talking about one's sexual orientation; "When it comes up in conversation, I feel comfortable sharing my sexual orientation" (1 = strongly disagree, 7 = strongly agree).

### **Data Analysis**

We conducted correlations to explore associations between hearing "that's so gay" and the dependent variables. Items significantly correlated with hearing the phrase were then subjected to a hierarchical multivariate OLS regression. We controlled for age, sex, race, atypical gender expression (no/yes), and saying "that's so gay" (no/yes) in step 1. This last variable was included because those who use the phrase may not find it to be offensive or as offensive as those who do not use it. To determine the influence of hearing "that's so gay," we added this variable in step 2. Prior to conducting each multivariate analysis, we assessed for multicollinearity. No concerns were identified.

### **RESULTS**

On average, GLB students were 20.79 years of age ( $SD = 2.26$ ). Just over half were female (54%), 73% were White, and 69% were undergraduate students. Bisexual (43%) was the largest selected sexual orientation (34% completely lesbian or gay, 23% mostly lesbian or gay). Most (57%) participants' gender expression was atypical at least periodically (43% some of the time, 12% most of the time, and 2% all of the time).

*That's So Gay.* Almost 9 of 10 respondents reported hearing “that’s so gay” on campus at least once in the past 12 months or since they were at the university (13% “not at all,” 4% “once,” 18% “2 – 3 times,” 18% “4 – 9 times,” and 47% “10 plus times”). The median score was 3 (i.e., 2 – 3 times) and the mean score was 2.82 ( $SD = 1.41$ ). In contrast, less than 20% of the participants reported saying “that’s so gay” (8% “once,” 4% “2 – 3 times,” 1% “4 – 9 times,” and 4% 10 “plus times”).

**Table 1: Descriptive statistics for covariates of hearing “that’s so gay”**

Variables	<i>n</i>	<i>M (SD)</i>
<b>Social Acceptance on Campus</b>		
Fit in with other students <sup>a</sup>	114	4.92 (1.71)
Feel left out <sup>a</sup>	114	3.28 (1.53)
<b>Psychological Wellbeing</b>		
Self-esteem <sup>b</sup>	114	4.59 (1.35)
Anxiety <sup>c</sup>	114	1.96 (1.41)
<b>Physical Wellbeing</b>		
Headaches (last month) <sup>d</sup>	114	2.50 (0.97)
Trouble eating or poor appetite (last month) <sup>d</sup>	114	1.89 (1.14)
<b>Disclosure of Sexual Orientation</b>		
Out among other students generally <sup>e</sup>	114	3.97 (2.26)
Comfortable talking about one’s sexual orientation <sup>a</sup>	105	4.47 (2.05)

<sup>a</sup> Scored using a 7-point scale, 1 = strongly disagree, 7 = strongly agree

<sup>b</sup> Theoretical range 1 – 7, with higher score indicating higher self-esteem

<sup>c</sup> Theoretical range 1 – 5, with higher score indicating higher anxiety

<sup>d</sup> Scored using a 5-point scale, 1 = not at all, 5 = a lot of time

<sup>e</sup> Scored using a 7-point scale, 1 = not at all, 7 = completely



Results of the Pearson's correlation demonstrate significant associations between hearing the phrase and one indicator of social acceptance (feeling left out on campus), the two physical wellbeing variables, and the two disclosure of sexual orientation measures. All other relationships were not significant.

Specifically, consistent with hypothesis 1, students who more often heard "that's so gay" reported feeling more left out at the university ( $r = .20, p = .03$ ). Fitting in with other students ( $r = -.01$ ) was not significant. Self-esteem ( $r = -.09$ ) and anxiety ( $r = .16$ ), both from hypothesis 2, were not significantly associated with hearing "that's so gay." Supporting hypothesis 3, hearing the phrase more frequently was associated with reporting more headaches ( $r = .25, p = .008$ ) and problems eating or a poor appetite ( $r = .22, p = .02$ ). Students who heard the phrase more often reported higher levels of being out to students generally ( $r = .30, p < .001$ ) and had greater comfort sharing their sexual orientation in conversations ( $r = .21, p = .04$ ).

Among the five dependent variables found to be significant in bivariate analyses, three remained significant at the multivariate level. Significant results were found for feeling left out at the university,  $R^2 = .08, F(6, 105) = 6.83, p = .01$ . Hearing "that's so gay" accounted for 6% of the explained variance,  $\beta = .29, t(111) = 2.61, p = .01$ . Results were also significant for the frequency of headaches,  $R^2 = .12, F(6, 104) = 7.84, p = .006$ . Hearing "that's so gay" contributed 7% to the explained variance,  $\beta = .31, t(110) = 2.80, p = .006$ . The final model for trouble eating/poor appetite was also significant,  $R^2 = .10, F(6, 104) = 8.47, p = .004$ . Hearing "that's so gay" in the model accounted for 7% of the explained variance,  $\beta = .32, t(110) = 2.91, p = .004$ . Neither measure of disclosure of sexual orientation was significant in controlled analysis. The direction of each significant relationship remained the same as in bivariate analyses and

observed effect sizes were moderate. The values of the significance levels reported are noteworthy, and provide strong evidence that the observed relationships are not by chance.

### **COMMENT**

Although researchers have examined the factors associated with saying “that’s so gay”,<sup>8</sup> we believe this is the first investigation into the incidence of hearing “that’s so gay” and the physical and emotional wellbeing of GLB college students. Consistent with previous reports,<sup>5,7</sup> it appears “that’s so gay” is said fairly regularly within the host university. In comparison, GLB students reported saying the phrase much less often than hearing it.

Our results indicate that hearing “that’s so gay” is negatively associated with GLB students’ wellbeing. The mean scores for our selected indicators suggest that our participants are essentially a healthy group in terms of their mental and physical wellbeing, but not overly so. The same conclusion applies to their perceived social acceptance (both mean scores fell in the “slight” acceptance range). Regarding disclosure of sexual orientation, collectively our participants appear moderately open about their sexual orientation. We find GLB students’ feelings of social acceptance and their physical health are negatively associated with hearing “that’s so gay,” but not necessarily at levels that would be clinically worrisome. Yet, in order to promote overall student wellbeing and development, it will be important to address this specific sexual orientation microaggression.

In partial support of hypothesis 1, we found at both bivariate and multivariate levels that GLB students who hear “that’s so gay” more often had a greater likelihood of not feeling accepted, specifically they tended to report feeling more left out at the university. Given the nature of GLB stigma, sexual minority students could perceive themselves to be excluded on

campus, and hearing “that’s so gay” may elevate such perceptions. The association between hearing the expression and perceptions of fitting in with other students was not significant. We wonder about how respondents interpreted the two social acceptance measures. Participants may have perceived the item “I feel left out of things here...” as meaning how connected they feel to the *entire* student body or the university as a whole, including faculty, staff, and administrators. However, the other item, “In general, I fit in with the other students here” is clearly about students only and some respondents may have interpreted it to refer more so to those students they interact with regularly. Though we had expected that students who felt left out would also feel they did not fit in, it is plausible that for students “fit” and “connectedness” vary for a variety of reasons that our items did not account for.

The final two hypotheses addressed wellbeing. Hypothesis 2 (psychological wellbeing: self-esteem and anxiety) was rejected, however hypothesis 3 (physical wellbeing: headaches and stomach problems) was supported. Earlier research examining the psychological correlates of heterosexism focused on overt heterosexist behaviors and found GLB students who endure these actions tend to report lower levels of wellbeing.<sup>19</sup> Similar results have been found concerning heterosexist harassment.<sup>12</sup> The feelings associated with hearing “that’s so gay” may be less intense than those concomitant with being directly threatened, bullied, or being called “fag” or “dyke;” thereby explaining our lack of significance. Moreover, it is possible our participants are fairly resilient, thus their psychological wellbeing is not connected to hearing “that’s so gay.” Given the popularity of the phrase among young people, many of our participants may have become desensitized to it. It is also possible that some GLB students do not interpret the phrase as offensive, especially those who use it. Additional research is needed to examine these factors.

Although psychologically resilient, participants may physically experience the stress of a negative environment, as suggested by our results. Given the well-established link between stress and physical symptoms,<sup>29,30</sup> we were not surprised that our participants reported some degree of impairment in physical wellbeing, that is decreased appetite and increased headaches associated with hearing “that’s so gay.” However, we believe that emotional stress may be a moderating factor here, and recommend that future research investigate this.

Interesting results emerge regarding disclosure of sexual orientation. Although not significant in multivariate analysis, at the bivariate level both measures of disclosure were found to be positively associated with hearing the phrase. Burn and colleagues found no association between subtle heterosexism and students’ likelihood of coming out.<sup>4</sup> However, it should be noted that Burn and associates’ study involved students reporting their *possible* perceptions and reactions based on hypothetical scenarios, as opposed to investigating real-life experiences.

Studies suggest that GLB students who experience a chilly or hostile environment due to overt heterosexism are less likely to disclose their sexual orientation.<sup>10,11,31</sup> However, research has found that GLB students who are more open about their sexuality may also experience more hostility.<sup>32</sup> Our findings demonstrate a similar trend. It is also possible that GLB students who are out may be more sensitive to noticing subtle heterosexism in the environment.

Social context may be playing an influential role here. To protect themselves from discrimination, many GLB individuals employ a strategy of “rational outness”<sup>33</sup> which determines when they will acknowledge or conceal their sexual orientation depending on the perceived safety of the environment. It is possible that in a perceived heterosexist environment, a student who is generally out may adjust her behavior (intentionally or unintentionally) and not disclose her sexuality, yet still consider herself to be out overall. Future research needs to

examine the social context in which “that’s so gay” is used and the likelihood of disclosing one’s sexuality in various contexts.

“That’s so gay” may not be as innocuous as some believe it to be. Health, mental health, and student life professionals concerned about the wellbeing of GLB college students must be aware of subtle heterosexism and take appropriate action to support GLB students. Screening for sexual orientation microaggressions as a part of health-related assessments is recommended. Strategies to foster feelings of acceptance on campus, namely fitting-in, among GLB students are needed. Gay-straight alliances, intergroup dialogue,<sup>34</sup> and other similar initiatives may help GLB students to feel they fit in. Given our findings about the relationship of self-disclosure with hearing “that’s so gay,” it will be important to ensure that as GLB students disclose their sexual identity, they do not also experience increased subtle heterosexism.

Given its prevalence, decreasing the use of “that’s so gay” is an important goal. It may be helpful to develop campaigns about the heterosexist nature of the phrase and the possibility of related negative wellbeing for GLB students. Supplementing institutional anti-discrimination statements that include sexual orientation and gender expression and identity with policy statements about biased and discriminatory language, including “that’s so gay,” could be an important step toward improving campus climate. To encourage and promote optimal wellbeing among GLB students, colleges and universities should acknowledge that words can hurt GLB students and take steps to educate students, staff, and faculty in order to eliminate the phrase’s use.

## **Limitations**

This cross-sectional study does not satisfy the requirements of causation and suffers from the traditional problems of survey research (e.g., social desirability, over demanding recall). The findings may not generalize to other institutions and the representativeness of the sample in terms of sexual orientation cannot be evaluated because the host institution does not collect this information. The response rates for the census and random sample are acceptable for an online survey of this nature<sup>35</sup> and are higher than the average response rate for the host institution's student learning and experience surveys, however non-response bias is a concern.

Although using single-item dependent measures helped to minimize respondent burden in the context of a lengthy survey, such measures are potentially problematic because they may only capture particular aspects of the construct of interest. To also help reduce respondent burden, we shortened the Rosenberg self-esteem scale to four items by consulting data from another student population,<sup>12</sup> specifically finding these items to be highly correlated with the full scale. Others have used selected items from Rosenberg's scale;<sup>36-38</sup> however, none have used the combination of items we utilized. Though our used demonstrated excellent internal consistency, it would be beneficial to use a standardized scale in future studies.

Social context is a salient issue. Among GLB students, we did not inquire about where the expression is heard and who says it (e.g., stranger, friend, acquaintance). Further, we did not ask about how "that's so gay" was interpreted at the time. Likewise, we did not investigate how students who use the phrase understand it and in what social settings they hear it or say it. As we asked only whether they used the phrase but not whether it had been used to mean "stupid" or "undesirable," we cannot be certain that GLB students' use of the phrase had the same intention

as those speakers who were overheard. Addressing these factors in future research will help us to better understand the nature and covariates of the use of “that’s so gay” on campus.

### **Conclusions**

Some individuals believe words are not harmful and others minimize the effect of subtle, yet hostile, language such as “that’s so gay.” Unlike racial slurs, this phrase is frequently tolerated on college campuses<sup>5</sup> even though it embodies heterosexism and may contribute to creating and maintaining a social environment that GLB students perceive as unwelcoming and exclusionary if not outright hostile. It is important to understand that “that’s so gay” is a microaggression, not just an insensitive expression. If we are to make college campuses welcoming and inclusive spaces for GLB students, then practitioners, policy makers, faculty and staff, researchers, and allied student leaders, need to make efforts to address and eliminate “that’s so gay” and other forms of heterosexism. In the meantime, it is important to implement strategies to support GLB students who may overhear this phrase.

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## References

1. Nadal KL, Rivera DP, Corpus JH. Sexual orientation and transgender microaggressions. In: Sue DW, ed. *Microaggressions and Marginality: Manifestation, Dynamics, and Impact*. Hoboken, NJ: Wiley; 2010:217-240.
2. Ramlow TR. Bad boys: Abstractions of difference and the politics of youth “deviance.” *GLQ*. 2003;1-2:107-132.
3. Sue DW. Microaggressions in everyday life: Race, gender, and sexual orientation. In: Sue DW, ed. *Microaggressions and Marginality: Manifestations, Dynamics, and Impact*. Hoboken, NJ: John Wiley & Sons, Inc.; 2010:184-206.
4. Burn S, Kadlec K, Rexer R. Effects of subtle heterosexism on gays, lesbians, and bisexuals. *J Homosex*. 2005;49(2):23-38.
5. Talk of the Nation. Why is it ok to say “That’s so gay?”[Radio talk show episode]. Washington, DC: National Public Radio; 2009.
6. Burn SM. Heterosexuals’ use of “fag” and “queer” to deride one another: A contributor to heterosexism and stigma. *J Homosex*. 2000;40(2):1-11.
7. Winans AE. Queering pedagogy in the English classroom: Engaging with the places where thinking stops. *Pedagogy*. 2006;6(1):103-122.
8. Chonody JM, Rutledge SE, Smith S. "That's so gay": Language use and sexual prejudice. *Journal of Gay & Lesbian Social Services*. in-press.
9. Waldo C. Out on campus: sexual orientation and academic climate in a university context. *Am J Commun Psychol*. 1998;26:745 - 774.
10. Rankin SR. Campus climates for sexual minorities. *New Dir Student Services*. 2005;2005(111):17-23.



11. Rankin SR. *Campus Climate for Gay, Lesbian, Bisexual, and Transgender People: A National Perspective*. New York: National Gay and Lesbian Taskforce Policy Institute. 2003.
12. Silverschanz P, Cortina LM, Konik J, Magley VJ. Slurs, snubs, and queer jokes: incidence and impact of heterosexist harassment in academia. *Sex Roles*. 2008;58:179 - 191.
13. Nadal KL, Issa M, Leon J, Meterko V, Wideman M, Wong Y. Sexual orientation microaggressions: “death by a thousand cuts” for lesbian, gay, and bisexual youth. *Journal of LGBT Youth*. 2011;8(3), 1 - 26.
14. Hunter J, Mallon GP. Lesbian, gay and bisexual adolescent development: Dancing with your feet tied together. In: Greene B, Croom G, eds. *Education, Research, and Practice in Lesbian, Gay, Bisexual, and Transgendered Psychology*. Thousand Oaks, CA: Sage; 2000:226-243.
15. Szymanski DM, Kashubeck-West S, Meyer J. Internalized heterosexism: Measurement, psychosocial correlates, and research directions. *Couns Psychol*. 2008;36(4):525-574.
16. Lehavot K, Simoni JM. The impact of minority stress on mental health and substance use among sexual minority women. *J Consult Clin Psychol*. 2011;79(2):159-170.
17. Fingerhut AW, Peplau LA, Gable SL. Identity, minority stress and psychological well-being among gay men and lesbians. *PsycholSex*. 2010;1(2):101-114.
18. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull*. 2003;129(5):674-697.
19. Birkett M, Espelage D, Koenig B. LGB and questioning students in schools: The moderating effects of homophobic bullying and school climate on negative outcomes. *J Youth Adolesc*. 2009;38(7):989-1000.
20. Huebner DM, Davis MC. Perceived antigay discrimination and physical health outcomes. *Health Psychol*. 2007;26(5):627-634.

21. Evans NJ, Herriott TK. Freshmen impressions: How investigating the campus climate for LGBT students affected four freshmen students. *J College Student Dev.* 2004;45(3):17-332.
22. Morris JF, Waldo CR, Rothblum ED. A model of predictors and outcomes of outness among lesbian and bisexual women. *Am J Orthopsychiatry.* 2001;71(1):61-71.
23. Morrow DF. Social work practice with gay, lesbian, bisexual, and transgender adolescents. *Fam Soc.* 2004;85(1):91-99.
24. Ullrich PM, Lutgendorf SK, Stapleton JT, Horowitz M. Self regard and concealment of homosexuality as predictors of CD4 cell count over time among HIV seropositive gay men. *Psychol Health.* 2004;19(2):183-196.
25. Arnett JJ. Emerging adulthood: A theory of development from late teens through the twenties. *Am Psychol.* 2000;55(5):469-480.
26. Cortina LM, Swan S, Fitzgerald LF, Waldo C. Sexual harassment and assault: Chilling the climate for women in academia. *Psychol Women Q.* 1998;22(3):419-441.
27. Rosenberg M. *Conceiving the Self.* New York: Basic Books; 1979.
28. Derogatis LR, Melisaratos N. The brief symptom inventory: An introductory report. *Psychol Med.* 1983;13(3):595-605.
29. Lewis RJ, Derlega VJ, Griffin JL, Krowinski AC. Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *J Soc Clin Psychol.* 2003;22(6):716-729.
30. Williamson IR. Internalized homophobia and health issues affecting lesbians and gay men. *Health Educ Res.* 2000;15(1):97-107.
31. Longerbeam SD, Inkelas KK, Johnson DR, Lee ZS. Lesbian, gay, and bisexual college student experiences: An exploratory study. *J Coll Student Dev.* 2007;48(2):215-230.

32. DAugelli AR, Pilkington NW, Hershberger SL. Incidence and mental health impact of sexual orientation victimization of lesbian, gay, and bisexual youths in high school. *School Psychol Q*. 2002;17(2):148-167.
33. Herek GM, Garnets LD. Sexual orientation and mental health. *Annu Rev Clin Psychol*. 2007;3(1):353-375.
34. Dessel A, Woodford MR, Warren N. Intergroup dialogue courses on sexual orientation: lesbian, gay and bisexual student experiences and outcomes. *J Homosex*. 2011;58:1132 - 1150.
35. Yetter G, Capaccioli K. Differences in responses to web and paper surveys among school professionals. *Behav Res Methods*. 2010;42(1):266-272.
36. Bean RA, Bush KR, McKenry PC, Wilson SM. The impact of parental support, behavioral control, and psychological control on the academic achievement and self-esteem of African American and European American adolescents. *J Adoles Res*. 2003;18(5):523-541.
37. Swallen KC, Reither EN, Haas SA, Meier AM. Overweight, obesity, and health-related quality of life among adolescents: The national longitudinal study of adolescent health. *Pediatr*. 2005;115(2):340-347.
38. Rosenberg M, Schooler C, Schoenbach C. Self-esteem and adolescent problems: Modeling reciprocal effects. *Am Sociol Rev*. 1989;54(6):1004-1018.