The Development of the Lesbian, Gay, Bisexual Affiliate Stigma Measure

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ABSTRACT

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The present study describes the development and psychometric evaluation of the Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM). Existing qualitative research and feedback from experts in stigma research, contributed to the development of 48 items that were subjected psychometric evaluation resulting in the final 17-item measure. Exploratory factor analysis of data from 471 LGB affiliates (family members and close friends of LGB individuals) resulted in 3 factors reflecting experiences of LGB affiliate stigma including (a) Public Discrimination/Rejection affiliate stigma, (b) Vicarious affiliate stigma, and (c) Public Shame affiliate stigma. Confirmatory factor analysis of data from a separate 101 participants supported the stability of the 3-factor model. Further psychometric evaluation of the measure resulted in evidence supporting the reliability (i.e., Cronbach's alphas of .71 to .93), convergent validity (i.e., with stigma consciousness, $r = .17$ to $.45$; with awareness of public devaluation, $r = .18$ to $.28$), and discriminant validity (i.e., with socially desirable responding, $r = -.16$ to $.05$). The final 17-item LGB-ASM yielded 2-to 3-week test-retest reliability coefficients of .74 to .76 with a sample of 61 participants. Links between the LGB-ASM and psychological distress (using the Hopkins Symptom Checklist – 21) were evaluated and unsupported.

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Chapter 1

Introduction

Recent literature has focused heavily on lesbian, gay, and bisexual (LGB) individuals while largely ignoring the experiences of their family members and close friends (Conley, 2011). Much of this literature points to the experience of stigma among LGB individuals (D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Huebner, 2002; LaSala, 2010; Meyer, 2003; Vives, 2002). Contributing to the limited literature on family members and close friends, recent findings point to stigma experienced by family members (LaSala, 2010), and others who associate with LGB individuals (Sigelman, Howell, Cornell, Cutright, & Dewey, 1991).

LGB Stigma

Researchers define stigma as the devaluation and marginalization of an individual with an undesirable characteristic (Dovidio, Major, & Crocker, 2000; Goffman, 1963; Link & Phelan, 2001). There are numerous devalued characteristics that lead to the stigmatization of certain individuals such as race, social class, ability status, religious belief and, as is the case for the present study, sexual orientation (Goffman, 1963; Herek, Chopp, & Strohl, 2007). Stigma manifests primarily in interpersonal interactions and larger structures that discriminate through policies and practices (Schulze & Angermeyer, 2003) and is often experienced as devalued status and discrimination (Dovidio et al., 2000; Goffman, 1963; Link & Phelan, 2001; Mays & Cochran, 2001). Accordingly, recent research has primarily focused on uncovering the identity development process for LGB individuals and establishing strong links between LGB stigma and dimensions of psychological distress (Cain, 1991; Kanuha, 1999; Kaufman & Johnson, 2004; LaSala, 2006; Martin & Hetrick, 1988; Meyer, 2003). However, despite the copious stigma research with LGB individuals, there is a lack of research on the experiences of their family

members and other close personal affiliates (Conley, 2011). The limited research that has been conducted focuses on parents' reactions to their children coming out as lesbian or gay (Conley, 2011).

Courtesy Stigma

Scholars purport that those who associate with a stigmatized individual may experience stigma themselves (e.g., Corrigan & Miller, 2004; Goffman, 1963; LaSala, 2010). Indeed, the family members and close friends of LGB individuals are socialized by the same forces as their loved one and are aware of the stigma experienced by the LGB individual in their life.

Additionally, they are likely aware of the deleterious outcomes stigma has on mental health, physical health, intimate relationships, and overall well-being (Goffman, 1963). Research indicates family members and close friends of LGB individuals can also directly experience stigma (in the form of discrimination, exclusion, and more) simply by being associated with their LGB loved ones. This phenomenon is best described by Goffman (1963):

[T]he individual who is related through the social structure to a stigmatized individual—a relationship that leads the wider society to treat both individuals in some respects as one. Thus the loyal spouse of the mental patient, the daughter of the ex-con, the parent of the cripple, the friend of the blind, the family of the hangman, are all obliged to share some of the discredit of the stigmatized person to whom they are related. (p. 30)

Goffman (1963) coined the term *courtesy stigma* to describe the form of stigma described above.

While much of the research on courtesy stigma focuses on family members of people with mental illnesses (Corrigan & Miller, 2004), literature suggests it is also experienced by family members of LGB individuals (LaSala, 2010) and those who voluntarily associate with LGB individuals (Sigelman et al., 1991).

Research suggests that courtesy stigma manifests in two ways (a) the experience of *vicarious stigma*, or concerns about the mental, physical, and social well-being of a stigmatized

individual because of the societal discrimination they face and (b) *public stigma*, or anticipated or experienced discrimination and social exclusion due to associating with a stigmatized individual, such as someone who identifies as LGB (Corrigan & Miller, 2004; LaSala, 2010). Research indicates that courtesy stigma is associated with low self-esteem (Markowitz, 1998; Tsang, Tam, Chan, & Cheung, 2003), keeping secrets and withdrawing from social contacts in anticipation of rejection (Phelan, Bromet, & Link, 1998; Phillips, Pearson, Li, Xu, & Yang, 2002; Stengler-Wenzke, Trosbach, Dietrich, & Angermeyer, 2004), feelings of guilt, concern, and self-blame (Struening et al., 2001), and overall psychological distress (Martens & Addington, 2001; Mickelson, 2001).

Vicarious Stigma. Vicarious stigma is the suffering experienced by family members of a stigmatized individual when they see them affected by prejudice and discrimination (Corrigan & Miller, 2004; LaSala, 2010). LGB individuals experience this in numerous ways including stress and stigma associated with concealing their stigmatized identity (Herek & Glunt, 1995; LaSala, 2010; Meyer, 2003; Pachankis, 2007), the stress and stigma associated with the coming out process (LaSala, 2010), and acknowledgment of the stigma and discrimination faced by LGB individuals in general (D'Augelli et al., 2002; Huebner, 2002; LaSala, 2010; Meyer, 2003; Vives, 2002). In order to experience vicarious stigma, family members and close friends must be aware of the stigma faced by the LGB individual in their life, including the factors listed above. Pinel (1999) described stigma consciousness as a moderator in the relationship between stigma and a number of deleterious mental and physical health outcomes.

LGB stigma is associated with numerous detrimental outcomes including problems related to mental health (Meyer, 2003; Hatzenbuehler, 2009) and physical health (Conran, Mimiaga, & Landers, 2010; Gay and Lesbian Medical Association, 2010; Huebner & Davis,

2007). These include higher rates of psychological symptomatology (Cochran, Sullivan, & Mays, 2003; Herek & Garnets, 2007; Hatzenbuehler, 2009; Meyer, 2003), past thoughts of suicide and suicide attempts (Herek & Garnets, 2007), substance use (Hatzenbuehler, 2009; Herek & Garnets, 2007), cancer (U.S. Department of Health and Human Services, 2010), physical violence (Herek, Gillis, & Cogan, 1999) and self reported poor physical health (Conran, et al., 2010). It is the awareness of these outcomes that leads to the vicarious stigma experienced by family members and close friends who are concerned with the health and well-being of the LGB individual in their life (Corrigan & Miller, 2004; Pinel, 1999).

Public Stigma. Public affiliate stigma is characterized by the experience of marginalization, shame, blame, and guilt because others attribute fault for the individual's stigmatized characteristic to family members and close friends (Conley, 2011; Corrigan & Miller, 2004; Corrigan, Miller, & Watson, 2006; Crosbie-Burnett, Foster, Murray, & Bowen 1996; Fields, 2001; Gilbert, 2000; Greenberg, Kim, & Greenley, 1997; LaSala, 2010; Lewis, 1998; Shibre et al., 2001). Research further suggests that public stigma results in strained relationships with friends, relatives, family, and community members (Oestman & Kjellin, 2002; Shibre et al., 2001; Struening et al., 2001; Wahl & Harman, 1989), as well as strained relationships with religious and spiritual communities (Corrigan & Lundin, 2001).

Summary

Taken together, vicarious and public stigma account for the stigma (Corrigan & Miller, 2004; LaSala, 2010) experienced by family members and close friends of LGB individuals. There is a great deal of evidence suggesting LGB individuals encounter numerous harmful mental and physical health difficulties as a result of the stigma they face which justifies the concerns of family members and close friends as well as the resulting vicarious stigma.

Additionally, family members and close friends are left to face public stigma, or the marginalization experienced firsthand for associating with an LGB individual. Public stigma manifests as blame, shame and guilt. Notably, research has indicated that people who associate with members of stigmatized groups have lower self-esteem (Markowitz, 1998; Tsang et al., 2003), withdraw from contacts out of fear of rejection (Phelan et al., 1998; Phillips et al., 2002; Stengler-Wenzke et al., 2004), and experience overall psychological distress (Martens & Addington, 2001; Mickelson, 2001).

Overview of the Present Study

As indicated by the literature introduced in this chapter, family members and close friends of LGB individuals may experience stigma themselves in the form of (a) vicarious stigma, or concern over the health and well-being of the LGB individual in light of the stigma they face, and (b) public stigma, or discrimination experienced firsthand simply for associating with a stigmatized individual. The experiences of family members and close friends of LGB individuals are widely understudied (Conley, 2011), though research suggests numerous deleterious outcomes. The damaging mental health outcomes resulting from the vicarious and public stigma of associating with an LGB individual make understanding and assessing these experiences important.

The present study contributes the multicultural psychology literature through the development and psychometric evaluation of the Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM), the first measure of stigma for family members and close friends of LGB individuals.

Chapter 2

Literature Review

Chapter Two offers an integrative summary of the literature on stigma experienced by family members and close friends of LGB individuals. The comprehensive literature review aims to provide the groundwork for the present study regarding the development and evaluation of an LGB affiliate stigma measure (LGB-ASM). For this purpose, Chapter Two is divided into four parts. First, definitions of stigma and courtesy stigma are presented in addition to mental and physical health problems caused by stigma. Recent research suggests courtesy stigma includes both vicarious and public stigma, therefore, sections two and three of the literature review examine these constructs respectively. Family members and close friends of LGB individuals experience vicarious stigma because they are aware of the stigma and damaging outcomes of stigma faced by the LGB individual. Therefore, part two provides literature establishing the stigma experienced specifically by LGB individuals. Additionally, literature establishing the relationship between LGB stigma and deleterious effects on mental health, physical health, and overall well-being will be discussed. In all, the literature on LGB stigma and resulting negative effects will provide evidence for the experience of vicarious stigma among family members and close friends of LGB individuals. Part three provides conceptual and empirical literature evidencing the public stigma, or the firsthand discrimination and exclusion, experienced by family members and close friends of stigmatized individuals (in the case of the present study, LGB individuals). Fourth and finally, the aims and hypotheses of the present study will be outlined.

LGB Stigma, Courtesy Stigma, and Resulting Deleterious Effects

LGB stigma. Researchers have generally agreed that stigma is the experience of devalued status and discrimination by an individual with a personal characteristic that is deemed deviant or undesirable by society (Dovidio et al., 2000; Goffman, 1963; Link & Phelan, 2001). Goffman (1963) wrote that individuals are stigmatized because they are believed to have unfavorable characteristics leading others to see them as “tainted.” There are numerous devalued characteristics that lead to the stigmatization of certain individuals such as race, social class, ability status, religious belief, and as is the case for the present study, sexual orientation. Herek and colleagues (2007) used the term homosexual stigma to describe, “society’s shared belief system through which homosexuality is denigrated, discredited, and constructed as invalid relative to heterosexuality” (p. 171). Regardless of the stigmatized characteristic, researchers have uncovered a number of factors underpinning stigma in general.

Link and Phelan (2001) define stigma as a set of interrelated factors. Stigmatization occurs when the following factors converge: (a) people identify and label human differences, (b) dominant societal and cultural beliefs link labeled persons to undesirable characteristics or negative stereotypes, (c) labeled individuals are categorized in order for society members to achieve some detachment from the stigmatized individuals resulting in an “us” and “them” dichotomy, (d) labeled individuals experience a loss of status and discrimination that contribute to unequal outcomes, (e) access to social, economic, or political power allowing for the identification of difference, the development of stereotypes, the categorization of labeled individuals, and full implementation of disapproval, exclusion, and discrimination is required for the perpetration of stigmatization.

The process described above contributes to the formation of a discriminatory environment and the stigma experienced by LGB individuals and those who associate with them. Link and Phelan (2001) describe the outcomes of stigmatization through discrimination as a “cascade of negative effects on all manner of opportunities” (p. 373). This statement indicates that stigma is pervasive for those who experience it and impacts multiple dimensions of an individual’s life.

While the experience of stigma is often pervasive, it primarily manifests in interpersonal interactions and larger structures that discriminate through policies and practices (Schulze & Angermeyer, 2003). Mays and Cochran (2001) found that LGB individuals reported more frequent discrimination than heterosexuals at school and work by not receiving services or receiving poor services and experiencing hostility from others. Additionally, results indicated that LGB individuals were more likely than heterosexuals to report that discrimination had made life harder and that it interfered with having a full, productive life (Mays & Cochran, 2001). As LGB individuals experience discrimination and the resulting stress, they become even more aware of discrimination, which can further contribute to their stress. These sorts of experiences result in stigma experienced as devalued status, marginalization, and discrimination (Dovidio et al., 2000; Goffman, 1963; Link & Phelan, 2001).

Courtesy stigma. While stigma is often experienced firsthand, there is evidence for the experience of stigma by those who associate with a stigmatized individual. Goffman (1963) was the first to use the term courtesy stigma to describe the experience of marginalization through associating with a stigmatized individual. This type of stigma is often characterized by feelings of guilt, concern, and self-blame for the stigmatized characteristic of a close associate or family member (Struening et al., 2001).

Courtesy stigma has been studied with multiple stigmatized characteristics including being the parent to a mentally-ill family member (Corrigan & Miller, 2004; Corrigan, Miller, & Watson, 2006; Struening et al. 2001), the child of and incarcerated individual (Sack, Seidler, & Thomas, 1976), and being the parent to a lesbian or gay man (Pfuhl, 1986). According to Corrigan and colleagues (2006), “[s]tigma not only harms many people with mental illness or drug abuse or both but also injures family members who are associated with these individuals” (p. 239). While most research links the experience of courtesy stigma to family members, and primarily, parents of stigmatized individuals, research has also noted that associating voluntarily with a stigmatized individual is related to the experience of courtesy stigma.

Sigelman and colleagues (1991) set out to determine if courtesy stigma exists in other social relationships. They found that the individuals participating in the study who actively chose to associate with a gay male confederate were the targets of stigma though only under certain conditions (e.g., primarily by participants who held intolerant attitudes towards gay men) (Sigelman et al., 1991). The findings ultimately suggested that the mechanism underpinning courtesy stigma for non-familial social relationships is the assumption that the close friend or associate is also LGB and therefore a target of stigma (Sigelman et al., 1991). The authors suggest further that courtesy stigma operates when an individual is perceived to share devalued attributes genetically or through socialization with a stigmatized individual. These findings suggest the courtesy stigma experienced by family members may also be relevant for close friends of LGB individuals.

Affiliate instead of courtesy stigma. Recent research has focused primarily on family members of stigmatized individuals as targets of courtesy stigma (e.g., Corrigan & Miller, 2004). While research suggests that close associates of LGB individuals also experience courtesy stigma

(e.g., Sigelman et al., 1991), the author is unaware of prior research that has included both family members and close friends of a stigmatized individual in the study of courtesy stigma. Because courtesy stigma has been primarily associated with family members of stigmatized individuals (most commonly family members of the mentally ill), the use of term does not seem to apply well for the present study. Therefore the present study uses the term affiliate stigma to be inclusive of the experience of stigma of family members *and* close friends of LGB individuals.

Deleterious effects of affiliate stigma. Supporting the hypothesis that family members and close friends of stigmatized individuals experience similar deleterious effects of stigma, research has shown the stigma resulting from affiliate stigma to be associated with low self-esteem (Markowitz, 1998; Tsang et al., 2003), keeping secrets and withdrawing from social contacts in anticipation of rejection (Phelan et al., 1998; Phillips et al., 2002; Stengler-Wenzke et al., 2004), and overall psychological distress (Martens & Addington, 2001; Mickelson, 2001). While much of the literature establishing these links refers to affiliates of those with mental illness (e.g., Corrigan, et al., 2006), LaSala (2010) asserted, “[a]lthough homosexuality is not a mental illness, it is similarly stigmatized and, like family of the mentally ill, parents of lesbians and gays share in their stigma” (p. 22). The parents of lesbian and gay individuals may experience their own psychological consequences, such as concerns over their children’s physical, psychological, and social well-being (Conley, 2011), the experience grief (Robinson, Walters, & Skeen, 1989), feelings of guilt for somehow causing their child’s same-sex attractions (Ben-Ari, 1995; Boxer, Cook, & Herdt, 1991), finding blame in others such as a peer group (Savin-Williams & Dube, 1998), lower parenting self-esteem (Holtzen & Agresti, 1990), and concern about the identity development of their child (Saltzburg, 2004).

Vicarious and public affiliate stigma. Given that family members and close friends are both concerned for the stigma experienced by their loved one and face stigma of their own, Corrigan & Miller (2004) distinguished between public and vicarious courtesy stigma, or in the case of the proposed study, affiliate stigma. The prior refers to the judgment and discrimination experienced firsthand because of being blamed for the family member's illness and the latter referring to the empathic suffering felt for the stigmatized individual. LaSala (2010) described that the same phenomena, vicarious and public stigma, were evident in the parents of LGB individuals.

Limited quantitative research has been conducted to specifically explore affiliate stigma among the family members and close friends of LGB individuals, however, strong qualitative evidence suggests it is experienced and has a significant impact (LaSala, 2010). As mentioned previously, much of the quantitative research on the vicarious and public affiliate stigma experienced by associating with stigmatized individuals comes from research on mental illness. The following sections on vicarious and public stigma use some of these empirical studies as a backbone to buttress the qualitative findings regarding LGB affiliate stigma.

Vicarious Stigma: Awareness of LGB Stigma and Deleterious Effects

Vicarious stigma, described by Corrigan and Miller (2004), is the suffering experienced by family members of a stigmatized individual when they see them affected by prejudice and discrimination. Findings suggest that family members of individuals with mental illness are more concerned with the stigma their mentally ill family member experiences than the stigma they experience themselves; specifically, “[f]amily members have agreed that stigma hurts the relative’s self-esteem, ability to keep friends, success in obtaining a job or place to live, and acceptance by mental health professionals” (Corrigan & Miller, 2004, pp. 542-543). Similar

research has been conducted with the parents of lesbian and gay individuals. LaSala (2010), when the parents of lesbians and gay men “heard antigay hostility from others, they were reminded of the stigma their children would encounter” (p. 207).

The following section of the literature review describes the many ways that vicarious stigma manifests for family members and close friends of LGB individuals. As Corrigan and Miller (2004) suggest, vicarious stigma requires an empathic concern regarding the stigma experienced by another, in the case of the present study an LGB individual. Empathic concern for the experience of stigma suggests that family members and close friends of LGB individuals are aware or *conscious* of the stigma faced by LGB individuals. Therefore, literature establishing the impact of stigma consciousness is discussed. Additionally, there is evidence to suggest that prior to knowing for sure that a family member or close friend is LGB, many experience anticipatory vicarious stigma (LaSala, 2010) because they are conscious of the LGB stigma their loved one may face. As such the following section discusses literature regarding the stigma associated with concealing one’s LGB identity and the resulting vicarious stigma experienced by family members and close friends. Next, a similar discussion of the vicarious stigma associated with the coming out process will be provided. Finally, literature establishing the mental and physical health implications of LGB stigma is provided as further evidence for the empathic concern or vicarious stigma experienced by family members and close friends.

Stigma consciousness. As noted above, the experience of vicarious stigma requires that family members and close friends are aware of the stigmatization the LGB individual in their life faces. Meyer (2003) describes that LGB individuals learn to expect negative reactions from members of dominant culture, and therefore are chronically vigilant and aware of the stigma they face. Family members and close friends of LGB individuals likely go through a similar process

of being aware or conscious of stigma. This learned expectation called “stigma consciousness” (Pinel, 1999), has been considered a moderator in the relationship between stigma and a number of deleterious effects for LGB individuals including negative mental health outcomes (Hatzenbuehler, 2009; Meyer, 2003). Lewis, Derlega, Clarke, and Kuang (2006) found that lesbians high in stigma consciousness exhibited more negative physical and psychological outcomes. Additionally, Lewis, Derlega, Griffin, and Krowinski (2003) reported that high stigma consciousness among gay men and lesbians correlated to more self-reported depression, internalized homophobia, and gay related stress. Stigma consciousness has an impact on intimate relationships as well, such that higher levels of stigma consciousness are related to lower romantic relationship quality (Mohr & Fassinger, 2006). Based on the definition of vicarious stigma provided by Corrigan and Miller (2004) stigma consciousness is requisite for the resulting empathic concern felt by family members and close friends of LGB individuals. Therefore, one would expect that greater stigma consciousness is related to higher levels of vicarious stigma.

While research on LGB affiliates is nascent, Conley (2011) developed the Concerns of Parents of Lesbians and Gays (COPLAG) Scale to provide clinicians and other professionals with a tool to better serve parents of LGB individuals who may be concerned with such experiences of stigma. Using principal component analysis she found three stable factors reflecting the concerns of parents one of which is “well-being,” or the parents concern over the physical, psychological, and social health of their child (Conley, 2011). Additionally, qualitative data provides evidence for this experience of vicarious stigma among family members of LGB individuals.

LaSala (2010) described a number of instances of vicarious stigma experienced by the parents of lesbians and gay men. He found that even as parents began suspecting their child

might be lesbian or gay they began to worry about how their children would be treated in a society filled with intolerance and discrimination. He further noted that these fears and concerns intensified once their suspicions were confirmed.

Vicarious stigma and concealing. Sexual minority status (such as a burgeoning LGB identity) is a concealable stigma meaning it is not always obvious that an individual is LGB (Pachankis, 2007). There are numerous unique stressors associated with having a concealable stigma including: (1) making frequent decisions about disclosure, (2) anxiety related to others finding out, (3) isolation from others who might have a similar concealable stigma, and (4) difficulty experiencing self-acceptance because of being cut off from one's "true self" (Pachankis, 2007). Family members and close friends of LGB individuals who are working to conceal their identity are often aware of and concerned about the suffering of these individuals (LaSala, 2010), and whether they know it or not, are experiencing vicarious stigma as a result of their awareness and concern.

Meyer (2003) noted that concealing an LGB identity is a significant source of stress for those individuals. More specifically, Pachankis (2007) found that concealing stigma is associated with increased vigilance, suspiciousness, anxiety, depression, hostility, demoralization, guilt, shame, low self-efficacy, impression management, social avoidance, and isolation. Furthermore, concealment inflates the importance of feedback, damages the function of close relationships, promotes identity ambivalence, and creates barriers to group-based resiliency. Given the above information, it is no wonder family members and close friends develop concern over the suffering experienced by the LGB individual in their life. Notably, LGB people who disclose their sexual orientation have been generally found to have better mental health than their concealing counterparts (Herek & Glunt, 1995; LaSala, 2010).

LaSala (2010) interviewed sixty-five young lesbian and gay individuals as well as their parents and highlighted a family stage process for coming out. Prior to actually coming out, LGB individuals began realizing and reconciling their same-sex attractions, an experience that is often fraught with turmoil and isolation; indeed, “[e]ventually, the pressure of having to single-handedly manage the challenges inherent in recognizing one is gay becomes too much” (LaSala, 2010, p. 63). According to LaSala (2010) not all parents were aware of their child’s burgeoning LGB identity and subsequent suffering, though many had suspicions and began developing reactions such as guilt and fear. Despite the method of discovering the LGB identity of a loved one, this knowledge leads family members and close friends to experience concern about the health and well-being of their loved one in light of the stigma LGB individuals face. Additionally, family members and close friends encounter their own stigma by associating with an LGB individual (Goffman, 1963; LaSala, 2010).

Vicarious stigma and coming out. The coming out process can be very stressful for an LGB individual and it also impacts those closest to them, including family members and close friends. While many family members and close friends might have suspicions their loved one is LGB, the coming out process is often a change point for the nature of these relationships and is accompanied with a great deal of stress for all parties involved. During the coming out process, burgeoning stigma consciousness results in initial experiences of vicarious stigma for family members and close friends of LGB individuals. LaSala (2010), found this to be true of the parents he interviewed and stated, “[o]nce parents of lesbian and gay people are aware of their children’s sexual orientations, they learn that they too must find ways to manage stigma” (p. 208).

Many of the models describing the coming out process for LGB persons have focused on

the individual experience of gaining awareness that one is different from others (Cass, 1979; Coleman, 1982; LaSala, 2010). While there is no universal experience of coming out, many LGB individuals initially label their same-sex attractions as shameful and work to deny, hide, and repress them, often resulting in noxious effects to their self-esteem (LaSala, 2010). Further, LGB individuals negotiating their stigmatized identity and grappling with coming out have reported deleterious psychiatric symptoms such as anxiety, depression, suicidal thoughts, and even suicide attempts (D'Augelli, 2002; D'Augelli et al., 2002; Huebner, 2002; LaSala, 2010; Meyer, 2003; Vives, 2002). Philips (2007) found that parents also experienced emotional, cognitive, and behavioral responses to the coming out process. Additionally, Parents have reported fearing their child will be physically harmed through physical assault or contraction of HIV (LaSala, 2010).

Witnessing the difficulties faced by an LGB individual during the coming out process results in the vicarious stigma experienced by family members and close friends who are concerned for their loved one's well-being. Upon establishing an LGB identity, the LGB individual, their family members, and close friends are left to confront the stigma they were anticipating and in some cases already experiencing. Numerous researchers have considered the harmful effects resulting from the discrimination, stigma, and stigma consciousness experienced by LGB individuals, their family members, and close friends described above (Hatzenbuehler, 2009; Herek & Garnets, 2007; Meyer, 2003).

Deleterious effects of vicarious stigma. Just as the family members and close friends are aware of stigmatization, they are also likely aware of the negative impact LGB stigma has on the LGB individual in their life. As Goffman (1963) noted, family members and close friends of stigmatized individuals share their plight including the negative effects stigma has. The awareness that LGB individuals are stigmatized resulting in deleterious outcomes is what

underlies the experience of vicarious stigma (the stigma felt empathically for the suffering of another) for family members and close friends of these individuals. Research has suggested that vicarious stigma of family members and close friends of LGB individual results from concerns over both the mental and physical health of their loved one.

According to numerous lines of research, LGB individuals are at greater risk for mental health (Meyer, 2003; Hatzenbuehler, 2009) and physical health (Conran et al., 2010; Gay and Lesbian Medical Association, 2010; Huebner & Davis, 2007) problems compared to their heterosexual counterparts. One explanation for this disparity, named “minority stress” by Meyer (2003), is that LGB individuals experience stigma based on discrimination and prejudice that results from their status as a minority. Meyer (2003) described minority stress as, “the excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority, position” (p. 675).

Research findings have demonstrated a wealth of support for the minority stress hypothesis, that discrimination experienced by LGB individuals is stressful and relates to an array of harmful mental and physical health outcomes (Almeida, Johnson, Corliss, Molnar, & Azrael, 2009; Hatzenbuehler, Nolen-Hoeksema, & Erickson 2008; Herek et al., 1999; Lewis et al., 2003; Mays & Cochran, 2001; Meyer, 1995, 2003). In addition to mental and physical health, LGB stigma has been associated with strained interpersonal relationships.

Meyer (2003) wrote that higher prevalence of mental disorders among LGB individuals is attributed to stressful social situations and environments resulting from stigma, prejudice, and discrimination as opposed to a characteristic of LGB individuals. Providing further support for the link between stigma and mental health, Lewis and colleagues (2003) found that LGB related

stress and stigma consciousness, over and above general life stress, independently predicted depressive symptoms.

Mental health. Meyer (2003) conducted a meta-analysis of literature describing the prevalence of mental health issues for the LGB population. He found LGB individuals had higher prevalence of mental disorders compared to their heterosexual counterparts for all disorders and subclasses of disorders. Additionally, he found greater prevalence for current and lifetime prevalence of disorders and that the prevalence of any lifetime disorder for gay men and lesbians was 2.5 times that of heterosexuals. Supporting findings elsewhere in the literature, Meyer (2003) found an increase risk for substance abuse, mood and anxiety disorders, suicidal ideation, and suicide attempts for LGB individuals. Supporting these findings, Cochran, Sullivan, and Mays (2003) found that LGB individuals suffer from numerous negative mental health outcomes compared to their heterosexual counterparts. They found higher rates of depression, panic attacks, overall psychological distress, and generalized anxiety among LGB populations.

Hatzenbuehler (2009) found that LGB adults are at increased risk for a wide spectrum of mental and physical health problems including depression and anxiety, alcohol, tobacco, and polysubstance use, and psychiatric comorbidity compared to their heterosexual counterparts. Additionally, Hatzenbuehler found these issues emerge earlier for LGB individuals and are more chronic and persistent.

Herek and Garnets (2007) noted three important caveats for considering higher rates of mental illness among LGB individuals. First, there may be statistically, but not clinically, significant differences between heterosexuals and LGB individuals on measures of psychological well-being. Second, measures are normed using predominantly heterosexual populations leading to a potential measurement equivalency issue. Finally, LGB individuals may be pathologized

because like females compared to males in heterosexual populations, LGB individuals are more likely to seek out and receive psychotherapy and counseling services, often for personal exploration and discovery, not due to pathology.

Given these caveats, Herek and Garnets (2007) reported differences between LGB individuals and heterosexuals for anxiety and mood disorders as well as past thoughts of suicide and suicide attempts. Further, Herek and Garnets found that LGB individuals consume alcohol and other substances more frequently and in greater amounts than their heterosexual counterparts. These findings are consistent with other research on the mental and physical health in of LGB individuals in light of the stigma they encounter. The negative mental health outcomes described above cause family members and close friends of LGB individuals to experience vicarious stigma through the empathic concern they feel for their stigmatized loved one.

Physical health. Though the literature is scant, some researchers have explicitly linked stigma to deleterious physical health effects (Huebner & Davis, 2007; Zamboni & Crawford, 2007). Awareness and concern regarding harmful physical outcomes of stigma for LGB individuals is another example of how vicarious stigma manifests in family members and close friends. Healthy People 2020 (U.S. Department of Health and Human Services, 2010) noted LGBT individuals have the highest rates of tobacco, alcohol, and other drug use, and higher rates of suicide especially for youth. They also indicated higher rates of cancer and violence towards LGB individuals. Similarly, the Massachusetts Department of Public Health (Conran et al., 2010) found LGB individuals self-reported poorer physical health than their heterosexual counterparts. Healthy People 2020 (U.S. Department of Health and Human Services, 2010) cited social issues such as discrimination, stigma, and denial of civil and human rights (e.g., access to health

insurance, housing, marriage, adoption, and retirement benefits) as problems leading to disparities in the health of LGB individuals.

The above literature regarding the deleterious mental health and physical health outcomes of stigma experienced by LGB individuals and resulting vicarious stigma experienced by their family members and close friends is one part of the experience of affiliate stigma. As mentioned previously, whether a surprise or confirmation of suspicions, finding out that a loved one is LGB leads family members and close friends to experience concern about the health and well-being of their loved one in light of the stigma LGB individuals face and results in the experience of vicarious stigma. The other piece of affiliate stigma, described by Corrigan and Miller (2004), is public stigma and is experienced as family members and close friends begin experiencing stigma for associating with an LGB individual (Goffman, 1963; LaSala, 2010).

Public Stigma Experienced Due to Associating With LGB Individuals

LaSala (2010) offered the following in reference to the parents of an LGB individual, “[w]hen they feel to blame for their child’s homosexuality, they fear public stigma in the form of the harsh judgment of others” (p. 22). Public affiliate stigma, then, is characterized by the experience of discrimination, shame, and blame from others (Corrigan & Miller, 2004; Corrigan et al., 2006). Much of the literature on public affiliate stigma comes from research on the stigmatization of the mentally ill and their family members. Therefore, as a foundation for further discussion of public stigma experienced by LGB affiliates, findings in research on stigma associated with mental illness is presented first. Notably, many of the same outcomes (i.e., shame, blame, guilt, and exclusion) are experienced by LGB affiliates as well.

Manifestations of public stigma for family of the mentally ill. Corrigan & Miller (2004) suggested family members of the mentally ill experience avoidance-related to both public

and self-stigma, because the public wants to avoid feeling the shame of associating with someone who is mentally ill and the family member wants to hide from the public to also avoid feeling shamed. Further, Corrigan & Miller (2004) argued that the shame of being related to a mentally ill individual can be accounted for by the fact that the family members feel blamed or contaminated depending on their family role. Specifically, research has shown that the public blames family members and especially parents for causing or mismanaging their relative's mental illness (Corrigan & Miller, 2004; Greenberg, Kim, & Greenley, 1997; Shibre et al., 2001). This finding is particularly salient for LGB affiliates, particularly parents, who feel their poor parenting in some way contributed to their child being LGB and that they are ultimately to blame (LaSala, 2010). Additionally, there is the perception that children are contaminated by their parent's mental illness; specifically, contamination is thought to happen through the process of infection or a less clear psychological process that results from associating with someone with mental illness (Corrigan & Miller, 2004).

This type of stigma experienced by family members of mentally ill individuals is evidenced by an experience of avoidance and strained relationships with friends, relatives, and community members as they distance themselves from the stigmatized individual and their associates (Oestman & Kjellin, 2002; Shibre et al., 2001; Struening et al., 2001; Wahl & Harman, 1989). Additionally, research has indicated that spouses of the mentally ill perceive greater avoidance than the parents do, suggesting that associating by choice is also a factor (Phelan et al., 1998; Ostman & Kjellin, 2002) and living with the stigmatized individual has been shown to relate to greater perceived avoidance (Phelan et al., 1998). Further, qualitative findings suggest that having a mentally ill family member can be detrimental for relationships with religious and spiritual communities (Corrigan & Lundin, 2001). The research on LGB affiliate

stigma suggests that the family members and close friends of LGB individuals may perceive very similar experiences.

Public stigma experienced by LGB affiliates. Conley (2011) found that parents of LGB individuals expressed concerns over being rejected by loved ones for having an LGB child. In his qualitative study of young LGB individuals and their parents, LaSala (2010) found the parents experienced guilt, anxiety, and described fearing judgment from individuals and society at large, feeling they might be the target of blame for their child's LGB identity. Specifically, he explained that parents often feel others will blame them for producing an LGB child, "[o]nce parents knew their child was lesbian or gay, they also knew they would have to deal with other people's criticism and prejudice, especially in light of the still commonly held belief that their own faulty parenting produced a lesbian or gay child" (p. 96). Numerous studies have explored parental reactions to their child coming out as LGB and have primarily noted negative reactions (Armesto & Weisman, 2001; Conley, 2011; Saltzburg, 2004). Researchers have stated the negative reactions experienced by parents include blame, shame, guilt, and for some, grief (Conley, 2011). In addition to evidencing the experience of public stigma, heightened feelings of blame, shame and guilt, and grief may contribute to higher levels of psychological distress for family members and close friends of LGB individuals.

Blame. Family members and close friends of LGB individuals may feel that others blame them for either causing genetically or through socialization process their loved one's sexual orientation. The experience of blame is one manifestation of public affiliate stigma. In addition to feeling blamed by others, in some cases each of the parents place blame on the other parent for their son's or daughter's LGB identity (Crosbie-Burnett et al., 1996; Fields, 2001). Armesto and Wesman (2001) found that parents may also blame their children for coming out as LGB because

they perceive it to be a controllable choice. Many parents externalize the blame and criticize society for its lack of acceptance of LGB individuals (Aveline, 2006). Though the myth that families of gays and lesbians are more pathological has been dispelled (Shavelson, Biaggio, Cross, & Lehman, 1980; Siegelman, 1974), many still experience self-blame for this reason (LaSala, 2000). Some mothers feel to blame for their son being gay because they loved him too much or their daughter being lesbian because they date or marry men who set poor examples (LaSala, 2010). The perception of blame experienced by family members and close friends of LGB individuals is on its own a deleterious psychological outcome and may also contribute to other outcomes such as shame and guilt.

Shame and guilt. According to Tangney (1991) shame and guilt are distinct emotions and have different implications for responding to distressing situations. The experience of shame implies self-distress and negative self-evaluation whereas the experience of guilt includes reflecting on certain, potentially regrettable behaviors (Tangney et al., 1996). Family members and close friends may experience shame if they feel they have erred or failed in their relationship with the LGB individual and experience guilt if they feel they have behaved (e.g., a father feeling he did not spend enough time with his son) in ways that have contributed to their family member or close friend being LGB.

The experience of shame tends to leave parents and close friends feeling worthless, anxious, angry, and depressed with the desire hide or avoid the LGB individual (Conley, 2011; Gilbert, 2000). According to Lewis (1998) the degree of shame experienced by a stigmatized individual is based on their level of self-blame or blame from others for their stigmatized characteristic. Family members and close friends experience affiliate stigma when they blame themselves or feel blamed for the LGB sexual orientation of the their family member or close

friend. Shame seems particularly salient for fathers of gay men who feel they have failed to pass masculinity on to their sons, which may be seen as threatening to their own masculinity (LaSala, 2010).

According to Tangney (1991), guilt and shame are different. The experience of guilt results when self-blame for a situation (in this case having a family member or close friend who is LGB) causes someone to feel responsible and reassess specific behaviors they feel may have had an impact (Tangney, Niedenthal, & Covert, 1998). Upon suspecting a child's LGB identity, some parents have expressed guilt and wondered if they had done something to cause it (LaSala, 2010). For examples, some mothers of lesbians felt guilty for failing as a parent by over mothering, not having a stable father figure, having a bad marriage, and their poor track record with men (LaSala, 2010). The feelings of blame, shame, and guilt may contribute to the experience of loss or grief experienced family members and close friends of LGB individuals who may not have been anticipating their loved one's LGB identity and resulting stigma.

Grief. Many parents find themselves moving through stages of grief when they learn their child identifies as LGB (Bozett & Sussman, 1989; Robinson et al., 1989). Stages of grief described by Kübler-Ross (1969) can be applied to this experience, including denial, anger, bargaining, depression, and acceptance. Conley (2011) described that the experience of grief is linked to public stigma, "[t]he fact that so many parents respond with grief speaks to the degree to which homophobia and stigma continues to pervade much of society" (p. 32). Herdt and Koff (2000) described the heterosexual family myth where it is assumed children will grow up to be heterosexual, will get married and have heterosexual children and so on. Many parents of LGB individuals feel a sense of loss over future grandchildren, weddings, and other hetero-normative milestones.

Summary of LGB Vicarious and Public Affiliate Stigma

Taken together, vicarious and public stigma account for the affiliate stigma experienced by family members and close friends of LGB individuals. Vicarious stigma requires that family members and close friends are conscious of the stigma that impacts the LGB individual in their life. Vicarious stigma is the empathic concern family members and close friends of LGB individuals denote while their loved one is concealing their LGB identity, during their coming out process, and as they are left to face societal discrimination as an out LGB man or woman. There is a great deal of evidence suggesting LGB individuals encounter numerous damaging mental and physical health difficulties as a result of the stigma they face, justifying the vicarious stigma experienced by their family members and close friends. In addition to the vicarious stigma experienced by family members and close friends, they also face public stigma in the form of blame, shame and guilt, and discrimination from various individuals and societal forces.

While limited research has explored the deleterious effects of LGB affiliate stigma, affiliates of those with other stigmatized characteristics have lower self-esteem (Markowitz, 1998; Tsang et al., 2003), withdraw from contacts out of fear of rejection (Phelan et al., 1998; Phillips et al., 2002; Stengler-Wenzke et al., 2004), and experience overall psychological distress (Martens & Addington, 2001; Mickelson, 2001). Research on the parents of lesbian and gay individuals suggests they experience psychological consequences, such as concerns over their children's physical, psychological, and social well-being (Conley, 2011), grief (Robinson, Walters, & Skeen, 1989), feelings of guilt (Ben-Ari et al., 1991), blame (Savin-Williams & Dube, 1998), lower parenting self-esteem (Holtzen & Agresti, 1990), and concern about the identity development of their child (Saltzburg, 2004). While research has suggested similar experiences of affiliate stigma for those voluntarily associating with a stigmatized individual

(Sigelman et al., 1991), to the knowledge of the author there is no research linking it to psychological outcomes.

Purpose of Study

Despite a growing body of (primarily qualitative) literature that speaks to the experience of stigma among the family members and close friends of LGB individuals, the mental health impact of this affiliate stigma remains largely understudied. Therefore, it is necessary to examine the experiences of affiliate stigma to determine how the experience of affiliate stigma may be related to psychological symptomatology among family members *and* close friends of LGB individuals. As a first step in the process to better understand this form of stigma, the present study aimed to construct and psychometrically evaluate a measure to assess the affiliate stigma experienced by family members and close friends of LGB individuals. More specifically, the present study put forth the following aims and hypotheses:

1. Exploratory Factor Analysis (EFA) of items developed for the Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM) were expected to result in at least two dimensions: experiences of affiliate stigma that reflect (a) vicarious stigma, or the concern over the health and well-being of an LGB individual due to the stigma they face, and (b) public stigma, or the firsthand discrimination experienced by associating with an LGB individual. Validity of the LGB-ASM was also evaluated such that scores were expected to be unrelated to socially desirable responding (discriminate validity) and correlated positively and significantly with stigma consciousness (convergent validity).
2. The stability of the factor structure obtained using EFA was reevaluated using Confirmatory Factor Analysis (CFA) with data from a separate sample. It was expected that the resulting constructs/factors would demonstrate strong to moderate relations with

one another, reflecting that they assess distinct, but related aspects of affiliate stigma experiences. The internal consistency reliability of LGB-ASM factor/subscale items was evaluated and Cronbach's alpha values of at least .70 were expected.

3. In support of convergent validity, LGB-ASM scores were expected to correlate positively and significantly with stigma consciousness and expectations of public devaluation based on the minority stress theory (Meyer, 2003), and experiences of shame and guilt (Corrigan & Miller, 2004).
4. Test-retest reliability was also assessed. Scores were expected to not differ significantly over the two to three week time period. Additionally, as a preliminary examination of the minority stress framework, the links of LGB-ASM scores with psychological distress were explored.

Chapter 3

Method

Participants

Data from 572 participants was collected in three phases for the present study.

Phase one. Data from 267 participants was collected. Participants ranged in age from 19 to 82 years old ($M = 37.9$, $SD = 14.5$, $Mdn = 33$). Approximately 84% of the sample identified as White, 4% as Asian American, 4% as multi-racial, 3% as African American or Black, 2% as Hispanic or Latino, and 3% identified as other races or ethnicities. About 81% of the participants identified as women, 16% as men, and 4% identified with another gender (i.e. androgynous or genderqueer). Approximately 47% of participants had a graduate or professional degree, 30% had a college degree, 18% had completed some college, and 4% attained a high school degree. Participants came from various religious/spiritual backgrounds, approximately 33% identified as Christian, 30% identified as Atheist/Agnostic, 20% identified as spiritual but not religious, and 17% identified with other backgrounds (i.e., spiritual, Buddhist, Jewish, Muslim). Information about the LGB person in the participant's life was also gathered. In terms of relationship to the LGB person, approximately 44% identified as a close friend, 22% as a parent, 19% as a sibling, 8% as another blood relative, and 7% identified as other (i.e., adopted son, spouse, in-law). Additionally, participants reported the sexual orientation of the LGB individual and approximately 91% identified as gay or lesbian, 8% as bisexual, and 1% as other (i.e., mostly heterosexual). Finally, respondents were asked to identify how involved they were in LGB ally groups such as PFLAG, approximately 34% responded *not at all*, 22% responded *very little*, 21% responded *moderately*, 15% responded *quite a bit*, and only 7% responded *extremely*.

Phase two. Data from 204 participants was collected. Participants ranged in age from 19 to 82 years old ($M = 50.5$, $SD = 13.9.5$, $Mdn = 33$). Approximately 78% of the sample identified as White, 6% as African American or Black, 5% as Hispanic or Latino, 4% as Asian American, 3% as multi-racial, and 3% identified as other races or ethnicities. About 80% of the participants identified as women and 20% as men. Approximately 35% of participants had a graduate or professional degree, 38% had a college degree, 24% had completed some college, and 3% attained a high school degree. Participants came from various religious/spiritual backgrounds, approximately 38% identified as Christian, 32% identified as Atheist/Agnostic, 17% identified as spiritual but not religious, and 13% identified with other backgrounds (i.e., spiritual, Buddhist, Jewish, Muslim). Information about the LGB person in the participant's life was also gathered. In terms of relationship to the LGB person, approximately 42% identified as a close friend, 22% as a parent, 24% as a sibling, 7% as another blood relative, and 5% identified as other (i.e., adopted son, spouse, in-law). Participants further reported the sexual orientation of the LGB individual, approximately 90% identified as gay or lesbian, 7% as bisexual, and 3% as other (i.e., mostly heterosexual). Finally, respondents were asked to identify how involved they were in LGB ally groups such as PFLAG, approximately 38% responded *not at all*, 21% responded *very little*, 18% responded *moderately*, 13% responded *quite a bit*, and only 8% responded *extremely*.

Phase three. Data from 101 participants was collected. Participants ranged in age from 18 to 80 years old ($M = 49.0$, $SD = 13.5$, $Mdn = 36$). Approximately 85% of the sample identified as White, 4% as African American or Black, 4% as Hispanic or Latino, 3% multiracial, 1% as Asian American, and 1% identified as other races or ethnicities. About 70% of the participants identified as women, 29% as men, and 1% identified with another gender (i.e., androgynous or genderqueer). Approximately 38% of participants had a graduate or professional

degree, 37% had a college degree, 21% had completed some college, and 4% attained a high school degree. Participants came from various religious/spiritual backgrounds, approximately 35% identified as Christian, 26% identified as Atheist/Agnostic, 10% identified as spiritual but not religious, 12% identified as Jewish, and 17% identified with other backgrounds (i.e., spiritual, Buddhist, Muslim). Information about the LGB person in the participant's life was also gathered. In terms of relationship to the LGB person, approximately 33% identified as a close friend, 27% as a parent, 21% as a sibling, 7% as another blood relative, 8% identified as other (i.e., spouse, in-law), and 3% identified as a child of an LGB parent. Participants also reported the sexual orientation of the LGB individual, approximately 94% identified as gay or lesbian, and 5% as bisexual. Finally, respondents were asked to identify how involved they were in LGB ally groups such as PFLAG, approximately 50% responded *not at all*, 17% responded *very little*, 17% responded *moderately*, 9% responded *quite a bit*, and only 7% responded *extremely*.

Test-retest analyses were conducted with a subset of 61 participants from the third phase of data collection who consented to participate in a brief follow up survey. Participants ranged in age from 18 to 80 years old ($M = 41.8$, $SD = 14.3$, $Mdn = 36$). Approximately 93% of the sample identified as White, 3% as African American or Black, and 3% as Hispanic or Latino. About 75% of the participants identified as women and 25% as men. Approximately 39% of participants had a graduate or professional degree, 33% had a college degree, 25% had completed some college, and 3% attained a high school degree. Participants came from various religious/spiritual backgrounds, approximately 31% identified as Christian, 28% identified as Atheist/Agnostic, 21% identified as spiritual but not religious, 12% identified as Jewish, and 8% identified with other backgrounds (i.e., spiritual, Buddhist, Muslim). Information about the LGB person in the participant's life was also gathered. In terms of relationship to the LGB person,

approximately 31% identified as a close friend, 28% as a parent, 23% as a sibling, 5% as another blood relative, 9% identified as other (i.e., spouse, in-law), and 3% identified as a child of an LGB parent. Participants also reported the sexual orientation of the LGB individual, approximately 93% identified as gay or lesbian, and 7% as bisexual. Finally, respondents were asked to identify how involved they were in LGB ally groups such as PFLAG, approximately 53% responded *not at all*, 15% responded *very little*, 18% responded *moderately*, 8% responded *quite a bit*, and only 7% responded *extremely*.

Procedure

As discussed above, participants were gathered in three phases, the procedure for each phase of data collection was as follows. Participants were recruited using online resources such as social media sites, electronic mailing lists, discussion boards, and virtual communities specifically for heterosexual parents, allies, and other individuals connected to LGB ally communities. Online sites and mailing lists offering support and advice for family members and close friends of LGB individuals were also a primary target of recruitment efforts. Once recruited, participants were directed to an online survey that began with an informed consent page, asking them to verify that they were over 18 years of age, identified as heterosexual, had a family member or close friend who is LGB, and resided in the United States. If they agreed to participate after reading the informed consent, participants were prompted to complete the instruments described below.

In phase three of data collection, if they consented to a brief follow-up study, participants were informed that they would be contacted to respond to a second part of the study in two to three weeks after completing part one. Participants were asked to create a unique code including the city they were born in, their favorite color, and the day of the month they were born on. For

example, someone born in Brooklyn on the 15th day of the month whose favorite color is blue entered “BrooklynBlue15.” Emails were also requested. A link to the second part of the study was sent to participants two to three weeks after they completed part one and entered their unique code. Prior to starting the second survey, participants re-entered their unique code so that their responses could be linked anonymously for test-retest analyses.

The Internet has proven to be an effective modality for gathering survey data from underrepresented or stigmatized groups such as LGB individuals, their family members, and close friends. The Internet allows for a level of anonymity that makes it a useful tool for recruiting participants that may feel stigmatized (Mustanski, 2001). Additionally, research suggests that using online data collection methods do not impact responses when compared to pen and paper methods and online data collection has the added benefit of being more cost effective (Gosling, Vazire, Srivastava, & John, 2004; Hiskey & Troop, 2002).

Steps were taken to limit threats to validity throughout the data collection procedure (e.g., LGB individuals filling out the survey instead of their heterosexual family members or close friends) by distributing the survey link primarily to groups or networks that are designed for non-LGB affiliates (e.g., religious groups, fan pages for sports, craigslist). To the extent possible, recruitment did *not* take place on sites explicitly catering to LGB identified individuals. Additionally, validity questions (e.g., Please select “strongly agree”) were included in each of the scales to ensure that participants were attentively responding to the survey questions.

Measures

The following instruments were used in the present study.

Development of the LGB affiliate stigma measure (LGB-ASM). A pool of items was developed to assess the stigma experienced by family members and close friends of individuals

identifying as LGB. This item pool was informed by extant literature on courtesy or affiliate stigma experienced by family members or associates of stigmatized individuals including empirical articles describing the courtesy or affiliate stigma of family members of an individual with serious mental illness such as schizophrenia or with a HIV/AIDS positive status (Corrigan & Miller, 2004; Corrigan et al., 2006; Struening et al., 2001). Item development was further informed by theoretical and empirical scholarship describing courtesy or affiliate stigma among family members and close friends of LGB individuals, their reactions to someone coming out as LGB, and their adjustment to having a family member or close friend who is LGB (e.g., Goodrich & Gilbride, 2010; LaSala, 2010; Phillips & Ancis, 2008; Willoughby, Doty, & Malik, 2008). Items were developed to capture the themes that emerged from this literature.

When the initial item development was complete, four stigma research experts assessed content validity. These four experts reviewed the item pool and provided feedback about item clarity, content validity, and suggestions for expansion and deletion of items. Additionally, the expert reviews provided feedback on the 7-point Likert-type scale used. Based on this expert feedback, the LGB-ASM items were modified and revised. Following the revisions suggested by the expert reviewers, the measure was reevaluated by six individuals who self-identified as family members or close friends of an LGB individual, and provided feedback regarding item clarity, measure length, and perceived relevance of the items to their personal experiences. Based on their feedback, further revisions were made to LGB-ASM. After these modifications, the final measure consisted of 48 items assessing the experiences of stigmatization of family members and close friends of LGB individuals.

Respondents were asked to rate their level of agreement with a number of statements reflecting an experience of stigma (e.g., I feel embarrassed that I have a family member or close

friend who is LGB). Level of agreement was measured by a 6-point Likert-type scale (ranging from 1 = “strongly disagree” to 6 = “strongly agree”). Participants had the option of selecting “not applicable” for items that did not pertain to them. Item scores for the LGB-ASM were totaled and averaged such that higher scores reflected greater experience of affiliate stigma. Items where “not applicable” was selected are not included in the averages. Cronbach’s alpha coefficients for each phase of data collection are reported in Tables 5-7. Cronbach’s alpha coefficients ranged from .84 to .93 across full scales and subscales. In addition, participants completed the following measures to evaluate discriminant and convergent validity of LGB-ASM scores.

Socially desirable responding. The Impression Management (IM) subscale of the Balanced Inventory of Desirable Responding (BIDR; Paulhus & Reid, 1991) was used to assess socially desirable responding among participants. For example, participants were asked to respond to, “I never cover up my mistakes.” IM items were rated on a 7-point Likert-type scale (ranging from 1 = “not true” to 7 = “very true”). Certain items were reversed scored and total scores were generated. Higher scores indicated the participant is exaggerating their desirability through their responses. The items on the IM have yielded Cronbach’s alpha coefficients of .75 to .86 (Worthington, Dillon, & Becker-Schutte, 2005). Additionally, IM scores have demonstrated convergent validity through high correlations ranging from .71 to .80 with other measures of social desirability (Worthington et al., 2005). Cronbach’s alpha coefficient for this sample was .77.

Stigma consciousness. A modified version of the Stigma Consciousness Questionnaire for Gay Men and Lesbians (SCQ, Pinel, 1999) was used to assess respondents’ awareness of stigmatization of family members and close friends of LGB individuals and provide a concurrent

validity check. An example of an original item asked participants to rate their level of agreement with “My being homosexual does not influence how people act with me.” This item was modified such that participants will be asked to rate their level of agreement with “My being a family member or close friend to an LGB individual does not influence how people act with me.” Respondents rated their level of agreement on a 7-point Likert-type scale (0 = “strongly disagree” to 6 = “strongly agree”). Items demonstrating lower awareness of stigmatization were reverse scored such that higher scores were related to increased awareness of stigma. Ample evidence supports the reliability and structural validity of the measure. Pinel (1999) reported that Cronbach’s alphas for the original SCQ of .72 and .74 and for gay men and lesbians the alpha was .81. The same author demonstrated the concurrent and discriminant validity for the original and modified versions of the SCQ. Cronbach’s alpha coefficient for this sample was .71.

Awareness of public devaluation. A modified version of the Collective Self-Esteem Scale (CSES; Luhtanen & Crocker, 1992) was used to assess respondents’ awareness of societal attitudes toward their group (in this case, the group being affiliates of LGB individuals) and provide a check of concurrent validity. An example of an original item asked participants to rate their level of agreement with “In general, others respect the social groups that I am a member of.” This item was modified such that participants will be asked to rate their level of agreement with “In general, others respect family members and close friends of LGB individuals.” Respondents were asked to rate their level of agreement on a 7-point Likert-type scale (1 = “strongly disagree” to 7 = “strongly agree”). Items demonstrating positive feelings toward one’s social group were reverse scored such that higher scores related to lower levels of collective self-esteem (increased awareness of stigma). Ample evidence supports the reliability and structural validity of the measure. Luhtanen and Crocker (1992) reported that Cronbach’s alpha for the full

scale CSES was .88. They modified the scale to reflect different groups as in the present study and found that the reliabilities remained consistent. The same authors demonstrated the concurrent validity for the original and modified versions of the CSES. Cronbach's alpha coefficient for this sample was .76.

Shame and guilt. The Test of Self-Conscious Affect-3 (TOSCA-3, Tangney, 1990; Tangney & Dearing, 2002) was used to assess the experience of shame and guilt and provide check of concurrent validity. Respondents were asked to respond to 16 scenarios such as "You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up" and then select the likelihood of reacting in certain ways such as "You'd think you should make it up to your friend as soon as possible" by using a 5-point Likert-style scale (1 = "not likely" to 5 = "very likely"). Items were summed and averaged for each of the subscales which include "guilt-proneness," "shame-proneness," "proneness to externalization," and "proneness to unconcern" (Fontaine, Luyten, DeBoeck, & Corveleyn, 2001). The guilt and shame subscales were of interest in the present study and higher scores for each represented greater proneness to guilt and shame respectively. Tangney and Dearing (2002) demonstrated that the TOSCA-3 clearly differentiates between shame and guilt and measures the two constructs independently. Further, the TOSCA-3 has demonstrated adequate reliability, .85 for the shame scale and .74 for the guilt scale (Tangney & Dearing, 2002). The Cronbach's alpha coefficient for shame in this sample was .85 and for guilt was .77.

Psychological symptomatology. The Hopkins Symptom Checklist (HSCL-21, Green, Walkey, McCormick, & Taylor, 1988) is an abbreviated version of the HSCL-90 (Derogatis, Lipman, Rickels, Uhlenhuth, & Covi, 1974). This measure was used for an initial exploration of the minority stress model by assessing overall psychological symptomatology. Respondents were

asked to indicate how often they have experienced each symptom during the past week, for example “feeling lonely” using a 4-point Likert-type scale where 1 = “not at all” and 4 = “extremely.” Item scores were averaged such that higher total scores are related to higher levels of overall psychological distress. The HSCL-21 assesses multiple dimensions of distress including somatization, performance difficulty, and general distress. The HSCL-21 has demonstrated strong structural and construct validity through correlations with other measures of distress (Deane, Leathem, & Spicer, 1992). Additionally, the HSCL-21 has demonstrated adequate concurrent validity with the State Trait Anxiety Inventory and Brief Hopkins Psychiatric Rating Scale (Donatelli, 2010). Internal consistency checks have yielded Cronbach’s alphas of .90 (Green et al., 1988) and .89 (Deane et al., 1992). Cronbach’s alpha coefficient for this sample was .86.

Demographics questionnaire. For each phase of data collection, participants were asked to identify their age, gender, ethnicity, relationship to their LGB family member or close friend, social class status, level of education, political affiliation, religious or spiritual identification, region of the United States in which they reside, and other demographic information.

Chapter 4

Results

Exploratory Factor Analysis

Exploratory factor analysis was conducted using SPSS 20.0 with data from the 268 participants described above in Phase 1. Best practices indicate samples sizes with 150-200 participants or four participants for every item in factor analysis are adequate for the analyses run (Gorsuch, 1983; Worthington & Whittaker, 2006). The LGB-ASM data was determined to be approximately multivariate normal and appropriate for factor analysis based on Kaiser–Meyer–Olkin values above .90 (LGB-ASM: .89; Tabachnick & Fidell, 2001) and significant Bartlett’s tests of sphericity: LGB-ASM: $X^2(1128, N = 268) = 9,099.05, p < .001$ (George & Mallery, 2009; Tabachnick & Fidell, 2001).

According to Worthington and Whittaker (2006) there are two widely used extraction methods in EFA including principal-components analysis (PCA) and common-factors analysis (FA); due to the fact that PCA may overestimate factor loadings, principal axis factoring (PAF), a form of FA was used for the present study (Worthington & Whittaker, 2006). Factor retention was determined by referring to scree plots, examining eigenvalues, and considering the interpretability of factors. Based on prior recommendations, factors with eigenvalues of less than one and factors that had fewer than three items were not considered further (Kaiser, 1958; Tabachnick & Fidell, 2001). Examination of the scree plot for the LGB-ASM data suggested consideration of five-, four-, three-, and two-factor solutions. While both orthogonal (i.e., varimax) and oblique (i.e., promax) rotations were run to determine factor loading, only results from the oblique rotation were reported due to the fact that items on the LGB-ASM were found to be correlated suggesting an orthogonal rotation could overestimate the loadings (Loehlin,

1998).

The five-factor solution resulted in the fifth factor having fewer than three items and was removed from consideration. Examination of the four-, three-, and two-factor solutions revealed that for each solution public and vicarious affiliate stigma items never overlapped. The two-factor solution split the vicarious and public affiliate stigma items as hypothesized. The three-factor solution kept all of the vicarious affiliate stigma items on one factor and divided the public affiliate stigma items into two separate factors. Similarly, the four-factor model kept all of the vicarious affiliate stigma items together but divided the public affiliate stigma items into three separate factors. While selection of any of these solutions was psychometrically sound, the four-factor model was ultimately selected due to interpretability based on the literature. Specifically, the four-factor model yielded factors elucidated in the literature such that one factor was dedicated to vicarious stigma and three factors were dedicated to public stigma including: public affiliate stigma associated with experiences at work and school, public affiliate stigma associated with experiencing shame or blame, and public affiliate stigma associated with experiences with religious or spiritual communities. For the LGB-ASM data and the four-factor solution described above, the Vicarious Affiliate Stigma factor accounted for 26.8% of variance, the Public Work/School Affiliate Stigma factor accounted for 10.7% of additional variance, the Public Religious/Spiritual Affiliate Stigma factor accounted for 8.4% of additional variance, and the Public Shame/Blame Affiliate Stigma factor accounted for 5.1% of additional variance.

Following selection of the four-factor solution, item retention for the LGB-ASM was determined based on the magnitude of factor loadings and cross-loadings. Items were removed based on recommendations by Kahn (2006) who suggests removing items with a factor loading less than .50 and a relative discrepancy between the factor loading and cross-loading of less than

.15 to promote specificity and stability of factors. Many of the factor loadings and cross-loadings for the LGB-ASM exceeded these recommendations, so items with a factor loading of less than .60 were removed. To further optimize measure length, items that were conceptually redundant were also removed. For example “I worry about being rejected by work/school colleagues if they find out that my family member or close friend is LGB” was retained in lieu of “I am very careful which work/school colleagues I tell about my family member or close friend being LGB” because of lower factor loadings. A total of 18 items were removed based on the criteria described above, resulting in a 30-item measure. Factor loadings and cross-loadings for the 30 retained items are reported in Table 1.

Table 1

Principal Axis Factor Analysis Loadings for Retained LGB-ASM Items

Item Content by Factor	Factor Loading			
	1	2	3	4
Factor 1: Vicarious Affiliate Stigma				
I worry that my LGB family member or close friend might experience emotional pain from being stigmatized. (45)	.81	.09	.05	.02
I worry my family member or close friend may be verbally harassed if others learn they are LGB. (32)	.73	.18	.12	-.06
I worry my family member or close friend may be rejected for being LGB. (13)	.70	.12	.04	.24
I worry the stigma my LGB family member or close friend faces will affect their physical health. (25)	.67	.10	.03	.23
I worry that my family member or close friend might receive negative attention for being LGB. (43)	.67	.08	.10	-.05
Because of discrimination, I worry my LGB family member or close friend will not be as successful. (36)	.67	.23	.02	.15
I worry that my family member or close friend might be physically harmed for being LGB. (46)	.67	.16	.08	-.15
Because of the stigma faced by my LGB family member or close friend, I worry they may have mental health problems. (21)	.67	.07	.10	.26
I am concerned my family member or close friend may not live a happy life because of the stigma they face due to being LGB. (9)	.65	.07	.02	.31
Because society looks down on my family member or close friend for being LGB, I worry they may have low self-esteem. (3)	.64	.03	-.08	.18
It bothers me that many things will be harder in life for my family member or close friend because they are LGB. (40)	.63	.10	.12	-.05
I am worried my family member or close friend may not make friends because they are stigmatized for being LGB. (35)	.61	.22	.04	.24
I worry my family member or close friend will be held back at work/school because others in charge hold negative views of LGB individuals. (19)	.61	.20	.04	.22
It bothers me that my family member or close friend might feel ashamed because they are aware that others think being LGB is wrong. (17)	.54	.06	.08	.10

Note: Numbers within parentheses following each statement denote the original item number.

Table 1 continued

Principal Axis Factor Analysis Loadings for Retained LGB-ASM Items

Item Content by Factor	Factor Loading			
	1	2	3	4
Factor 2: Public Work/School Affiliate Stigma				
People at work/school would look down on me if they knew my family member or close friend is LGB. (34)	.10	.93	-.01	.09
Work/school colleagues' attitudes towards me may turn sour if they find out my family member or close friend is LGB. (44)	.10	.92	.02	.11
People at work/school would avoid me if they knew my family member or close friend is LGB. (8)	.04	.83	.01	.10
I worry about being rejected by work/school colleagues if they find out that my family member or close friend is LGB. (23)	.04	.82	.08	.20
Work/school colleagues may discriminate against me because I have a family member or close friend who is LGB. (10)	.13	.82	.04	.08
Telling work/school colleagues my family member or close friend is LGB is risky. (39)	.22	.72	.10	.24
Factor 3: Public Religious/Spiritual Affiliate Stigma				
People in my religious/spiritual community would grow more distant if they knew my family member or close friend is LGB. (48)	.12	.11	.94	-.02
People in my religious/spiritual community would avoid me if they knew my family member or close friend is LGB. (33)	.10	.12	.92	-.05
I worry about being rejected if people in my religious/spiritual community find out that my family member or close friend is LGB. (27)	.04	.08	.88	.03
People from my religious/spiritual community may discriminate against me because I have a family member or close friend who is LGB. (22)	.16	.07	.87	.00
I am very careful who in my religious/spiritual community I tell about my family member or close friend being LGB. (4)	.04	.09	.79	.17
Factor 4: Public Shame/Blame Affiliate Stigma				
I feel embarrassed that I have a family member or close friend who is LGB. (24)	-.01	.11	.05	.59
I feel worse about myself because my family member or close friend is LGB. (5)	.14	.01	-.04	.59
I feel judged as a failure by society because my family member or close friend is LGB. (7)	.07	.20	-.02	.57
I feel shame for my family member or close friend being LGB. (31)	.04	.07	-.10	.56
Having a family member or close friend who is LGB impacts me negatively. (18)	.11	.17	.03	.55

Note: Numbers within parentheses following each statement denote the original item number. Correlations between subscales: Factor 1 & 2 = .38, Factor 1 & 3 = .48, Factor 1 & 4 = .25, Factor 2 & 3 = .47, Factor 2 & 4 = .43, and Factor 3 & 4 = .33. Variance accounted for in model: Factor 1 = 26.8%, Factor 2 = 10.7%, Factor 3 = 8.4%, and Factor 4 = 5.1%.

The 30-item LGB-ASM was then sent out for Phase 2 of data collection employing the same procedures described above. The same guidelines for determining sample size were employed. Specifically, that sample sizes with 150-200 participants or four participants for every item in factor analysis are adequate for the analyses run (Gorsuch, 1983; Worthington & Whittaker, 2006). Phase 2 of data collection was intended to be analyzed using confirmatory factor analysis. However, throughout the Phase 2 of data collection participants provided feedback via email that the measure seemed overly redundant. Specifically, numerous participants commented that the measure was too long and that many of the items seemed to be asking the same question. Confirmatory factor analysis with the 204 participants garnered in Phase 2 reinforced participant feedback and indicated poor model fit due to many of the items being highly correlated $\chi^2(399, N = 204) = 955.60, p < .001, CFI = .851, SRMR = .08, RMSEA = .08$. Even after allowing numerous error terms to correlate, the 30-item, four-factor model did not reach acceptable fit. Given the feedback from participants and poor model fit, a second EFA was performed.

Thus, a second exploratory factor analysis was conducted using SPSS 20.0 with data from the Phase 2 of data collection including 204 participants described above. The 30-item LGB-ASM data was determined to be approximately multivariate normal and appropriate for factor analysis based on Kaiser–Meyer–Olkin values above .90 (LGB-ASM: .87; Tabachnick & Fidell, 2001) and significant Bartlett’s tests of sphericity: LGB-ASM: $\chi^2(435, N = 204) = 3,937.09, p < .001$ (George & Mallery, 2009; Tabachnick & Fidell, 2001).

Based on the same recommendations followed in the initial EFA, PAF was employed and factor retention was determined by referring to scree plots, eigenvalues and interpretability of factors (Worthington & Whittaker, 2006). Factors with eigenvalues less than one and factors

with less than three items were removed from consideration (Kaiser, 1958; Tabachnick & Fidell, 2001). Examination of the scree plot for the 30-item LGB-ASM data suggested consideration of four-, three-, and two-factor solutions. Once again, both orthogonal (i.e., varimax) and oblique (i.e., promax) rotations were run to determine factor loading, but only results from the oblique rotation were reported due to the fact that items on the 30-item LGB-ASM were found to be correlated (Loehlin, 1998).

As before, examination of the four-, three-, and two-factor solutions revealed that for each solution public and vicarious affiliate stigma items never overlapped, a finding that is consistent with the literature and the current study's proposed hypotheses. As in the initial EFA, the four-factor solution kept all of the vicarious affiliate stigma items together but divided the public affiliate stigma items into the same three separate factors as before. However, when considering the removal of items based on factor loadings and conceptual redundancy, the fourth factor contained less than 3 items. Therefore, the four-factor solution was removed from consideration in lieu of the three-factor solution which kept all of the vicarious affiliate stigma items on one factor and divided the public affiliate stigma items into two separate factors, experiences of discrimination/rejection and feelings of shame. The three-factor solution was selected over the two-factor solution due to interpretability of the factors based on the literature. For the 30-item LGB-ASM data and the three-factor solution the Public Discrimination/Rejection Affiliate Stigma factor accounted for 9.72% of variance, the Vicarious Affiliate Stigma factor accounted for 4.19% of additional variance, and the Public Shame Affiliate Stigma factor accounted for 2.42% of additional variance.

Following selection of the three-factor solution, item retention for the LGB-ASM was determined based on the magnitude of factor loadings and cross-loadings. Items with a factor

loading less than .50 and a relative discrepancy between the factor loading and cross-loading of less than .15 were removed to promote specificity and stability of factors (Kahn, 2006). Factor loadings were generally high so only a few of the items were removed based on this criterion. Taking into account feedback from participants about the length of the measure and item redundancy, additional items were removed to further optimize measure length. For example “I worry that my LGB family member or close friend might experience emotional pain from being stigmatized” was retained in lieu of “Because society looks down on my family member or close friend for being LGB, I worry they may have low self-esteem” due to stronger loadings. A total of 12 additional items were removed based on the criteria described above, resulting in an 18-item measure. To further justify retention of certain items over others based on conceptual grounds, modification indices were considered during confirmatory factor analysis and confirmed that items highest on the modification indices were the items removed. Factor loadings and cross-loadings for retained items on the three emergent factors are reported in Table 2.

Table 2

Principal Axis Factor Analysis Loadings for LGB-ASM Items

Item Content by Factor	Factor Loading		
	1	2	3
Factor 1: Public Discrimination/Rejection Affiliate Stigma			
I worry about being rejected if people in my religious/spiritual community find out that my family member or close friend is LGB. (27)	.88	-.19	-.15
*People in my religious/spiritual community would grow more distant if they knew my family member or close friend is LGB. (48)	.85	.10	-.48
I worry about being rejected by work/school colleagues if they find out that my family member or close friend is LGB. (23)	.74	-.08	.22
People from my religious/spiritual community may discriminate against me because I have a family member or close friend who is LGB. (22)	.67	.20	-.46
Work/school colleagues may discriminate against me because I have a family member or close friend who is LGB. (10)	.64	.07	.04
Telling work/school colleagues my family member or close friend is LGB is risky. (39)	.63	-.02	.18
*People in my religious/spiritual community would avoid me if they knew my family member or close friend is LGB. (33)	.63	.18	-.36
People at work/school would look down on me if they knew my family member or close friend is LGB. (34)	.61	-.04	.29
*I am very careful who in my religious/spiritual community I tell about my family member or close friend being LGB. (4)	.60	.02	-.12
Work/school colleagues' attitudes towards me may turn sour if they find out my family member or close friend is LGB. (44)	.55	.00	.32
*People at work/school would avoid me if they knew my family member or close friend is LGB. (8)	.54	-.02	.29

Note: Items with “*” were removed prior to CFA. Numbers within parentheses following each statement denote the original item number.

Table 2 continued
Principal Axis Factor Analysis Loadings for LGB-ASM Items

Item Content by Factor	Factor Loading		
	1	2	3
Factor 2: Vicarious Affiliate Stigma			
I worry that my LGB family member or close friend might experience emotional pain from being stigmatized. (45)	-.16	.92	-.02
I worry my family member or close friend may be verbally harassed if others learn they are LGB. (32)	-.09	.83	-.03
I worry that my family member or close friend might receive negative attention for being LGB. (43)	-.18	.80	-.05
*I worry my family member or close friend will be held back at work/school because others in charge hold negative views of LGB individuals (19)	.41	.76	.12
I worry that my family member or close friend might be physically harmed for being LGB. (46)	-.16	.76	-.05
I worry the stigma my LGB family member or close friend faces will affect their physical health. (25)	-.06	.75	.12
I worry my family member or close friend may be rejected for being LGB. (13)	.08	.73	.13
It bothers me that many things will be harder in life for my family member or close friend because they are LGB. (40)	-.06	.68	-.07
*Because society looks down on my family member or close friend for being LGB, I worry they may have low self-esteem. (3)	-.08	.68	.22
*I am concerned my family member or close friend may not live a happy life because of the stigma they face due to being LGB. (9)	-.02	.67	.21
*It bothers me that my family member or close friend might feel ashamed because they are aware others think being LGB is wrong (17)	.26	.64	.01
*Because of the stigma faced by my LGB family member or close friend, I worry they may have mental health problems. (21)	.12	.60	.12
*Because of discrimination, I worry my LGB family member or close friend will not be as successful. (36)	.12	.60	.10
*I am worried my family member or close friend may not make friends because they are stigmatized for being LGB. (35)	.20	.58	.10
Factor 3: Public Shame Affiliate Stigma			
I feel embarrassed that I have a family member or close friend who is LGB. (24)	-.08	-.01	.80
I feel shame for my family member or close friend being LGB. (31)	-.08	-.01	.74
I feel worse about myself because my family member or close friend is LGB. (5)	-.11	-.02	.70
*I feel judged as a failure by society because my family member or close friend is LGB. (7)	.06	-.02	.59
Having a family member or close friend who is LGB impacts me negatively. (18)	.30	-.08	.57

Note: Items with “*” were removed prior to CFA. Numbers within parentheses following each statement denote the original item number. Correlations between subscales: Factor 1 & 2 = .42, Factor 1 & 3 = .06, and Factor 2 & 3 = .34. Variance accounted for in model: Factor 1 = 32.4%, Factor 2 = 13.9%, and Factor 3 = 8.1%.

Confirmatory Factor Analysis

AMOS 7.0 was used to conduct a confirmatory factor analysis (CFA) of the 18 retained items with data from Phase 3 of data collection ($N = 101$ participants). Worthington and Whittaker (2006) describe that sample sizes including 4 participants for every item are adequate. Analyses were run to verify the data met guidelines for univariate and multivariate normality based on recommendations by Weston and Gore (2006). Structural equation modeling (SEM), the preferred method among researchers for conducting CFA, was used for the present study. The sample size is adequate given that some researchers recommend between 100 and 200 participants for SEM (Kline, 2005) and others have recommended between five to ten participants for each observed variable (Grimm & Yarnold, 1995) and for each parameter to be estimated (Bentler & Chou, 1987).

Overall model fit was determined using a chi-square test as well as both absolute fit and incremental fit indices. Due to problems with relying solely on the chi-square tests (Bentler & Bonett, 1980; Hu & Bentler, 1995), the absolute model fit was assessed using the root mean square error of approximation (RMSEA) as well as the standardized root mean residual (SRMR). Further, incremental model fit was determined using the comparative fit index (CFI). Acceptable fit was determined based on recommendations by Weston and Gore (2006), specifically that adequate fit included CFI values greater than .90, and RMSEA and SRMR values less than .10. Final selection of the model was determined based on these statistical criteria as well as qualitative findings and interpretability of the factors (Worthington & Whittaker, 2006).

In order to evaluate the three-factor structure with LGB-ASM data from Phase 3 of collection, the three factors were allowed to correlate and items were intended to load onto the same factors uncovered in the EFA. Results of the CFA of the 18-item LGB-ASM data

suggested the three-factor model uncovered in the EFA afforded adequate fit based on recommendations discussed above, $X^2(132, N = 101) = 234.61, p < .001, CFI = .914, SRMR = .103, RMSEA = .088, 90\% CI [.070, .106]$. All items but one loaded significantly onto the intended factors. Modification indices suggested dropping the following item, “Having a family member or close friend who is LGB impacts me negatively” resulting in improved model fit, $X^2(116, N = 101) = 206.28, p < .001, CFI = .923, SRMR = .080, RMSEA = .088, 90\% CI [.068, .108]$. For the resulting 17-item LGB-ASM, loadings for the Public Discrimination/Rejection Affiliate Stigma factor ranged from .49 to .92, loadings for the Vicarious Affiliate Stigma factor ranged from .60 to .85, and loadings for the Public Shame Affiliate Stigma factor ranged from .91 to .96. Factor loadings and uniqueness for the 17-item measure are reported in Table 3.

Table 3

Confirmatory Factor Analysis for 17 LGB-ASM Items.

Item Content by Factor	Factor Loading	Uniqueness
Factor 1: Public Discrimination/Rejection Affiliate Stigma		
Work/school colleagues' attitudes towards me may turn sour if they find out my family member or close friend is LGB. (44)	.92	.15
People at work/school would look down on me if they knew my family member or close friend is LGB. (34)	.90	.19
Telling work/school colleagues my family member or close friend is LGB is risky. (39)	.81	.34
Work/school colleagues may discriminate against me because I have a family member or close friend who is LGB. (10)	.78	.39
I worry about being rejected by work/school colleagues if they find out that my family member or close friend is LGB. (23)	.60	.64
People from my religious/spiritual community may discriminate against me because I have a family member or close friend who is LGB. (22)	.64	.59
I worry about being rejected if people in my religious/spiritual community find out that my family member or close friend is LGB. (27)	.49	.76
Factor 2: Vicarious Affiliate Stigma		
I worry that my family member or close friend might receive negative attention for being LGB. (43)	.85	.28
I worry that my LGB family member or close friend might experience emotional pain from being stigmatized. (45)	.84	.29
I worry that my family member or close friend might be physically harmed for being LGB. (46)	.74	.45
It bothers me that many things will be harder in life for my family member or close friend because they are LGB. (40)	.73	.47
I worry my family member or close friend may be verbally harassed if others learn they are LGB. (32)	.72	.48
I worry my family member or close friend may be rejected for being LGB. (13)	.65	.58
I worry the stigma my LGB family member or close friend faces will affect their physical health. (25)	.60	.64
Factor 3: Public Shame Affiliate Stigma		
I feel shame for my family member or close friend being LGB. (31)	.96	.08
I feel worse about myself because my family member or close friend is LGB. (5)	.96	.08
I feel embarrassed that I have a family member or close friend who is LGB. (24)	.91	.17

Note: SRMR=.0804; CFI=.923; RMSEA=.088. Numbers within parentheses following each statement denote the original item number. Correlations between subscales: Factor 1 & 2 = .30, Factor 1 & 3 = .05, and Factor 2 & 3 = .15.

Reliability

Internal consistency reliability for the full-scale LGB-ASM and subscales were assessed by computing Cronbach's alphas with data from each respective phase of collection (all calculated Cronbach's alphas are reported in Tables 4-6). Cronbach's alpha for the 17-item, full-scale LGB-ASM was .87 and Cronbach's alphas for the subscales of the LGB-ASM ranged from .84 to .89 (see Table 6). These values represent adequate reliability based on prior recommendations (Ponterotto & Ruckdeschel, 2007).

Discriminant and convergent validity. Bivariate correlations were computed to evaluate discriminant and convergent validity throughout each of the three phases (see Tables 4-6). In support of the discriminant validity of LGB-ASM scores, socially desirable responding was not significantly correlated with LGB-ASM full- or subscale scores (see Table 4). Convergent validity was generally supported as both stigma consciousness and awareness of public devaluation were both positively, significantly correlated with LGB-ASM full- and subscale scores (see Tables 4 and 5). Measures of guilt and shame did not correlate with LGB-ASM scores as expected. Shame and the full-scale LGB-ASM were positively, significantly correlated but no other scores were (see Table 5). Additionally, psychological distress scores did not correlate with LGB-ASM full- or subscale scores as hypothesized.

Test-retest reliability. Test-retest reliability of the 17-item LGB-ASM was evaluated with a subset of the sample from Phase 3 of data collection and included 61 participants described above. Two- to three-week test-retest reliability for the 17-item, full-scale LGB-ASM was .76, for the Public Discrimination/Rejection Affiliate Stigma subscale it was .76, for the Vicarious Affiliate Stigma subscale it was .75, and for the Public Shame Affiliate Stigma subscale it was .74.

Table 4
Bivariate correlations – Phase 1 of data collection

Variable	1	2	3	4	5	6	7
1 LGB-ASM Full Scale	--						
2 LGB-ASM Vicarious	.92***	--					
3 LGB-ASM Public WS	.64***	.38***	--				
4 LGB-ASM Public RS	.71***	.48***	.47***	--			
5 LGB-ASM Public S	.44***	.25***	.43***	.33***	--		
6 SDR	-.11	-.16	-.02	-.02	.05	--	
7 Stigma Consciousness	.45***	.40***	.31***	.33***	.17**	-.11	--
Mean	2.46	3.38	1.63	2.16	1.18	3.66	2.72
SD	.73	1.09	.82	1.05	.40	.79	.82
Possible range	1-6	1-6	1-6	1-6	1-6	1-7	0-6
α	.93	.93	.93	.85	.78	.77	.71

Note. n = 267. * $p < .05$; ** $p < .01$; *** $p < .001$. Vicarious Affiliate Stigma (LGB-ASM Vicarious), Public Work/School Affiliate Stigma (LGB-ASM Public WS), Public Religious/Spiritual Affiliate Stigma (LGB-ASM Public RS), Public Shame/Blame Affiliate Stigma (LGB-ASM Public SB), Socially Desirable Responding (SDR).

Table 5

Bivariate correlations – Phase 2 of data collection

Variable	1	2	3	4	5	6	7
1 LGB-ASM Full Scale	--						
2 LGB-ASM Vicarious	.88***	--					
3 LGB-ASM Public DR	.79***	.42***	--				
4 LGB-ASM Public S	.33***	.06	.34***	--			
5 Awareness of Devaluation	.28***	.19**	.28***	.18**	--		
6 Shame	.14*	.13	.12	-.02	-.09	--	
7 Guilt	.13	.13	.11	-.09	.07	.46***	--
Mean	2.37	3.67	1.75	1.16	5.53	2.98	4.23
SD	.66	1.15	.76	.40	.87	.72	.41
Possible range	1-6	1-6	1-6	1-6	1-7	1-5	1-5
α	.87	.89	.86	.84	.76	.85	.77

Note. n = 204. * $p < .05$; ** $p < .01$; *** $p < .001$. Vicarious Affiliate Stigma (LGB-ASM Vicarious), Public Discrimination/Rejection Affiliate Stigma (LGB-ASM Public DR), Public Shame Affiliate Stigma (LGB-ASM Public S), Collective Self-Esteem Scale (Awareness of Devaluation), Test of Self-Conscious Affect – Shame (Shame), Test of Self-Conscious Affect – Guilt (Guilt).

Table 6

Bivariate correlations – Phase 3 of data collection

Variable	1	2	3	4	5
1 LGB-ASM Full Scale	--				
2 LGB-ASM Public DR	.73***	--			
3 LGB-ASM Vicarious	.87***	.30**	--		
4 LGB-ASM Public S	.22**	.05	.15	--	
5 HSCL	.16	.17	.12	-.11	--
Mean	2.49	1.78	3.81	1.07	1.52
SD	.67	.83	1.14	.34	.35
Possible range	1-6	1-6	1-6	1-6	1-4
α	.87	.89	.86	.84	.86

Note. n = 101. * $p < .05$; ** $p < .01$; *** $p < .001$. Public Discrimination/Rejection Affiliate Stigma (LGB-ASM Public DR), Vicarious Affiliate Stigma (LGB-ASM Vicarious), Public Shame Affiliate Stigma (LGB-ASM Public S), Hopkins Symptom Checklist (HSCL).

Chapter 5

Discussion

The present study contributes to the literature about LGB affiliates by developing and psychometrically evaluating the Lesbian, Gay, Bisexual Affiliate Stigma Measure (LGB-ASM). The LGB-ASM was developed in response to a growing body of literature describing experiences of stigma among the family members and close friends of LGB individuals and the potential for deleterious mental health outcomes. Additionally, the development of the LGB-ASM is a tool that can be used in identifying and strengthening the LGB ally community, which only serves to support the well-being of the LGB community. Guidelines outlined in the literature by Worthington and Whittaker (2006) were followed to develop and psychometrically evaluate the LGB-ASM for structural stability, internal consistency, test-retest reliability, and discriminant and convergent validity. Findings support that the data yielded by the LGB-ASM was stable, consistent, reliable, and a valid measure of LGB affiliate stigma. Therefore, the present study puts forth the LGB-ASM as a resource for future research as well an avenue for providing relevant services such as referrals for therapy or support group to the family members and close friends of LGB individuals (LGB affiliates). Drawing from available literature (e.g., Corrigan & Miller, 2004; LaSala, 2010), it was hypothesized that participants would endorse at least two dimensions of stigma—vicarious and public affiliate stigma—and that each of these dimensions would comprise a separate factor in the final LGB-ASM. As defined previously, vicarious stigma is characterized by the care, concern, and suffering experienced by heterosexual affiliates who see an LGB individual affected by prejudice and discrimination (Corrigan & Miller, 2004; LaSala, 2010). Public affiliate stigma is characterized by the affiliate's direct experiences of discrimination, rejection, and shame due to others attributing blame to the affiliate

for an LGB individual's sexual orientation (Conley, 2011; Corrigan & Miller, 2004; Corrigan, Miller, & Watson, 2006; LaSala, 2010). While the hypothesized two-factor model was supported through exploratory factor analyses, closer examination of the model suggested that public stigma affiliate stigma was comprised of two related, yet distinct dimensions (public discrimination/rejection affiliate stigma and public shame affiliate stigma). Considering this, a three-factor model was selected for both statistical and theoretical reasons; the dimensions captured by this model were: (a) public discrimination/rejection affiliate stigma, (b) vicarious affiliate stigma, and (c) public shame affiliate stigma. This model is consistent with prior literature that suggests targets of affiliate stigma may experience both discrimination/rejection from communities they are involved in and negative feelings such as shame or guilt. As such, it made sense from a theoretical standpoint to select the three-factor model so that users of the LGB-ASM would have a clearer understanding of the public affiliate stigma experienced, giving them the opportunity to provide appropriate referrals for services. For example, if a participant scored highly on the public discrimination/rejection affiliate stigma subscale but less highly on the public shame affiliate stigma subscale, a clinician might provide referrals to LGB affirming groups such as PFLAG or LGB affirming religious/spiritual organizations. A participant who is already well-connected but experiences feelings of shame might benefit more from a referral for individual therapy or a support group where these feelings could be processed and explored. Similarly, including the three-factors is a benefit to researchers using the LGB-ASM because it allows them to run analyses with separate factors or the full-scale. The structure of the three-factor model was further supported in confirmatory factor analyses using a separate sample of participants.

In addition to the psychometrically sound properties of the LGB-ASM uncovered in both

EFA and CFA, evidence for the reliability and validity of the measure was also elicited. According to Ponterotto & Ruckdeschel's (2007) recommendations for interpreting Cronbach's alphas, the LGB-ASM full- and subscale items were consistently in the excellent range for each phase of data collection. Additionally, the test-retest reliability analyses of the LGB-ASM after a 2- to 3- week period produced Cronbach's alphas ranging from .74 to .76, well above the .70 cutoff. As hypothesized, the LGB-ASM was not significantly correlated with socially desirable responding providing evidence for divergent validity. This finding supports that participants responded to items truthfully, without positive impression management. The convergent validity of the LGB-ASM was supported by significant positive correlations with both stigma consciousness and awareness of public devaluation. Generally, the LGB-ASM produced stronger correlations with stigma consciousness than with awareness of public devaluation. This is likely the case because both stigma consciousness and the LGB-ASM ask direct questions about being stigmatized as opposed to awareness of public devaluation which asks how respondents feel about the group they belong to (LGB affiliates in the present study).

To further verify convergent validity, the present study explored variables found to correlate with affiliate stigma in prior literature with other populations. Specifically, qualitative and quantitative findings suggest that affiliate stigma is related to the experience of guilt and shame for parents of mentally ill children (Corrigan & Miller, 2004). It was expected that participants in the present study who endorsed higher levels of LGB affiliate stigma would also endorse higher levels of guilt and shame. However, such predicted relations were not supported by the data. Only shame was significantly correlated to the full scale LGB-ASM (refer to Table 6). There are several possibilities as to why these variables did not correlate with the LGB-ASM as expected including differences between affiliates of LGB individuals and affiliates of mentally

ill individuals as well as potential issues with the measures chosen to assess guilt and shame.

Previous research on the shame and guilt experienced by those who affiliate with a stigmatized individual has focused on those genetically linked to the stigmatized individual (i.e., parents). Additionally the stigmatized characteristic is frequently known to have genetic or biological underpinnings (i.e., severe mental illness or developmental disorders). Findings suggest that guilt and shame emerge because the parent feels they are to blame for the mental illness because it was their genetic material that created the child and contributed to the stigmatized characteristic (Corrigan & Miller, 2004). In the present study, the stigmatized characteristic that participants were affiliated with is sexual orientation but unlike research on mental illness, there is no support for the notion that parents *cause* the sexual orientation of their children. In fact, there is little consensus as to what leads to the sexual orientation of an individual and many suggest it is a combination of both genetic factors and sociological factors. Therefore, many of the participants who reported higher levels of LGB-affiliate stigma may not have endorsed higher levels of shame or guilt because they do not see the sexual orientation of the stigmatized individual as resulting from something they did to cause it. This, in combination with the fact that a majority of participants in the current study were not parents of the LGB individual and therefore did not contribute to their genetic makeup, is a likely reason these variables did not work out as expected.

For the same reason, it is not surprising that shame was correlated with the LGB-ASM but guilt was not. Tangney (1991) explains that shame and guilt are distinct emotions and have different implications for responding to distressing situations. Specifically, the experience of guilt results when self-blame for a situation (in this case having a child who is LGB) causes someone to feel responsible (Tangney, Niedenthal, & Covert, 1998). As noted before, it is

generally understood that parents and other LGB affiliates are not responsible for “causing” the sexual orientation of the LGB individual and the results of the present study are consistent with this notion. Still, participants may experience feelings of shame because of societal attitudes and heteronormativity.

Additionally, the measure used to assess guilt and shame in the present study ask participants to respond to obscure situations to see if a participant typically chooses a course of action demonstrating guilt or shame. These situations do not pertain to affiliating with an LGB individual and may have seemed irrelevant to participants. For example one of the items states: “You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.” Participants were then asked to rate how likely they would take the following possible courses of action from not likely to very likely: (a) you would think your boss should have been clearer about what was expected of you, (b) you would feel like you wanted to hide, (c) you would think: “I should have recognized the problem and done a better job,” (d) you would think: “Well, nobody’s perfect.” For this item, participants who selected very likely for option (b) demonstrated shame and those who selected very likely for option (c) demonstrated guilt. Qualitative findings do suggest that LGB affiliates are prone to experience guilt and shame (LaSala, 2010), however it could be that the measures used to assess these variables in the current study did not adequately capture these experiences.

Regarding other hypotheses, it was expected that scores on the LGB-ASM would correlate with psychological distress such that participants experiencing higher levels of affiliate stigma would also endorse higher levels of distress. Even though prior -- primarily qualitative -- data suggests this to be the case, the current study did not support this finding. There are numerous reasons psychological distress and LGB-ASM scores may not have correlated as

expected including potential problems with the scale used, the unique experiences of LGB affiliates, and small sample size.

The 21-item Hopkins Symptom Checklist (Green et al., 1988) was used to assess psychological distress. The measure asks respondents to rate how much a number of problems have bothered or distressed them in the past week. Problems range from feeling blue or lonely to experiencing numbness or tingling in parts of the body. While this measure has been used widely to assess acute psychological distress, it may not have been relevant for a large portion of participants in the present study. While a number of participants indicated experiences of affiliate stigma, it is likely the case that they were not in acute psychological distress. More specifically, respondents may have experienced psychological distress similar to that assessed by the HSCL-21 immediately during or after an experience with affiliate stigma but at the time they were participating in the survey were not experiencing distress. For example, a parent of an LGB child may have endorsed a public discrimination/rejection affiliate stigma item on the LGB-ASM because their religious or spiritual community is not supportive or inclusive of their child's sexual orientation, but the feelings associated with that rejection (such as "having a lump in your throat" or "feeling blue") were not applicable feelings. Hatzenbuehler (2009) suggests that the closer the stigmatized characteristic is to an individual's identity, the more likely they are to experience stigma and psychological distress. Since the stigmatized characteristic for LGB affiliates is further removed and less internal, they may not endorse the same forms of direct psychological distress as other individuals who experience minority stress. Therefore, it is highly likely that despite the null findings in the present study, LGB affiliates do indeed experience higher levels of psychological distress. One final potential reason for the null finding is that the sample size (101 respondents) used may have limited the power of the analyses and resulted in

the non-significant findings. The expectation that higher levels of stigma are associated with greater distress is certainly supported in the qualitative literature but further research needs to be conducted to better capture the unique experiences of LGB affiliates quantitatively.

Implications for Practice

The present study offers many insights that can inform practice and future research. First, results from the present study suggest that LGB affiliates do indeed experience stigmatization and should be included in efforts to support and affirm the larger LGB community. Clinicians from various disciplines should be aware that the heterosexual clients or patients they serve who are affiliated with an LGB individual may experience stigma that complicates or exacerbates the concerns they originally sought services for. Results from the present study also suggest that clinicians should be prepared to explore experiences with both vicarious and public affiliate stigma and that LGB affiliates may present with varying levels and combinations of the two. The LGB-ASM is a tool that can be used to initiate a conversation about the unique experiences of LGB affiliates and can also help clinicians provide referrals and appropriate, individualized support. Some LGB affiliates may present primarily with experiences of public affiliate stigma because of rejection or discrimination at work, school, or within religious/spiritual communities and would benefit most from information about supportive and affirming communities as well as resources (i.e., legal information about workplace discrimination) that might help them manage or overcome their experience. Additionally, they may need direct support and the opportunity to process their thoughts and feelings about their experiences of rejection and discrimination. Other LGB affiliates may primarily experience vicarious LGB affiliate stigma and present with concerns about the well-being of the LGB individual in their life. A clinician's approach to these individuals may differ in that they may benefit more from psychoeducation and skills for

communicating their thoughts and concerns in effective ways. These skills will help open the lines of communication between the LGB individual and affiliate to provide mutual support and ideally alleviate distress.

While a good number of participants in the present study indicated participation in LGB affirming support groups and organizations such as PFLAG, a sizable portion also indicated no affiliation with LGB affirming communities. The LGB-ASM may serve as a useful screening tool for various practitioners to determine if connecting LGB affiliates with supportive communities is warranted and also to determine what sort of psychoeducation might be useful and supportive. Some LGB affiliates may not feel comfortable discussing their experiences with stigma or they may not have the language available to effectively communicate their experience. The LGB-ASM is a non-invasive way to initiate communication with individuals who may not otherwise disclose their experience. Additionally, for those LGB affiliates who may not be able to recognize the connection between their distress and experiences of stigmatization or may not have the language to effectively communicate their experiences, the LGB-ASM can provide validation and normalization. Simply having a tool focused on the experiences of LGB affiliates may validate and normalize their experiences and begin to address the fact that the literature has largely ignored the experiences of family members and close friends of LGB individuals (Conley, 2011).

Importantly, a significant amount of literature points to the experience of stigma among LGB individuals and resulting negative effects on mental health and well-being (D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Huebner, 2002; LaSala, 2010; Meyer, 2003; Vives, 2002). Providing support for LGB affiliates—the people who are best equipped and ideally positioned to support LGB individuals—provides an ideal avenue for addressing and

circumventing the harmful outcomes described in both qualitative and quantitative findings. Practitioners who are able to support LGB individuals and their affiliates increase the likelihood of improving the well-being of the larger LGB community. Promoting the well-being of LGB affiliates and connecting them with LGB affirming communities increases the number of LGB allies who are visible and willing to provide support which can only serve to strengthen the mental health and well-being of everyone involved. This notion is supported in ally development research, which suggests that the more contact affiliates have with LGB individuals and LGB allies, the more likely they are to be allies themselves (Stotzer, 2009). Additionally, (Russell, 2011) found that LGB allies involved in collective action aimed at promoting equality for sexual orientation minorities tend to have greater contact with the LGB community in addition to justice oriented attitudes and beliefs. The LGB-ASM offers a tool for developing LGB allies by identifying affiliates who need more connection with the LGB community as well as support and education regarding justice issues affecting the LGB community.

Limitations and Future Directions

There are a number of limitations that should be considered when interpreting the findings in the present study. First, participants in the present study were primarily white and tended to be women. This limits the interpretability of the results and use of LGB-ASM with more diverse samples including men and individuals from various racial and ethnic backgrounds. Focused and numerous efforts were made to recruit individuals of color as well as men including recruiting on websites and social networks frequented by these populations. Initial data collection in Phase 2 and Phase 3 focused solely on men and men of color. Despite these efforts, the sample lacked gender and racial/ethnic diversity.

Second, those who participated in the present study were affiliates of *out* LGB

individuals. This means that potential participants who have an LGB individual in their life but don't know about their sexual orientation identity were not included. It is likely that the present study did not reach the unknown affiliates who have characteristics that make LGB individuals less likely to come out to them (e.g., living in rural areas, being a man, being a racial/ethnic minority). Despite this, this limitation, participants were recruited from nearly every state in the U.S. and attempts were made to reach both men and racial/ethnic minority individuals.

Third, Internet recruitment offers many strengths for collecting data including the opportunity to collect geographically diverse information and offering a safe anonymous venue for individuals who are less comfortable disclosing personal information. Indeed, the sample in the present study included individuals from nearly every U.S. state and was further inclusive of individuals from both rural, urban, and suburban settings. However, Internet recruitment may have also limited the ability for those who do not have computer and Internet access to participate in the study. Further, a majority of participants in the present study were college educated, therefore the findings should be interpreted with caution when used with people with lower levels of education. Further research is needed to determine the replicability of the present findings with diverse samples. Additionally, future research efforts may inform practice by identifying important sociodemographic characteristics relevant to LGB affiliate stigma.

A fourth limitation in the present study is that many of the instruments used to provide support for the validity of the LGB-ASM had not been used with LGB affiliates before and required modification. This limitation is common across psychological research and despite efforts to identify and employ measures that had been used in prior research with LGB affiliates, available tools are scarce. Efforts were made to identify measures that required little or no modification (as was the case with Socially Desirable Responding) or were designed to be

modified for use with specific sub-populations (i.e., the Stigma Consciousness Questionnaire).

Given the paucity of quantitative data on LGB affiliates and the infancy of quantitative findings, a primary goal of the present study was to promote future research. Further research needs to be conducted to explore the experiences of LGB affiliates; development of measurement tools and determination of salient constructs important to this population will only serve to provide greater support for the larger LGB community. Future research should continue to identify the unique difficulties experienced by those who experience LGB affiliate stigma and elucidate the effect it has on the well-being of both the LGB individual and affiliate. Specifically, future studies may look at differences between LGB affiliates who endorse higher levels of public or vicarious affiliate stigma and work to determine the most effective ways to help them. Additionally, the null findings between the LGB-ASM and psychological distress in the present study suggest future studies should determine if other measures of psychological distress are more applicable. Future research should also continue with efforts to include diverse and representative samples, particularly among race, gender, and level of education.

As noted previously, the deleterious effects of LGB affiliate stigma remain unstudied. However affiliates of other stigmatized individuals (i.e., parents of mentally ill children) have described lower self-esteem (Markowitz, 1998; Tsang et al., 2003), withdrawal from contacts out of fear of rejection (Phelan et al., 1998; Phillips et al., 2002; Stengler-Wenzke et al., 2004), and experience overall psychological distress (Martens & Addington, 2001; Mickelson, 2001). Future work should focus on determining the specific negative outcomes experienced by LGB affiliates and the development of measurement tools to assess these effects. The present study was inclusive of all LGB affiliates (parents, siblings, extended family, and friends) but future research should explore the specific forms of affiliate stigma and related outcomes experienced

by these different groups (e.g., the parents of an LGB individual likely have different outcomes than a friend does). In addition to psychological distress, other salient variables to study may include physical health, satisfaction with life, self-esteem, vocational choices, and stress. Other opportunities for future work include exploring the LGB individual's level of outness and how it affects affiliate stigma as well as links between affiliate stigma and ally development. Creation of the LGB-ASM is a first step at addressing the unique experiences and needs of LGB affiliates. Hopefully, the LGB-ASM will promote future research aimed at advancing understanding of the experiences of LGB affiliates in order to promote their well-being and subsequently the well-being of the larger LGB community.

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APPENDIX A
LESBIAN GAY BISEXUAL AFFILIATE STIGMA MEASURE (LGB-ASM)

INSTRUCTIONS: Please indicate the extent to which you agree or disagree with the following statements using the scale below. Please respond to each item as honestly as possible. If an item does not apply to you (for example, “I am very careful who in my religious/spiritual community I tell about my family member or close friend being LGB” and you are not part of any religious or spiritual community) please select “Not Applicable.”

- 0 = Not Applicable
- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Somewhat Disagree
- 4 = Somewhat Agree
- 5 = Agree
- 6 = Strongly Agree

1. Friends and relatives would grow more distant if they knew my family member or close friend is LGB.
2. I worry about being rejected if others find out that my family member or close friend is LGB.
3. Because society looks down on my family member or close friend for being LGB, I worry they may have low self-esteem. (VS)
4. I am very careful who in my religious/spiritual community I tell about my family member or close friend being LGB.
5. I feel worse about myself because my family member or close friend is LGB.
6. I worry my family member or close friend is not emotionally strong enough to handle the stigma they may experience as a result of being LGB. (VS)
7. I feel judged as a failure by society because my family member or close friend is LGB.
8. People at work/school would avoid me if they knew my family member or close friend is LGB.
9. I am concerned my family member or close friend may not live a happy life because of the stigma they face due to being LGB. (VS)
10. Work/school colleagues may discriminate against me because I have a family member or close friend who is LGB.
11. I am very careful who I tell about my family member or close friend being LGB.
12. People would look down on me if they knew my family member or close friend is LGB.
13. I worry my family member or close friend may be rejected for being LGB. (VS)
14. I feel blamed by people around me because my family member or close friend is LGB
15. I am concerned that healthcare professionals may stigmatize my family member or close friend because they are LGB and therefore not provide sufficient healthcare. (VS)
16. I worry about being rejected if others find out that my family member or close friend is LGB.
17. It bothers me that my family member or close friend might feel ashamed because they are aware that others think being LGB is wrong. (VS)
18. Having a family member or close friend who is LGB impacts me negatively.

19. I worry my family member or close friend will be held back at work/school because others in charge hold negative views of LGB individuals. (VS)
20. I worry I may lose friends because my family member or close friend is LGB.
21. Because of the stigma faced by my LGB family member or close friend, I worry they may have mental health problems. (VS)
22. People from my religious/spiritual community may discriminate against me because I have a family member or close friend who is LGB.
23. I worry about being rejected by work/school colleagues if they find out that my family member or close friend is LGB.
24. I feel embarrassed that I have a family member or close friend who is LGB.
25. I worry the stigma my LGB family member or close friend faces will affect their physical health. (VS)
26. My reputation may be damaged because I have a family member or close friend who is LGB.
27. I worry about being rejected if people in my religious/spiritual community find out that my family member or close friend is LGB.
28. It bothers me that my family member or close friend cannot attend religious or spiritual services because they are LGB. (VS)
29. I am very careful which work/school colleagues I tell about my family member or close friend being LGB.
30. I am concerned that other family members may reject my LGB family member or close friend. (VS)
31. I feel shame for my family member or close friend being LGB.
32. I worry my family member or close friend may be verbally harassed if others learn they are LGB. (VS)
33. People in my religious/spiritual community would avoid me if they knew my family member or close friend is LGB.
34. People at work/school would look down on me if they knew my family member or close friend is LGB.
35. I am worried my family member or close friend may not make friends because they are stigmatized for being LGB. (VS)
36. Because of discrimination, I worry my LGB family member or close friend will not be as successful. (VS)
37. Other people may discriminate against me because I have a family member or close friend who is LGB.
38. Because my family member or close friend is LGB, friends and relatives do not interact with me any longer.
39. Telling work/school colleagues my family member or close friend is LGB is risky.
40. It bothers me that many things will be harder in life for my family member or close friend because they are LGB. (VS)
41. I self-blame for my family member or close friend being LGB.
42. Because I have a family member or close friend who is LGB, it would hurt me to hear my friends make fun of people who are LGB. (VS)
43. I worry that my family member or close friend might receive negative attention for being LGB. (VS)

- 44. Work/school colleagues' attitudes towards me may turn sour if they find out my family member or close friend is LGB.
- 45. I worry that my LGB family member or close friend might experience emotional pain from being stigmatized. (VS)
- 46. I worry that my family member or close friend might be physically harmed for being LGB. (VS)
- 47. Friends and relatives would stop calling me if they found out my family member or close friend is LGB.
- 48. People in my religious/spiritual community would grow more distant if they knew my family member or close friend is LGB.

APPENDIX B
BALANCED INVENTORY OF DESIRABLE RESPONDING (BIDR): IMPRESSION
MANAGEMENT (IM) SUBSCALE

INSTRUCTIONS: Using the scale below as a guide, select a number beside each statement to indicate how much you agree with it.

1 = Not true 7 = Very true
1-----7

1. I sometimes tell lies if I have to.
2. I never cover up my mistakes.
3. There have been occasions where I have taken advantage of someone.
4. I never swear.
5. I sometimes try to get even rather than forgive and forget.
6. I always obey laws, even if I'm unlikely to get caught.
7. I have said something bad about a friend behind his or her back.
8. When I hear people talking privately, I avoid listening.
9. I have received too much change from a salesperson without telling him or her.
10. I always declare everything at customs.
11. When I was young I sometimes stole things.
12. I have never dropped litter on the street as a child.
13. I sometimes drive faster than the speed limit.
14. I have never read any sexy books or magazines.
15. I have done things I don't tell other people about.
16. I never take things that don't belong to me.
17. I have taken sick-leave from work or school even though I wasn't really sick.
18. I have never damaged a library book or store merchandise without reporting it.
19. I have some pretty awful habits.
20. I don't gossip about other people's business.

APPENDIX C
STIGMA CONSCIOUSNESS QUESTIONNAIRE

INSTRUCTIONS: Please indicate the extent to which you agree or disagree with the following statements using the scale below.

0 = Strongly Disagree

1

2

3 = Neither Agree nor Disagree

4

5

6 = Strongly Agree

1. Stereotypes about family members and close friends of LGB individuals have not affected me personally. (R)
2. I never worry that my behaviors will be viewed as stereotypical of family members and close friends of LGB individuals. (R)
3. When interacting with others who know of I am a family member or close friend of an LGB individual, I feel like they interpret all my behaviors in terms of the fact that I am a family member or close friend of an LGB individual.
4. Most people do not judge family members and close friends of LGB individuals on the basis of their relationship. (R)
5. My being a family member or close friend of an LGB individual does not influence how family members and close friends of LGB individuals act with me. (R)
6. I almost never think about the fact that I am a family member or close friend of an LGB individual when I interact with others. (R)
7. My being a family member or close friend of an LGB individual does not influence how people act with me. (R)
8. Most heterosexuals have a lot more homophobic thoughts than they actually express.
9. I often think that heterosexuals are unfairly accused of being homophobic. (R)
10. Most heterosexuals have a problem viewing family members and close friends of LGB individuals as equals.

APPENDIX D
COLLECTIVE SELF-ESTEEM SCALE (CSES)

INSTRUCTIONS: We are all members of different social groups or social categories. Some of such social groups or categories pertain to gender, race, religion, nationality, ethnicity, and socioeconomic class. We would like you to consider your memberships as a **family member or close friend of an LGB individual**, and respond to the following statements on the basis of how you feel about those groups and your memberships in them. There are no right or wrong answers to any of these statements; we are interested in your honest reactions and opinions. Please read each statement carefully, and respond by using the following scale from 1 to 7:

1 = Strongly Disagree 7 = Strongly Agree
1-----7

1. I am a worthy family member or close friends of an LGB individual.
2. I often regret that I am a family member or close friend of an LGB individual.
3. Overall, family members and close friends of LGB individuals are considered good by others.
4. Overall, being a family member or close friend to an LGB individual has very little to do with how I feel about myself.
5. I feel I don't have much to offer to family members and close friends of LGB individuals.
6. In general, I'm glad to be a family member or close friend to an LGB individual.
7. Most people consider family members and close friends of LGB individuals, on the average, to be more ineffective than other social groups.
8. Being a family member or close friend to an LGB individual is an important reflection of who I am.
9. I am a cooperative participant in the group of family members and close friends of LGB individuals.
10. Overall, I often feel that family members and close friends of LGB individuals are not worthwhile.
11. In general, others respect family members and close friends of LGB individuals.
12. Being a family member or close friend of an LGB individual is unimportant to my sense of what kind of a person I am.
13. I often feel I'm a useless family member or close friend to an LGB individual.
14. I feel good about being a family member or close friend of an LGB individual.
15. In general, others think that family members and close friends of LGB individuals are unworthy.
16. In general, being a family member or close friend to an LGB individual is an important part of my self image.

APPENDIX E
TEST OF SELF-CONSCIOUS AFFECT – 3 (TOSCA-3)

INSTRUCTIONS: Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations. As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. Please rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times. Please do not skip any items—rate all responses.

1 = Not Likely 5 = Very Likely
1-----5

1. *You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up.*
 - a) You would think: "I'm inconsiderate." (1 2 3 4 5)
 - b) You would think: "Well, my friend will understand." (1 2 3 4 5)
 - c) You'd think you should make it up to your friend as soon as possible. (1 2 3 4 5)
 - d) You would think: "My boss distracted me just before lunch." (1 2 3 4 5)
2. *You break something at work and then hide it.*
 - a) You would think: "This is making me anxious. I need to either fix it or get someone else to." (1 2 3 4 5)
 - b) You think about quitting. (1 2 3 4 5)
 - c) You would think: "A lot of things aren't made very well these days." (1 2 3 4 5)
 - d) You would think: "It was only an accident." (1 2 3 4 5)
3. *You are out with friends one evening, and you're feeling especially witty and attractive. Your best friend's spouse seems to particularly enjoy your company.*
 - a) You would think: "I should have been aware of what my best friend was feeling." (1 2 3 4 5)
 - b) You would feel happy with your appearance and personality. (1 2 3 4 5)
 - c) You would feel pleased to have made such a good impression. (1 2 3 4 5)
 - d) You would think your best friend should pay attention to his/her spouse. (1 2 3 4 5)
 - e) You would probably avoid eye contact for a long time. (1 2 3 4 5)
4. *At work, you wait until the last minute to plan a project, and it turns out badly.*
 - a) You would feel incompetent. (1 2 3 4 5)
 - b) You would think: "There are never enough hours in the day." (1 2 3 4 5)
 - c) You would feel: "I deserve to be reprimanded for mismanaging the project." (1 2 3 4 5)
 - d) You would think: "What 's done is done." (1 2 3 4 5)
5. *You make a mistake at work and find out a coworker is blamed for the error.*
 - a) You would think the company did not like the coworker. (1 2 3 4 5)
 - b) You would think: "Life is not fair." (1 2 3 4 5)
 - c) You would keep quiet and avoid the coworker. (1 2 3 4 5)
 - d) You would feel unhappy and eager to correct the situation. (1 2 3 4 5)

6. *For several days you put off making a difficult phone the call. At the last minute you make the call and are able to manipulate the conversation so that it goes well.*

- a) You would think, "I guess I'm more persuasive than I thought." (1 2 3 4 5)
- b) You would regret that you put it off. (1 2 3 4 5)
- c) You would feel like a coward. (1 2 3 4 5)
- d) You would think: "I did a good job." (1 2 3 4 5)
- e) You would think you shouldn't have to make calls you feel pressured into. (1 2 3 4 5)

7. *While playing around, you throw a ball and it hits your in the face.*

- a) You would feel inadequate that you can't even throw a ball. (1 2 3 4 5)
- b) You would think maybe your friend needs more practice catching. (1 2 3 4 5)
- c) You would think: "It was just an accident." (1 2 3 4 5)
- d) You would apologize and make sure your friend feels better. (1 2 3 4 5)

8. *You have recently moved away from your family, and everyone has been very helpful. A few times you needed to borrow money, but you paid back as soon as you could.*

- a) You would feel immature. (1 2 3 4 5)
- b) You would think: "I sure ran into some bad luck." (1 2 3 4 5)
- c) You would return the favor as quickly as you could. (1 2 3 4 5)
- d) You would think: "I am a trustworthy person." (1 2 3 4 5)
- e) You would be proud that you repaid your debts. (1 2 3 4 5)

9. *You are driving down the road, and you hit a small animal.*

- a) You would think the animal shouldn't have been in the road. (1 2 3 4 5)
- b) You would think: "I'm terrible." (1 2 3 4 5)
- c) You would feel: "Well, it was an accident." (1 2 3 4 5)
- d) You'd feel bad you hadn't been more alert driving down the road. (1 2 3 4 5)

10. *You walk out of an exam thinking you did extremely well. Then you find you did poorly.*

- a) You would think: "Well, it's just a test." (1 2 3 4 5)
- b) You would think: "The instructor doesn't like me." (1 2 3 4 5)
- c) You would think: "I should have studied harder." (1 2 3 4 5)
- d) You would feel stupid. (1 2 3 4 5)

11. *You and a group of coworkers worked very hard on a project. Your boss singles you out for a bonus because the project was such a success.*

- a) You would feel the boss is rather short-sighted. (1 2 3 4 5)
- b) You would feel alone and apart from your colleagues. (1 2 3 4 5)
- c) You would feel your hard work had paid off. (1 2 3 4 5)
- d) You would feel competent and proud of yourself. (1 2 3 4 5)
- e) You would feel you should not accept it. (1 2 3 4 5)

12. *While out with a group of friends, you make fun of a friend who's not there.*

- a) You would think: It was all in fun; it's harmless. (1 2 3 4 5)
- b) You would feel small...like a rat. (1 2 3 4 5)

- c) You would think that perhaps that friend should have been there to defend him/herself. (1 2 3 4 5)
- d) You would apologize and talk about that person's good points. (1 2 3 4 5)

13. *You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.*

- a) You would think your boss should have been clearer about what was expected of you. (1 2 3 4 5)
- b) You would feel like you wanted to hide. (1 2 3 4 5)
- c) You would think: "I should have recognized the problem and done a better job." (1 2 3 4 5)
- d) You would think: "Well, nobody's perfect." (1 2 3 4 5)

14. *You volunteer to help with the local Special Olympics for handicapped children. It turns out to be frustrating and time-consuming work. You think seriously about quitting, but then you see how happy the kids are.*

- a) You would feel selfish, and you'd think you are basically lazy. (1 2 3 4 5)
- b) You would feel you were forced into doing something you did not want to do. (1 2 3 4 5)
- c) You would think: "I should be more concerned about people who are less fortunate." (1 2 3 4 5)
- d) You would feel great that you had helped others. (1 2 3 4 5)
- e) You would feel very satisfied with yourself. (1 2 3 4 5)

15. *You are taking care of your friend's dog while your friend is on vacation, and the dog runs away.*

- a) You would think, "I am responsible and incompetent." (1 2 3 4 5)
- b) You would think your friend must not take very good care of the dog or it wouldn't have run away. (1 2 3 4 5)
- c) You would vow to be more careful next time. (1 2 3 4 5)
- d) You would think your friend could just get a new dog. (1 2 3 4 5)

16. *You attend your coworker's housewarming party and you spill red wine on a new cream-colored carpet, but you think no one notices.*

- a) You think your coworker should have expected some accidents at such a big party. (1 2 3 4 5)
- b) You would stay late to help clean up the stain after the party. (1 2 3 4 5)
- c) You would wish you were anywhere but at the party. (1 2 3 4 5)
- d) You would wonder why your coworker chose to serve red wine with the new light carpet. (1 2 3 4 5)

APPENDIX F
HOPKINS SYMPTOM CHECKLIST – 21 (HSCL-21)

INSTRUCTIONS: Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, please select a number to the right that best describes HOW MUCH THAT PROBLEM HAS BOTHERED OR DISTRESSED YOU DURING THE PAST WEEK INCLUDING TODAY. Mark only one numbered space for each problem and do not skip any problems.

- 1 = Not at all
- 2 = A Little
- 3 = Quite a Bit
- 4 = Extremely

1. Difficulty in speaking when you are excited
2. Trouble remembering things
3. Worried about sloppiness or carelessness
4. Blaming yourself for things
5. Pains in the lower part of your back
6. Feeling lonely
7. Feeling blue
8. Your feelings being easily hurt
9. Feeling others do not understand you or are unsympathetic
10. Feeling that people are unfriendly or dislike you
11. Having to do things very slowly in order to be sure you are doing them right
12. Feeling inferior to others
13. Soreness of your muscles
14. Having to check and double check what you do
15. Hot or cold spells
16. Your mind going black
17. Numbness or tingling in parts of your body
18. A lump in your throat
19. Trouble concentrating
20. Weakness in parts of your body
21. Heavy feelings in your arms and legs

APPENDIX G
DEMOGRAPHIC QUESTIONNAIRE

What is your age? _____

What is your gender?

1. Man
2. Woman
3. Transman
4. Transwoman
5. Other gender

What is your relationship to your LGB family member or close friend?

1. Mother/Father
2. Brother/Sister
3. Grandparent
5. Aunt/Uncle
6. Other blood relative
7. Guardian
8. Close friend
9. Other (Please Specify):

What is the gender of your LGB family member or close friend?

1. Man
2. Woman
3. Transman
4. Transwoman
5. Other gender

Please select the BEST descriptor, to your knowledge, of the sexual orientation of your family member or close friend.

1. Exclusively gay/lesbian
2. Mostly gay/lesbian
3. Bisexual
4. Mostly heterosexual
5. Exclusively heterosexual

Use the following rating scale to indicate how open you are about your family member or close friend's sexual orientation to the people listed below. Try to respond to all of the items, but leave items blank if they do not apply to you.

1 = person *definitely does not know* about your family member or close friend's sexual orientation status.

2 = person *might know* about your family member or close friend's sexual orientation status, but it is *never talked about*.

3 = person *probably knows* about your family member or close friend's sexual orientation status, but it is *never talked about*.

4 = person *probably knows* about your family member or close friend's sexual orientation status, but it is *rarely talked about*.

5 = person *definitely knows* about your family member or close friend's sexual orientation status, but it is *rarely talked about*.

6 = person *definitely knows* about your family member or close friend's sexual orientation status, and it is *sometimes talked about*.

7 = person *definitely knows* about your family member or close friend's sexual orientation status, and it is *openly talked about*.

1-----7

1. Mother
2. Father
3. Siblings (sisters, brothers)
4. Extended family/relatives
5. New straight friends
6. Work peers
7. Work supervisors
8. Members of your religious community (e.g., church, temple)
9. Leaders of your religious community (e.g., minister, rabbi)
10. Strangers, new acquaintances

Are you affiliated with any LGB Ally groups (e.g. Parents and Friends of Lesbians and Gays, PFLAG)?

If so, please specify including your level of involvement:

Please select the highest level of education that you have completed

1. Less than High School
2. Some High School
- 3 High School Graduate
4. Some College
5. College Degree (e.g. B. A., B.S.)
6. Professional Degree (e.g., MBA, MS, Ph.D., M.D.)

Please select your current employment status

1. Employed Full Time
2. Employed Part Time
3. Not employed

Please select your yearly household income (the income of those on whom you rely financially, including yourself)

1. Below \$10,000
2. \$10,001 to \$20,000
3. \$20,001 to \$30,000
4. \$30,001 to \$40,000

5. \$40,001 to \$50,000
6. \$50,001 to \$60,000
7. \$60,001 to \$70,000
8. \$70,001 to \$80,000
9. \$80,001 to \$90,000
10. \$90,001 to \$100,000
11. \$100,001 to \$110,000
12. Above \$110,001

Please select your current social class.

1. Lower class
2. Working class
3. Middle class
4. Upper-middle class
5. Upper class

Relationship status (please select the bubble for the one best descriptor):

Single

Dating, casual

Dating, long term

Committed Partnership (non-legal)

Civil Union (legal)

Domestic Partnership (legal)

Married (legal)

Other relationship status. Please specify: _____

Please select your race/ethnicity.

1. African American/Black
2. Asian American/Pacific Islander
3. Native American/Indigenous American
4. Hispanic/Latino/a
5. Multi-racial
6. White/Caucasian
7. Other race/ethnicity (please specify): _____

What is your religious affiliation?

Buddhist (please specify further)

Christian (please specify further)

Hindu (please specify further)

Jewish (please specify further)

Muslim (please specify further)

Spiritual (please specify further)

Spiritual but not religious (please specify further)

Agnostic (please specify further)

Atheist (please specify further)

Other religion or belief system. (please specify further)

Please select the bubble for the one best descriptor:

1= not at all --TO-- 7 = extremely

How religious do you consider yourself to be?

How religious do you consider your family to be?

Would you describe the region in which you live as:

Rural

Urban

Suburban

Finally, we would like to obtain information regarding the geographic location of our sample.

This information will remain confidential. Please fill in the city and state in which you currently reside down below:

City:

State:

APPENDIX H SCREE PLOT

Exploratory Factor Analysis – Phase 1

Exploratory Factor Analysis – Phase 2

APPENDIX I INFORMED CONSENT

Teachers College, Columbia University

INFORMED CONSENT

DESCRIPTION OF THE RESEARCH: You are invited to participate in a research study with the purpose of gaining information on your experiences of having a family member or close friend who identifies as Lesbian, Gay, or Bisexual (LGB). Participation in this study is limited to individuals age 18 and older who have a family member or close friend that identifies as LGB and who reside in the U.S. Matthew Robinson, a doctoral student in the Counseling Psychology program at Teachers College Columbia University, is conducting the research.

RISKS AND BENEFITS: The risks and discomfort associated with participation in this study are similar to those involved in participating in a discussion of having a family member or close friend who is LGB. Participation is completely voluntary, and you can refuse to answer any of the questions. You may also stop taking the survey at any point. If you would like to stop taking the survey, you can choose the 'end survey' option at any time.

If you have questions or concerns related to the survey, you are encouraged to contact Matthew Robinson, the Principal Investigator of this study at 319-210-2883 or via email, matthewarobinson@gmail.com

There are no direct benefits from this study, although the information you provide may help improve researchers' understanding about the experiences of having a family member or close friend who is LGB.

DATA STORAGE TO PROTECT CONFIDENTIALITY: All survey responses will be confidential. No identifiers (e.g., name, address, email, date of birth, social security number) will be collected using the survey. Data will be saved electronically and will be encrypted and password protected. Only the primary investigator and research staff will have access to the data.

TIME INVOLVEMENT: Your participation will take approximately 15-20 minutes.

HOW WILL RESULTS BE USED: The results of the study may be presented at conferences and/or may be published in journals or articles and used for educational purposes.

APPENDIX J

RECRUITMENT MESSAGE

My name is Matthew Robinson and I am a doctoral student in the Counseling Psychology program at Teachers College, Columbia University. I am looking for individuals who would like to participate in my research study exploring the experiences of family members and close friends of Lesbian, Gay, and Bisexual (LGB) individuals. This survey should only take about 15-20 minutes of your time.

After reading, if you are willing and eligible, please click on the link provided below. Thank you in advance for your time and input. Also, I would really appreciate it if you could pass this message along to anyone else that you think may be eligible and willing to participate.

Eligibility Criteria:

*** Must be at least 18 years old.**

*** Must reside in the U.S.**

*** Must have a family member or close friend who identifies as LGB.** By "close" we mean that you are an immediate family member (brother, sister, mother, or father) OR guardian, extended family member, or friend who is significantly involved in the life of an LGB person.

If you meet the above eligibility criteria and are interested in participating, please click on the below link to take you to the survey:

Qualtrics Link

***This study has been approved by the Teachers College, Columbia University Institutional Review Board: Protocol 13-061. If you have any complaints, questions, concerns, or would like to know the results, please feel free to contact me via e-mail at matthewarobinson@gmail.com.

APPENDIX K TEST-RETEST INFORMED CONSENT

Teachers College, Columbia University

INFORMED CONSENT

DESCRIPTION OF THE RESEARCH: You are invited to participate in a research study with the purpose of gaining information on your experiences of having a family member or close friend who identifies as Lesbian, Gay, or Bisexual (LGB). Participation in this study is limited to individuals age 18 and older who have a family member or close friend that identifies as LGB and who reside in the U.S. **There are two parts to the study. You will be asked to supply your email address and create a unique passcode that only you know. A link will be sent to the email you provide 2 to 3 weeks after you complete the first questionnaire. The link will direct you to a new questionnaire and you will be asked to enter your passcode before completing the study.** Matthew Robinson, a doctoral student in the Counseling Psychology program at Teachers College Columbia University, is conducting the research.

RISKS AND BENEFITS: The risks and discomfort associated with participation in this study are similar to those involved in participating in a discussion of having a family member or close friend who is LGB. Participation is completely voluntary, and you can refuse to answer any of the questions. You may also stop taking the survey at any point. If you would like to stop taking the survey, you can choose the 'end survey' option at any time.

If you have questions or concerns related to the survey, you are encouraged to contact Matthew Robinson, the Principal Investigator of this study at 319-210-2883 or via email, matthewarobinson@gmail.com

There are no direct benefits from this study, although the information you provide may help improve researchers' understanding about the experiences of having a family member or close friend who is LGB.

DATA STORAGE TO PROTECT CONFIDENTIALITY: All survey responses will be confidential. Identifiers (e.g., name, address, date of birth, social security number) will be collected using the survey. However, we will ask you to supply an email address and unique passcode at the end of the survey so that we can contact you in 2 to 3 weeks to participate in a brief follow-up questionnaire. Your email address will be kept separate from your responses and the two will never be linked. Data will be saved electronically and will be encrypted and password protected. Only the primary investigator and research staff will have access to the data.

TIME INVOLVEMENT: Your participation will take approximately 10-15 minutes.

HOW WILL RESULTS BE USED: The results of the study may be presented at conferences and/or may be published in journals or articles and used for educational purposes.

APPENDIX L
TEST-RETEST RECRUITMENT MESSAGE

My name is Matthew Robinson and I am a doctoral student in the Counseling Psychology program at Teachers College, Columbia University. I am looking for individuals who would like to participate in my research study exploring the experiences of family members and close friends of Lesbian, Gay, and Bisexual (LGB) individuals. By “close” we mean that you are an immediate family members (sibling, parent, or child) OR guardian, extended family members, or friend who is significantly involved in the LGB person’s life. **There are two parts of the study. You will be asked to fill out an initial questionnaire and then another in 2 to 3 weeks.** Each survey should only take about 10 minutes of your time.

After reading, if you are willing and eligible, please click on the link provided below. Thank you in advance for your time and input. Please feel free to pass this study information on to willing and eligible contacts.

Eligibility Criteria:

- * Must be at least 18 years old
- * Must have a family member or close friend who identifies as LGB. By “close” we mean that you are an immediate family members (sibling, parent, or child) OR guardian, extended family members, or friend who is significantly involved in the LGB person’s life.
- *Must reside in the U.S.

If you meet the above eligibility criteria and are interested in participating, please click on the below link to take you to the survey:

Qualtrics Link

***This study has been approved by the Teachers College, Columbia University Institutional Review Board: Protocol 13-061. If you have any complaints, questions, concerns, or would like to know the results, please feel free to contact me via e-mail at matthewarobinson@gmail.com.

APPENDIX M
FINAL LESBIAN GAY BISEXUAL AFFILIATE STIGMA MEASURE (LGB-ASM)

INSTRUCTIONS: Please indicate the extent to which you agree or disagree with the following statements using the scale below. Please respond to each item as honestly as possible. If an item does not apply to you (for example, “I am very careful who in my religious/spiritual community I tell about my family member or close friend being LGB” and you are not part of any religious or spiritual community) please select “Not Applicable.”

- 0 = Not Applicable
- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Somewhat Disagree
- 4 = Somewhat Agree
- 5 = Agree
- 6 = Strongly Agree

1. I feel worse about myself because my family member or close friend is LGB.
2. Work/school colleagues may discriminate against me because I have a family member or close friend who is LGB.
3. I worry my family member or close friend may be rejected for being LGB.
4. People from my religious/spiritual community may discriminate against me because I have a family member or close friend who is LGB.
5. I worry about being rejected by work/school colleagues if they find out that my family member or close friend is LGB.
6. I feel embarrassed that I have a family member or close friend who is LGB.
7. I worry the stigma my LGB family member or close friend faces will affect their physical health.
8. I worry about being rejected if people in my religious/spiritual community find out that my family member or close friend is LGB.
9. I feel shame for my family member or close friend being LGB.
10. I worry my family member or close friend may be verbally harassed if others learn they are LGB.
11. People at work/school would look down on me if they knew my family member or close friend is LGB.
12. Telling work/school colleagues my family member or close friend is LGB is risky.
13. It bothers me that many things will be harder in life for my family member or close friend because they are LGB.
14. I worry that my family member or close friend might receive negative attention for being LGB.
15. Work/school colleagues' attitudes towards me may turn sour if they find out my family member or close friend is LGB.
16. I worry that my LGB family member or close friend might experience emotional pain from being stigmatized.
17. I worry that my family member or close friend might be physically harmed for being LGB.