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Relationship Between Internal Homonegativity and Self-Harm Behaviors

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RELATIONSHIP BETWEEN INTERNAL HOMONEGATIVITY AND SELF-HARM BEHAVIORS

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ABSTRACT

The Lesbian, Gay, and Bisexual (LGB) population has been shown to have higher rates of self-harm behaviors but specific interventions have not been implemented to address this discrepancy. In effort to find aspects that are related to self-harm in the LGB population, this study looks at the relationship between Internal Homonegativity, the internal shame and guilty felt for identifying as non-heterosexual, and self-harm behaviors. A sample of 983 individuals identifying as LGB were recruited through a Facebook advertisement to take an online survey. A significant and positive relationship was found between Internal Homonegativity and self-harm behaviors. Possible limitations of the study and prospects for future research are discussed.

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CHAPTER I

INTRODUCTION

There is an epidemic in the Lesbian, Gay, and Bisexual (LGB) population of self-harm behaviors. The motivation of this study was to focus on self-harm and the LGB community because when the study was first being conceptualized in September of 2010, it was big news that eight youth and young adult individuals had killed themselves and there were ties to their sexual orientation as a reason. There was a problem that needed to be addressed. The assumption was that sexual orientation created another variable to be considered when looking at suicide and self-harm behaviors as a whole. The extra variable was believed that there should be interventions not only community-wide but also in therapeutic situations that took into consideration the special nature that having a non-normative sexual orientation could create. Before an intervention can be created, the specific variables that come into play with LGB self-harm need to be identified and that was the idea behind this study, a preliminary look at the relationship between a variable related to being of non-normative sexual orientation, Internal Homonegativity, and how it relates to self-harm behaviors. Self-harm is considered a symptom of certain disorders including Borderline Personality Disorder (APA 2000). In a meta-analysis on self-harm studies, it was found that high correlates to non-fatal

self-harm behavior include biographical stress, trauma in childhood, anxiety, aggression, and depression (Fliege, Lee, Grimm, & Klapp 2009). Intrusive negative thoughts and dissociation were also found to be related to non-lethal self-harm (Batey, May, & Andrade 2010). Self-harm behavior has been established to have a link between victimization on the basis of actual or perceived sexual identity (McDermott, Roen, & Scourfield 2008). But self-harm behavior can manifest as many different actions. Two broad areas of behavior that will be addressed here are substance abuse and suicidal behaviors. These by no means represent the entirety of self-harm behaviors measured and studied in the LGB community but were chosen based on the scope of the current study.

When it comes to mental health, the LGB population has much higher rates of disorders (Biernbaum & Ruscio 2004; Crothers, Haller, Benton & Haag 2008; Fitzpatrick, Euton, Jones & Schmidt 2005; Meyer 2003) and other problems compared to their heterosexual counterparts. This can be due to stress from minority sexual status (Berghe, Dewaele, Cox, & Vincke 2010; David & Knight 2008; Frost & Meyer 2009; Kuyper& Fokkema 2011), feelings of guilt and shame (Brown & Trevethan 2010), poorer coping mechanisms, bullying and teasing (Espelage, Aragon & Birkett 2008), less social support (Needham & Austin 2010), less perceived ties to a community, and suspected homophobic attitudes (McCann, Minichiello, & Plummer 2009; Ussher 2009). Subsequently, the higher rates of mental health problems in the LGB populations have led to higher rates of self-harm behavior (McDermott, Roen, & Scourfield 2008), substance abuse (Amadio 2005; Baiocco, D'Alessio, & Laghi 2010; Orenstein 2001; Rosario, Schrimshaw & Hunter 2004; Ross, Rosser, Bauer, Bockting, Robinson, Rugg, & Coleman 2001; Span & Derby 2009; Weber 2008), risky sexual behavior (Kashubeck-West & Szymanski 2008; Newcomb & Mustanski 2009), and suicide (Abelson, Lambevski, Crawford, Bartos, & Kippax 2006; de Graaf, Sandfot, & ten Have 2006; Kulkin, Chauvin, & Percle 2000; Mathy 2002). Large sample studies on self-harm behavior in the LGB youth community seem to be few and far between but in a study of LGB youth in Pennsylvania sampled from community settings, about one-

third reported having attempted suicide (D'Augelli 2002) and the 2007 report of Health and Risk Behaviors in Massachusetts youth found that LGB youth were four times more likely to attempt suicide compared to their heterosexual counterparts (Massachusetts Department of Public Health 2007).

The discrepancy between LGB and heterosexuals can be seen across a wide range of study designs, populations, men, women, adolescent, and adult (Kuyper & Fokkema 2011). Mark Biernbaum and Michele Ruscio (2004) reviewed data from a large study of college aged student, 18-25 years-old, at a northwest public University and matched heterosexual and non-heterosexual participants based on demographic variables. They compared the student's reported defense mechanisms and psychopathological symptoms. Biernbaum and Ruscio did not find any significant differences between the heterosexual students and the non-heterosexual students in terms of defense mechanisms. What they did find was that non-heterosexual students endorsed significantly higher scores of anxiety, depression, somatization, paranoid ideation, gender severity index (their symptoms were more severe than the heterosexual students), and suicidal ideation than their heterosexual counterparts based on a significance level of $p<.05$. This study supports the claim that non-heterosexual individuals are experiencing more stress and outer pressure because they do not lack in defense mechanisms compared to heterosexuals but are experiencing much more symptomology. A study that looked into the effect of social support and stress from stigma on the mental well-being of LGB youth was Wim Vanden Berghe, Alexis DeWaele, Nele Cox, and John Vincke's 2010 study. The sample was 743 LGB individuals under the age of 26 years-old in Flander, Belgium. They found that there was a significant mean difference in depressive symptoms between men and women, participants less than 21 years-old and participants 21 years and older and also participants with and without a college degree. Women, participants 21 and over, and those without a college degree reported more depressive symptoms. The results also showed that all four of the

LGB-specific stressors, internalized homonegativity, stigma consciousness, unsupportive social interactions, and confidant support, measured were significantly related to depressive symptoms. The results are important because it begins to break down possible relationships and causes for mental illness in LGB individuals. Another study looked at the possibility that homosexuals experience more psychopathology because less coping skills in relation to ethnic differences. Steven David and Bob Knight (2008) studied the coping styles and mental health outcomes of gay men and compared groups of the gay men based on ethnicity and age. The participants were recruited from Southern California and about 383 questionnaires returned were used in the study. What they found was that inclusion in more than one minority group possibly compounded and this was shown in the Black older gay men group's responses endorsing experiencing greater homonegativity and less identity disclosure that was significantly higher than the other groups along with greater perceived racism compared to the younger Black men and greater perceived ageism than the White older gay men. The older Black male gay men group also was found to have more disengaged coping styles than the older White gay men group. There was no significant difference between all groups in terms of negative mental health outcomes. David and Knight's study supports that inclusion in a minority group, especially more than one group, can have negative effects but also cohort effects need to be kept in mind. Mental illness in relation to the LGB population can be tied to many factors but a pervasive theme in all the studies is stress and what contributes to the stress of LGB individuals.

Mental illness is a prevalent problem in the LGB community and self-harm behaviors have strong ties to mental illness. Substance abuse has a long history with mental illness as a coping mechanism. Non-heterosexual people tend to have higher rates of substance abuse compared to heterosexuals. There has been controversy with study samples but even when a representative sample is studied, homosexuals still show a difference in substance abuse than heterosexuals (Orenstein 2001). There

have been many studies that link substance abuse to homosexuality. Some include Ross et al.'s 2001 study of Midwestern men seeking men, Alan Orenstein's 2001 study of high school teenagers in Massachusetts, Rosario, Schrimshaw and Hunter's 2004 study of New York City youth ages 14 to 21, and Baiocco, D'Alessio and Laghi's 2010 study of Italian youth. All showed that there were high rates of substance use among the LGB samples but some of the findings may have been confounded and had possible outside variables acting on the results. For example, In Rosario, Schrimshaw and Hunter's study, they found that continued participation in LGB community activities was linked to an overall decrease in substance use, even though there was an initial increase. This finding shows the complex nature identifying as an LGB individual can have on one's well-being.

Substance abuse has also been studied in relation to internal homonegativity and heterocentric experiences. Genevieve Weber's 2008 study looked at the relationship between heterosexist events, internalized homonegativity and substance abuse among a sample of LGB individuals ranging in age from 18 to 81. Weber found that participants who reported having at least one substance use disorder reported experiencing more heterosexism and internal homophobia than participants who did not reporting having a substance use disorder. Sherry Span and Paul Derby in 2009 looked at how depressive symptoms may mediate the relationship between internal homophobia and substance abuse. Their theory is based on the inconsistencies in previous research that may show evidence of a third variable. By adding the third variable of measuring depressive symptoms, Span and Derby actually found results contradicting previous theories. They found that the participants who had the lower amount of depressive symptoms had the more significant relationship between internal homophobia and drinks in a month than the participants with higher amount of depressive symptoms where the lower the internal homophobia and depressive symptoms, the higher the rate of drinking. The rationale behind the findings was that the participants who had low internal homophobia and low amounts of depressive symptoms were most comfortable with their

orientation and more likely to socialize in the LGB community. Therefore, their increase in drinking is because they are out more drinking socially, not self-medicating their depression from internal homophobia. This study's findings set up an interesting dynamic of not only measuring the amount of substance use in the LGB community, but also the setting. Large amounts of alcohol could show a high rate of psychiatric symptoms or frequent trips to LGB clubs, bars, and social scene. Span and Derby concluded their study by stating there needs to be more research into this area.

Another area of self-harm behaviors studied in the LGB community is suicidal behavior. This can include activities like suicidal ideation, attempts and non-lethal self-mutilation. Suicidal behavior has been measured at all points in life but most focuses on adolescents and LGB youth. In Kulkin, Chauvin, and Percle's literature review found statistics that showed lesbian and gay adolescents and young adults were 2 to 3 times more likely to attempt suicide. That resulted in about 30% of all completed suicides were lesbians or gay youth. Gibson (1989) reported that the highest rate of suicide attempts fell around 20 years old or younger. The relationship between sexual orientation and suicidality can also be found across the world. Robin Mathy found in her 2002 study that suicidal ideation had a significant relation to sexual orientation in Asia, North America, and South America and suicide attempts had a relationship with sexual orientation on all continents except Europe. Abelson et al. (2006) found a significant relationship between sexual identity and feelings of suicide in a sample of men in Australia. They also found factors related to being unemployed, living alone, having the goals of making a difference or spiritual enlightenment, but not of being a good father or a good partner, are not sports mad, have not cared for someone with AIDS, are HIV antibody positive (Abelson et al. 2006). As seen in Abelson et al.'s study, suicidality is a complex problem that may be affected by multiple variables just like substance abuse. Fitzpatrick et al. (2005) found that identification of the opposite gender role accounted for more variance in suicidality than sexual orientation. De Graaf et al.'s 2006 study found that there were gender

differences in the relationship between sexual orientation and suicidality. They found that when controlling for lifetime psychiatric disorders, there was only a relationship found in men, not women.

Ilan Meyer (2003) described the shift in focus in the psychology field from the idea in the 1960's and early 1970's that homosexuality in itself is a mental disorder to focusing on the greater occurrence of mental disorders in the LGB population. Meyer, along with others, attributes this increase in disorders to the increase of stress felt by non-heterosexual individuals because of their minority status and discrimination. Meyer is attributed as developing the model of minority stress (Kuyper & Fokkema 2011). Meyer (2003) describes three processes related to the minority stress of the LGB population, "(a) external, objective stressful events and conditions (chronic and acute), (b) expectations of such events and the vigilance this expectation requires, and (c) the internalization of negative societal attitudes." This three process model of minority stress is important because it links the internalization of outside negative attitudes and a person's mental well-being.

Although there are different aspects that contribute to stress, the focus of this research is of the effect of final process in Meyer's minority stress model, the internalization of negative societal attitudes, internal homonegativity, on mental health. This study will not look at mental health as a whole though, only the manifestation of maladaptive and self-destructive behaviors as self-reported by the study subjects.

Weinberg (1972) was the first to develop the term "homophobia". It has been defined as, "an irrational fear, hatred, and intolerance of homosexuality (Szymanski & Chung 2001)." Internalized homonegativity is described as when gay men and lesbians internalize the feelings of negative attitudes and assumptions regarding homosexuality (Shidlo 1994). Homophobia and internalized homonegativity have been researched ever since homosexuality was removed from the DSM (Mayfield 2001; Raja & Stokes 1998). Currie , Cunningham, and Findlay (2004) found that internal

homonegativity can have many negative effects in gay men and lesbians, some being, “eating disorders; defense mechanisms, including rationalization, denial, projection, and identification with the aggressor; difficulties in intimate relationships such as self-sabotaging and projection of poor self-image onto the partner; substance abuse; high-risk sexual behavior; depression; alcoholism; and suicide.” Szymanski and Chung (2001) found that in lesbians, internal homonegativity displays as, “isolation; fear of discovery, deception, and passing; self-hatred and shame; moral and religious condemnation of homosexuality; horizontal oppression which involves negative attitudes about other lesbians; and uneasiness with the idea of children being raised in a lesbian home.”

The terms “internalized homophobia” and “internalized homonegativity” define the same concept, but the use of “homophobia” has been criticized because it can be assumed to mean the clinical fear and avoidance of homosexuals and does not include all the possible cultural attitudes associated (Mayfield 2001). The term “homonegativity” was proposed as a replacement, which was derived from the Hudson and Ricketts’ (1980) term “homonegativism”. Homonegativity is considered better because, “it is a more inclusive term that describes all possible negative attitudes towards homosexuality and gay men and lesbians (Mayfield 2001).” Although, homonegativity is not used in all literature on the subject, it will be the mainly used in this paper unless another term is specifically used by an author. Then that term will be used interchangeably.

The lesbian, gay, bisexual, and transgender population have been shown to have many factors acting against their well-being. Research in this area needs to begin to find the specific factors that are leading to higher rates of mental disorders, substance abuse, and suicidality so that interventions can be developed and tailored to this population. For this study, I have chosen to look at internal homonegativity and self-harm behaviors. It is a preliminary correlational design meant to lead to further, more in depth research on the negative effects of internal homonegativity on the well-being of the LGBT community.

The prediction is that the shame and guilt felt as a result of internal homonegativity will lead individuals to harm themselves or engage in activities that have a high potential for harm, like driving drunk. What is expected is that there will be a statistically significant positive correlation between internalized homonegativity and self-reported self-harm behaviors over a lifetime and within the last 6 months in individuals identifying as non-heterosexual. It is also expect that Internal Homonegativity will be predictive and explain the variance of self-harm behaviors.

CHAPTER II

METHODOLOGY

Design

This study employed an online questionnaire hosted by Survey Monkey. All participants received the same questions in randomized order based on the measure. The first questions were the Internal Homonegativity Inventory adapted for this study then were the Self-Harm Inventory. Lastly, the participants were asked some demographic information and were given the debriefing screen. Importantly, the debriefing screen gave options for sources of help for participants who want to seek professional help.

Subjects

Participants in this study were recruited through a Facebook advertisement and word of mouth. The participants had to be 21 years or older and there were no restrictions on age beyond that. There was a screening question that prevented anyone under the age of 21 from completing the survey.

The number of participants that attempted the survey was 1354. The number of participants that were discontinued was 43, around 3.2% of the sample. Also, around 243 participants did not complete the survey. Because the hypothesis only included individuals that identified as non-heterosexual, the 12.1% (135 participants) that identified as heterosexual were filtered out for the analysis. The number of participants that were left was 983, with only 10 not completing the survey. Among the non-hetero participants, 145 (14.8%) were between the ages of 21 and 24, 107 (10.9%) were between the ages of 25 and 29, 172 (17.5%) were between the ages of 30 and 39, 258 (26.2%) were between the ages of 40 and 49, 222 (22.6%) were between the ages of 50 and 59, 69 (7.0%) were between the ages of 60 and 69, and 10 (1.0%) were 70 or older. In terms of self-reported stage of coming out, 71.2% (696) considered themselves completely out. The ethnic profile of the participants was 782 (79.6%) endorsed as White/Non-Hispanic and the rest being under 6.0% each. There were 438 (44.6%) self-identified men, 478 (48.7%) self-identified women, and 65 (6.6%) endorsed Non-Gender/Transgender/Intersex/Other. Among the non-heterosexual participants, 70.9% (697) identified as Homosexual and 29.1% (286) identified as Bisexual/Other. Lastly, there was 645 (78.6%) of the non-heterosexual participants endorsed a self-harm behavior at some point in their lifetime.

Measures

Internal Homonegativity: The survey had an adapted version of the Internalized Homonegativity Inventory for Gay Men created by W. Mayfield (2001) and was a widely cited measure. The original IHI had 23 items all specific to gay men. The internal reliability of the scale was measured to have a coefficient alpha of .91, which is excellent. To test for external validity, the IHI was compared against the Nungesser Homosexuality Attitudes Inventory. The full IHI has a correlation of $r=.85$, $p<.001$. The IHI was modified and scaled back to 20 questions. The questions were changed to apply to either

people who identify as homosexual or heterosexual orientation as to prevent possible priming even though non-heterosexual individuals were targeted in recruitment. For example, the question, "When I think about my attraction towards the same sex, I feel unhappy." was changed to, "When I think about being attracted towards the same sex, I feel unhappy." Only 10 of the 20 questions were changed. When a reliability test was run on the new questions, the Crombach's alpha was .839. The each question was a Likert scale with options running from "Strongly Disagree" coded as 1.00 to "Strongly Agree" coded as 5.00. The higher the number, the more Internal Homonegativity was reported by the participant. All positive oriented questions were reverse coded for the analysis. The mean of all of the IH questions for all non-hetero participants was 1.6267 with the minimum being 1.00 and maximum being 4.30 and a range of 3.30.

Self-Harm Inventory: The survey had the Self-Harm Inventory developed by R. Sansone, M. Wiederman & L.Sansone (1998). This measure was chosen because of a previous professional relationship with one of the authors lead to availability of the full measure. The SHI was developed as a screening measure for Borderline Personality Disorder. In a non-clinical sample, the overall accuracy of classifying participants as Borderline or not Borderline was 87.9%. In a clinical sample, the SHI was compared to the Borderline Personality Disorder scale of the Personality Diagnostic Questionnaire Revised. The correlation between the SHI and the PDQ-R was $r=.71$, $p<.01$. The SHI had 20 questions ranging from impulsive, self-sabotaging behaviors to physical harm to self. All 20 items were kept for this study and were asked of the last six months and on a lifetime basis. The questions were analyzed separately on the lifetime and 6 month basis. The self-harm score was the total number of endorsed self-harm behaviors of the 20 listed, therefore, the minimum possible was 0 and the possible maximum was 20. The higher the score, the more different types of self-harm had been performed by the individual. The mean for the 6 month self-harm behaviors was .3054

with a minimum of 0 and a maximum of 6.00 making the range 6.00. The mean for the lifetime self-harm behaviors was .3057 with a minimum of 0 and a maximum of 6.00 making the range 6.00.

Demographics: The participants will be asked to identify age, gender, sexual orientation, ethnic background, highest level of education, yearly household income, marital status, location characteristics (urban, rural or suburb), religion he or she was raised with, and out status. No name will be asked of the participants. Each independent covariable will be recorded to check for extraneous patterns.

CHAPTER III

RESULTS

The survey was live on Survey Monkey from March 7th, 2012 until April 1st, 2012. A bivariate correlational analysis on the entire sample of non-heterosexual participants found that the correlation between Internal Homonegativity scores and the total number of endorsed self-harm behaviors over a lifetime was .161 ($p<0.01$, 1-tailed). The relationship between Internal Homonegativity scores and the total number of endorsed self-harm behaviors over the last six months was .240 ($p<0.01$, 1-tailed). When only looking at non-heterosexual participants who had endorsed any self-harm behaviors over their lifetime, the relationship between Internal Homonegativity scores and the total number of endorsed self-harm behaviors over a lifetime was .118 ($p<0.01$, 1-tailed). The relationship between Internal Homonegativity scores and the total number of endorsed self-harm behaviors over the last six months was .240 ($p<0.01$, 1-tailed). This means that when an individual rated higher on Internal Homonegativity, they also endorsed more self-harm behaviors.

Two multiple regressions using the Enter method were performed using the individual Internal Homonegativity items to predict the total endorsed self-harm behaviors for lifetime and in the last six months on the sample of non-heterosexual participants that had endorsed self-harm in their lifetime. When looking at the total endorsed self-harm behaviors for the last six months as the dependent variable, the Internal Homonegativity items explained 13.7% of the variance (R^2=0.137) and they explained 9% of the variance in the total endorsed self-harm behaviors on a lifetime basis (R^2=0.091). In the regression of 6 month self-harm behaviors, the items that were found to have significant t values at an alpha level of 0.05 were the questions "When I think of homosexuality, I feel depressed", "I feel ashamed of homosexuality", and "People should be proud to be gay". In the regression of lifetime self-harm behaviors, the items that were found to have significant t values at an alpha level of 0.05 were the questions "When I think of homosexuality, I feel depressed", "I feel ashamed of homosexuality", and "I believe that public schools should teach that homosexuality is normal".

CHAPTER IV

DISCUSSION

The hypothesis was supported and the large sample size increased the reliability of the findings. Internal Homonegativity correlated positively and significantly with self-harm behaviors, both lifetime and in the last six months, as predicted. The multiple regressions found that the Internal Homonegativity items explained 13% and 9% of the variance in self-harm behaviors. When dealing with phenomenon like self-harm behavior, any sort of information as to why it occurs can be very beneficial. Therefore, finding something that can explain any amount of the variance in self-harm behaviors in non-heterosexual individuals is one step closer to finding causes that can be the target of interventions. The questions with significant t values in the regression were also the items that loaded highly on the factors “Personal Homonegativity” and “Pride Affirmation” in the original validation of the measure (Mayfield 2001). The items “When I think of homosexuality, I feel depressed” and “I feel ashamed of homosexuality” were the two highest loading items on the factor “Personal Homonegativity” with a score of .75 and .78 respectively in the original measure validation and the questions “People should be proud to be gay” and “I believe that public schools

should teach that homosexuality is normal" loaded on the factor "Pride Affirmation" with a score of .64 and .51 respectively (Mayfield 2001). The straightforward nature of the Personal Homonegativity items assisted in a similar understanding by all participants and less unique interpretation. The reason that the top loading items on the Pride Affirmation factor and the third factor from the original validation study were not represented was the change in item wording that lead to a greater possibility of unique interpretation and greater variance of scores. The change of language from directed at an audience of gay men to an audience of all genders and orientations affected the measure.

During the validation of the original Internal Homonegativity Inventory, the mean score was 1.78, around "Disagree" on their scale. In this study, the mean of the IH items was 1.63 showing that the sample responses were similar in both studies even though the wording of the questions were changed for this study to apply to more general of an audience than gay men.

The link between Internal Homonegativity and self-harm and mental illness relies on the theory of minority stress status. By showing that Internal Homonegativity and self-harm are in fact related, it is possible to infer that the stress of being a sexual minority is creating problems for these individuals. But it may only be a part of the explanation. There was no independent measure of stress but Internal Homonegativity was theorized to be related to the Meyer theory of minority stress.

The data showed that there were 78.6% of the non-hetero participants had endorsed self-harm behaviors at some level. Also, approximately 23% had endorsed attempting suicide at some point in their life. That is less than what was found in the 2002 study by D'Augelli which found about one-third of LGB youth had attempted suicide. The difference is possibly a cohort difference related to societal values related to suicide of each generation or if the suicide attempts are happening when

the individuals are younger, they may have forgotten later in life. Mental illness was not measured specifically in this study but with its strong ties to self-harm behavior, finding that majority of the non-hetero participants had endorsed self-harm leads to the assumption that this study goes along with previous research that the LGB community have much higher rates of mental illness.

The purpose for this study was to investigate factors in the history of LGB individuals that are leading them to self-harm and attempt suicide. Internal Homonegativity was related to self-harm in non-heterosexual individuals. Incorporating shame and guilt reduction techniques, e.g. self-acceptance, into therapy and interventions with non-heterosexual individuals can help prevent some self-harm behavior. The idea is to tailor therapy to the root of the problem that is creating the distress. If it is found that Internal Homonegativity is related to mental illness and maladaptive behaviors, then therapy should be tailored to Internal Homonegativity and how to relieve the guilt and shame.

Limitations

A limitation of this study was the online nature of recruitment, a sample of the LGB population was not reached including those who do not use Facebook or have access to a computer. Along with the availability of the study, the self-selection nature of the recruitment may have biased selection, because the participant had to be self-motivated to choose to complete the study. Also, the study was based on self-report, therefore, there is a possibility that participants were not fully forthcoming with their report of self-harm behaviors or they did not remember completely or correctly. Lastly, because of the nature of the questions being asked, it is not possible for a randomly assigned true experiment to be performed and the study was restricted to only correlational findings.

Future Research

For future research, continuing to look at Internal Homonegativity and self-harm behavior is recommended. It would be beneficial to look at self-harm as a frequency rather than individual behaviors because individuals may feel more comfortable with a single behavior with more frequency than multiple behaviors. Also, the recruitment of younger participants should be a focus of future research. Future research should focus not only on Internal Homonegativity but also the individual differences between those that perform self-harm behaviors and those that do not. What there is that leads a person to self-harm versus others who feel shame and guilt but do not.

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APPENDICES

A. TABLES

I. Correlation Table of Internal Homonegativity Mean and Total Self-Harm Behaviors for Lifetime and in the last 6 months for all Non-Hetero Participants

Correlations

		IH_M	SHL_RRM	SH6_RRM
IH_M	Pearson Correlation	1	.161**	.240**
	Sig. (1-tailed)		.000	.000
	N	941	841	878
SHL_RRM	Pearson Correlation	.161**	1	.562**
	Sig. (1-tailed)	.000		.000
	N	841	870	821
SH6_RRM	Pearson Correlation	.240**	.562**	1
	Sig. (1-tailed)	.000	.000	
	N	878	821	910

**. Correlation is significant at the 0.01 level (1-tailed).

II. Correlation Table of Internal Homonegativity Mean and Total Self-Harm Behaviors for Lifetime and in the last 6 months for all Non-Hetero Participants that endorsed lifetime self-harm behaviors

Correlations

		IH_M	SHL_RRM	SH6_RRM
IH_M	Pearson Correlation	1	.118**	.240**
	Sig. (1-tailed)		.001	.000
	N	628	628	628
SHL_RRM	Pearson Correlation	.118**	1	.475**
	Sig. (1-tailed)	.001		.000
	N	628	645	645
SH6_RRM	Pearson Correlation	.240**	.475**	1
	Sig. (1-tailed)	.000	.000	
	N	628	645	645

**. Correlation is significant at the 0.01 level (1-tailed).

III. Regression Model Summary for all Non-Hetero Participants with all Internal Homonegativity questions as predictor variables and total self-harm behaviors for the last 6 months as the dependent variable

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.278[a]	.077	.056	.76159

a. Predictors: (Constant), I believe it is unfair that some people are attracted to the same sex instead of the opposite sex., I believe that more gay men should be shown in TV shows, movies, and commercials., When people around me talk about homosexuality, I get nervous., In general, I believe that gay men and women are more immoral than straight men and women., I believe it is OK for men to be attracted to other men in an emotional way, but it's not OK for them to have sex with each other., In general, I believe that homosexuality is as fulfilling as heterosexuality., I am disturbed when people can tell I'm gay., I see homosexuality as a gift., Sometimes I feel that someone might be better off dead than gay., In my opinion, homosexuality is harmful to the order of society., I believe that public schools should teach that homosexuality is normal., I wish you could control feelings of attraction toward the same sex., When I think about being attracted towards the same sex, I feel unhappy., People should be proud to be gay., When I think of homosexuality, I feel depressed., I believe that it is morally wrong for men to have sex with other men., I sometimes feel that homosexuality is embarrassing., I feel ashamed of homosexuality., I believe it is morally wrong to be attracted to the same sex., Sometimes I get upset when I think about being attracted to the same sex.

IV. T values for Internal Homonegativity items as they predict total self-harm behaviors in the last 6 months

Coefficients[a]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.231	.803		1.533	.126
	I believe it is OK for men to be attracted to other men in an emotional way, but it's not OK for them to have sex with each other.	-.189	.131	-.054	-1.444	.149
	When I think of homosexuality, I feel depressed.	.835	.168	.216	4.964	.000
	I believe that it is morally wrong for men to have sex with other men.	-.110	.198	-.025	-.554	.580
	I feel ashamed of homosexuality.	.453	.172	.118	2.638	.008
	When I think about being attracted towards the same sex, I feel unhappy.	-.072	.149	-.020	-.488	.626
	I believe that more gay men should be shown in TV shows, movies, and commercials.	-.108	.103	-.038	-1.052	.293
	I see homosexuality as a gift.	.062	.082	.027	.761	.447
	When people around me talk about homosexuality, I get nervous.	-.003	.090	-.001	-.029	.977
	I wish you could control feelings of attraction toward the same sex.	.156	.090	.066	1.730	.084

In general, I believe that homosexuality is as fulfilling as heterosexuality.	.051	.097	.019	.529	.597
I am disturbed when people can tell I'm gay.	-.018	.064	-.010	-.277	.782
In general, I believe that gay men and women are more immoral than straight men and women.	.128	.130	.036	.985	.325
Sometimes I get upset when I think about being attracted to the same sex.	.306	.151	.095	2.027	.043
In my opinion, homosexuality is harmful to the order of society.	.033	.196	.007	.170	.865
Sometimes I feel that someone might be better off dead than gay.	-.130	.174	-.028	-.747	.455
I believe it is morally wrong to be attracted to the same sex.	-.268	.280	-.044	-.957	.339
I sometimes feel that homosexuality is embarrassing.	.095	.106	.040	.895	.371
People should be proud to be gay.	-.260	.119	-.085	-2.185	.029
I believe that public schools should teach that homosexuality is normal.	-.163	.101	-.061	-1.619	.106
I believe it is unfair that some people are attracted to the same sex instead of the opposite sex.	-.017	.113	-.006	-.151	.880

a. Dependent Variable: SH6_RRM

V. Regression Model Summary for all Non-Hetero Participants with all Internal Homonegativity questions as predictor variables and total lifetime self-harm behaviors as the dependent variable

Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.302[a]	.091	.069	4.34593

a. Predictors: (Constant), I believe it is unfair that some people are attracted to the same sex instead of the opposite sex., I believe that more gay men should be shown in TV shows, movies, and commercials., I believe it is OK for men to be attracted to other men in an emotional way, but it's not OK for them to have sex with each other., When people around me talk about homosexuality, I get nervous., In general, I believe that gay men and women are more immoral than straight men and women., In general, I believe that homosexuality is as fulfilling as heterosexuality., I am disturbed when people can tell I'm gay., I see homosexuality as a gift., Sometimes I feel that someone might be better off dead than gay., In my opinion, homosexuality is harmful to the order of society., When I think about being attracted towards the same sex, I feel unhappy., I believe that public schools should teach that homosexuality is normal., I wish you could control feelings of attraction toward the same sex., People should be proud to be gay., When I think of homosexuality, I feel depressed., I believe that it is morally wrong for men to have sex with other men., I sometimes feel that homosexuality is embarrassing., I feel ashamed of homosexuality., I believe it is morally wrong to be attracted to the same sex., Sometimes I get upset when I think about being attracted to the same sex.

VI. T values for Internal Homonegativity items as they predict total lifetime self-harm behaviors

Coefficients[a]

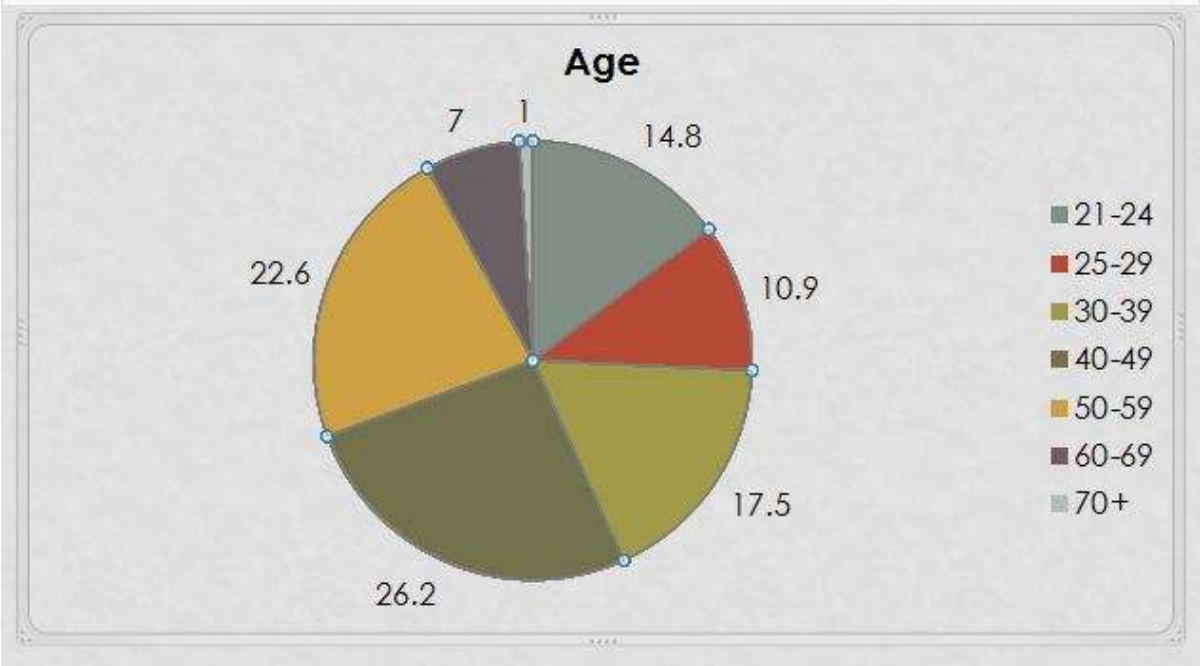
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.320	1.634		1.420	.156
	I believe it is OK for men to be attracted to other men in an emotional way, but it's not OK for them to have sex with each other.	.031	.271	.004	.114	.909
	When I think of homosexuality, I feel depressed.	.856	.328	.118	2.614	.009
	I believe that it is morally wrong for men to have sex with other men.	-.167	.397	-.019	-.421	.674
	I feel ashamed of homosexuality.	.786	.332	.109	2.369	.018
	When I think about being attracted towards the same sex, I feel unhappy.	-.041	.288	-.006	-.143	.887
	I believe that more gay men should be shown in TV shows, movies, and commercials.	.136	.204	.026	.669	.504
	I see homosexuality as a gift.	.054	.163	.013	.332	.740
	When people around me talk about homosexuality, I get nervous.	.205	.179	.044	1.147	.252
	I wish you could control feelings of attraction toward the same sex.	.033	.178	.008	.189	.850

In general, I believe that homosexuality is as fulfilling as heterosexuality.	-.086	.193	-.017	-.447	.655
I am disturbed when people can tell I'm gay.	-.037	.127	-.011	-.291	.771
In general, I believe that gay men and women are more immoral than straight men and women.	-.126	.268	-.018	-.472	.637
Sometimes I get upset when I think about being attracted to the same sex.	-.030	.296	-.005	-.103	.918
In my opinion, homosexuality is harmful to the order of society.	.058	.402	.006	.145	.884
Sometimes I feel that someone might be better off dead than gay.	.047	.342	.005	.136	.892
I believe it is morally wrong to be attracted to the same sex.	-.084	.567	-.007	-.148	.882
I sometimes feel that homosexuality is embarrassing.	.281	.209	.063	1.341	.180
People should be proud to be gay.	-.095	.228	-.017	-.416	.677
I believe that public schools should teach that homosexuality is normal.	-.848	.203	-.166	-4.169	.000
I believe it is unfair that some people are attracted to the same sex instead of the opposite sex.	.503	.214	.095	2.349	.019

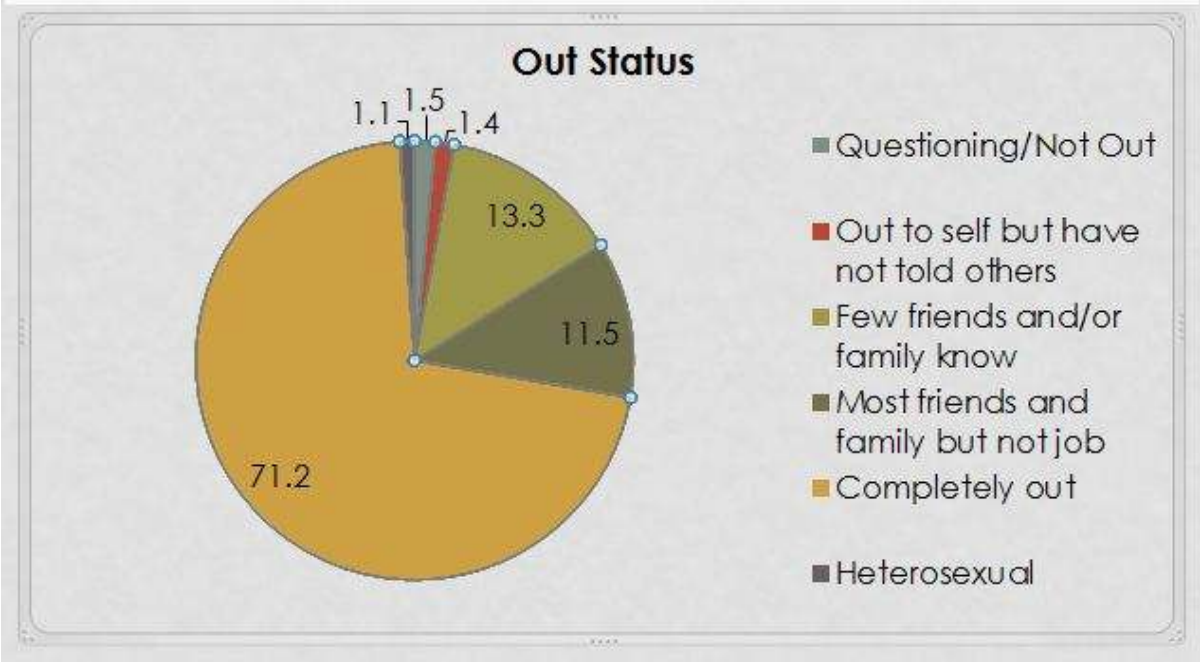
a. Dependent Variable: SHL_RRM

B. FIGURES

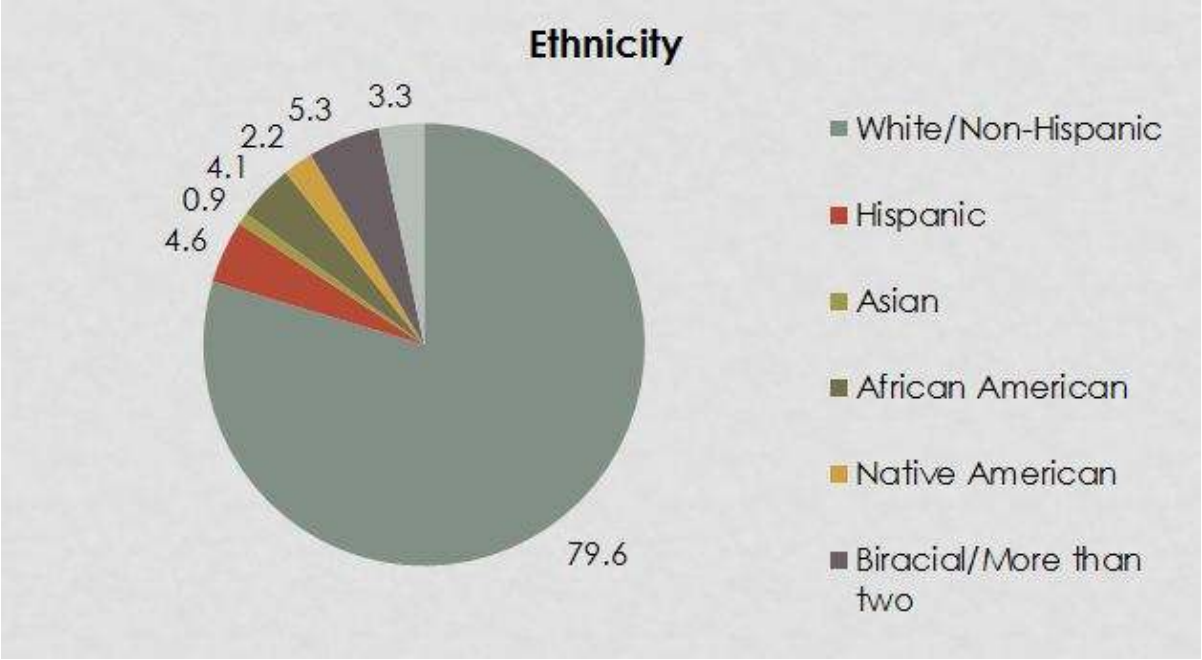
I. Non-Hetero Participants by age



II. Non-Hetero Participants Stage of Coming Out



III. Non-Hetero Participants by Ethnicity



IV. Non-Hetero Participants by Gender