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Media representation and early disclosure of sexual orientation: A formula for suicide risk among gay and bisexual male adolescents

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Abstract
Gay and bisexual (GB) male adolescents are at increased risk for engaging in suicidal behaviors, when compared to their heterosexual counterparts. Traditional models of the coming out process suggested that GB male youths are vulnerable to negative mental health outcomes (e.g., suicidality) due to their feelings of estrangement from same-sex peers and the lack of media representation of GB men (Troiden, 1979; Cass, 1984). However, GB male representations in the media have increased significantly. This review of the literature suggests that this increased representation of GB men may be related to a decision for many GB male adolescents to disclose their sexual orientations at younger ages than previous generations. This may, in turn, contribute to an increase in GB adolescent suicide risk, as early disclosure of sexual orientation is a significant risk factor for suicidal behaviors. The paper discusses clinical and societal implications of this finding, recommendations for culturally competent treatment, and limitations of the research.

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MEDIA REPRESENTATION AND EARLY DISCLOSURE OF SEXUAL ORIENTATION: A FORMULA FOR SUICIDE RISK AMONG GAY AND BISEXUAL MALE ADOLESCENTS

A THESIS
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Abstract

Gay and bisexual (GB) male adolescents are at increased risk for engaging in suicidal behaviors, when compared to their heterosexual counterparts. Traditional models of the coming out process suggested that GB male youths are vulnerable to negative mental health outcomes (e.g., suicidality) due to their feelings of estrangement from same-sex peers and the lack of media representation of GB men (Troiden, 1979; Cass, 1984). However, GB male representations in the media have increased significantly. This review of the literature suggests that this increased representation of GB men may be related to a decision for many GB male adolescents to disclose their sexual orientations at younger ages than previous generations. This may, in turn, contribute to an increase in GB adolescent suicide risk, as early disclosure of sexual orientation is a significant risk factor for suicidal behaviors. The paper discusses clinical and societal implications of this finding, recommendations for culturally competent treatment, and limitations of the research.

Keywords: Homosexuality, Adolescence, Suicidal Behaviors, Media, Coming Out, Sexual Orientation, Bullying, Suicide Risk Factors, Gay Males
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Media Representation and Early Disclosure of Sexual Orientation: A Formula for Suicide Risk among Gay and Bisexual Male Adolescents

Gay and bisexual (GB) male adolescents are at heightened risk for engaging in suicidal behaviors, which includes suicidal ideation, suicide attempts, and completed suicides. Although researchers have identified several risk factors specific to this population and have proposed clinical interventions designed to prevent suicidal behaviors, this increased risk of suicide remains prevalent among GB male adolescents. Therefore, there is a need to re-visit widely accepted theories regarding the causes and risk factors associated with the increased incidence of suicidal behaviors within this population.

**Suicidality among GB Male Adolescents**

An increased risk of suicide among gay, lesbian, and bisexual (GLB) individuals, particularly youths, has been well-documented in the literature. In a 1994 study, a sample of 221 GLB youths reported their past suicidal behaviors (Proctor & Groze). 40.3 percent of the participants had attempted suicide, whereas 25.8% had seriously considered suicide. Based on these findings, the researchers concluded that there was a 66.1% rate of suicidal behaviors, including attempts and ideation, among GLB youths.

Data from the 1993 Massachusetts Youth Risk Behavior Survey, which includes items measuring suicidal behaviors, indicated that GLB students were nearly 50 percent more likely than heterosexual students to report serious suicidal ideation within the previous year (Faulkner & Cranston, 1998). Furthermore, GLB students were twice as likely to report at least one suicide attempt within the previous year, and they were eight times as likely to report four or more lifetime suicide attempts. Data from the 1995 Massachusetts Youth Risk Behavior Survey were
even more alarming, indicating that GLB respondents were over three times as likely to report a suicide attempt within the previous year (Garofalo, Wolf, Kessel, Palfrey, & DuRant, 1998).

In a 2000 meta-analysis of population studies, researchers concluded that 30 percent of the completed suicides each year are by GLB youths (Kulkin, Chauvin, & Percle, 2000). The data indicated the following GLB-specific risk factors: early age at onset of coming-out process, exposure to anti-homosexual messages, low self-esteem, strong religious affiliation, victimization in school, drug abuse and/or dependence, previous suicide attempts, and lack of family acceptance. Aside from GLB-specific risk factors, GLB youths are also more prone to several suicide risk factors for adolescents in general, regardless of sexual orientation, as indicated by data from the National Longitudinal Study of Adolescent Health (Russell & Joyner, 2001). These critical risk factors include alcohol abuse, depression, and suicide attempt(s) by a family member.

Findings from these and other studies led the United States National Strategy for Suicide Prevention Committee to identify GLB youth as a risk population for suicidal behaviors in 2001 (U.S. Surgeon General). Since then, research has continued to demonstrate an increased risk of suicidal behaviors among GLB youths. The Suicide Prevention Resource Center (2008) conducted a meta-analysis of population studies and reported that GLB youths are 1.5 to three times more likely to have reported suicidal ideation. Furthermore, they are 1.5 to seven times more likely to have reported suicide attempts.

Zhao, Montoro, Igartua, and Thombs (2010) conducted a survey study, in which they assessed sexual orientation, health risk behaviors, and suicidal behaviors among adolescents, and they concluded that 12-month suicidal ideation was significantly higher among GLB youths. Interestingly, a heterosexual identity with same-sex attraction, fantasy, or behavior was not
associated with increased suicidal ideation behaviors. This finding suggests that increased suicide risk is associated with a GLB identity, rather than GLB behaviors. Furthermore, this suggests that a heterosexual identity or a lack of awareness of a GLB identity may be protective factors among youths who engage in same-sex sexual behaviors. Data from the National Epidemiologic Survey on Alcohol and Related Conditions (wave two) indicated that a GLB identity was associated with higher risk for mood and anxiety disorders, which are both considered key risk factors for suicidal behavior among the general population (Bostwick, Boyd, Hughes, & McCabe, 2010). These data also indicated that risk for mood and anxiety disorders is particularly heightened among GB men.

King et al. (2008) conducted a meta-analysis of international population-based studies that measured suicidal behavior in LGB adolescents and adults, and they concluded that lifetime suicide attempt rates are higher among sexual minority men than among sexual minority women. This finding was inconsistent with suicide attempt rates for the general population, as women are estimated to be three times more likely to attempt suicide than men. The lifetime prevalence of suicide attempts among GB males was 4.28 times the prevalence of suicide attempts among their heterosexual male counterparts. The increased risk of suicidal behaviors among sexual minority men when compared to sexual minority women has been supported historically by several studies, including the 1995 Massachusetts Youth Risk Behavior Survey (Garofalo, Wolf, Wissow, Woods, & Goldman, 1999). Although data from this survey indicated an increased risk among all GLB adolescents, sexual orientation was a much stronger independent predictor of suicide attempts among young males, when compared to young females.

In a 2007 study, a sample of 571 gay men completed the Composite International Diagnostic Interview Short Form (CIDI-SF), which assesses 12-month prevalence of major
depression, specific/social phobia, and alcohol/drug dependence (Wang, Häusermann, Ajdacic-Gross, Aggleton, & Weiss). Nearly two-thirds of the sample was affected by one of these five DSM-IV disorders, which are all considered risk factors for suicidal behaviors. Nineteen percent of the sample met criteria for major depression, 21.9 percent met criteria for specific and/or social phobia, and 16.7 percent met criteria for alcohol and/or drug dependence. Mathy, Cochran, Olsen, & Mays (2011) examined Denmark’s extensive registries of vital statistics and other sociodemographic data to determine whether individuals in same-sex registered partnerships had a higher incidence of completed suicides. They concluded that same-sex partnered men had an increased risk of completed suicide, eight times higher than the risk for opposite-sex partnered men. However, there was no increased risk of completed suicide among same-sex partnered women when compared to opposite-sex partnered women, suggesting that GLB suicide deaths occur disproportionately among sexual minority men.

Data from the National Longitudinal Study of Adolescent Health indicated that the risk for suicidal behaviors among sexual minority men is adolescent-specific and does not extend into adulthood (Russell & Toomey, 2012). Not only is risk for suicidal behaviors significantly higher for GB adolescent males than risk for GB adult males, but the males who reported suicidal behaviors during adolescence were no more likely than heterosexual males to report suicidal behaviors in adulthood. The researchers argued that this finding is explained by heteronormativity, specifically societal pressures for adolescent males to be masculine, which become heightened for GB adolescent males as they develop awareness of their same-sex attraction and form a GB identity at an early age.

Similarly to increased risk of suicidal behaviors among GLB youth, the increased risk of suicidal behaviors specifically among sexual minority adolescent males has been well
documented by researchers. In 1987, Remafedi interviewed 29 teenage GB males. Among the participants, 34 percent reported at least one lifetime suicide attempt, while seven percent reported multiple attempts. In a 1998 study, 212 males who identified as either gay or bisexual were matched with 212 heterosexual males (Remafedi, French, Story, Resnick, & Blum). 28.1 percent of the sexual minority participants endorsed previous suicide attempts, whereas only 4.2 percent of heterosexual participants reported a previous attempt. Remafedi (2002) conducted a later study, in which he interviewed young gay men. A third of the respondents reported at least one lifetime suicide attempt, and a fifth of the respondents endorsed suicidal ideation within the previous month.

The research has demonstrated that an increased risk of suicidal behavior has been consistent and pervasive among GB adolescent males for several years. Data from a longitudinal study of 136 sexual minority adolescent males who were mostly Latino or African-American suggests that increased risk of suicidal behavior among GB adolescent males is present regardless of race or ethnicity (Rotheram-Borus, Rosario, Van Rossem, Reid, & Gillis, 1995). Eleven percent of the sample endorsed suicide attempts at baseline and during subsequent six-month time frames.

Rotheram-Borus, Hunter, and Rosario (1994) conducted a study in which they interviewed and administered the Adolescent Life Events scale to 138 self-identified GB adolescent males. Thirty-nine percent of the participants endorsed a lifetime suicide attempt, while 52 percent of those who had reported a previous suicide attempt reported making multiple attempts. The researchers examined the relationship between suicide attempts and numerous stressors. Participants who had previously attempted suicide were more likely to report dropping out of school, living away from their parents, and having friends and/or relatives who had
attempted suicide. The researchers also identified GB-specific stressors that were associated with previous suicide attempts, including discovery of one’s sexual orientation, disclosure of one’s sexual orientation, and ridicule by others. Data from the 1995 Vermont Youth Risk Behavior Survey identified additional risk factors for suicidal behaviors among GB adolescent males, including number of male sexual partners, exposure to violence in school, and substance abuse (DuRant, Krowchuk, & Sinal, 1998).

Cultural Competence and the Coming Out Process

Considering the increased risk of suicidal behaviors among GB male adolescents, culturally competent treatment is necessary to serve this population. Schope (2004) administered a questionnaire examining locus of control, fear of negative evaluation, and exposure to discrimination to a sample of 443 gay men. Participants who had not yet disclosed their sexual orientation to others endorsed a higher external locus of control and a stronger fear of negative evaluation. These participants reported feeling more isolated from peers, which Schope attributed to fear that their gay identities would be discovered. Although participants who had disclosed their sexual orientation to others endorsed a higher internal locus of control and less fear of negative evaluation, they reported more direct discrimination. Schope concluded that in order to be culturally competent, practitioners must assess a gay male client’s stage in the coming out process.

In a 2001 study, researchers examined the relationship between the coming out process and psychological functioning among a sample of a 156 GLB participants (Rosario, Hunter, Maguen, Gwadz, & Smith). They identified several factors affected by the coming out process that were related to psychological functioning, including involvement in GLB activities, attitudes toward homosexuality, and self-disclosure of sexual orientation. The researchers hypothesized
that more involvement in GLB activities, positive attitudes toward homosexuality, and more self-disclosure of sexual orientation would be associated with high self-esteem, whereas less involvement, negative attitudes, and less self-disclosure would be positively associated with emotional distress and conduct problems. However, the data indicated that more involvement in GLB activities and more self-disclosure of sexual orientation were related to higher anxiety and conduct problems. The researchers attributed these findings to GLB-related stress, specifically a fear of negative evaluation. Furthermore, they suggested that more involvement in GLB activities might be associated with increased harassment and/or violence by others. They concluded that, as GLB individuals progress through the coming-out process, the societal stigmatization of homosexuality has a negative impact on psychological functioning. This study provides further support that culturally competent treatment requires practitioners to identify a GB adolescent male client’s stage in the coming out process.

**Models of the Coming Out Process**

Several models of the coming out process have been developed. Earlier models outlined the process of homosexual identity formation, the process by which individuals ultimately perceive themselves as GLB (Cass, 1984). These models conceptualized homosexuality as a typological identity, which is a compilation of images and feelings that an individual holds about the self with regard to some characteristic, such as sexual orientation. Throughout this process of homosexual identity formation, one’s self-image as a homosexual is compared to images of homosexuality perceived to be held by others, and a homosexual identity develops once these images are in accordance.

Troiden (1979) proposed a model of homosexual identity formation, which became one of the most commonly cited models of the coming out process. After interviewing 150 gay male
participants, Troiden identified five elements of a gay identity: same-sex sexual behavior, same-sex attraction, self-identification as gay, involvement in gay culture, and same-sex relationships. He suggested that these factors are acquired or developed throughout the course of four stages. During the sensitization stage, gay individuals sense that they are somehow different from their heterosexual peers, but they have no understanding of homosexuality due to a lack of representation of gay men both in media and in society. During the dissociation and signification stage, increasing consciousness of one’s sexual feelings, as well as increasing awareness of homosexuality, leads individuals to suspect they may be gay. In response to this suspicion, individuals attempt to rationalize their same-sex attraction (e.g., just a phase). However, these attempts to rationalize same-sex attraction further reinforce suspicions of homosexuality and individuals become more assured of their same-sex attraction. During the coming out phase, which Troiden suggested occurs around the age of 21, individuals ultimately decide to label their sexual orientation as being gay. In the final stage, commitment, individuals adopt homosexuality as a lifestyle and live openly as gay men.

Although Troiden’s 1979 model is commonly cited, this model was based on qualitative research and was not empirically validated. In 1984, Cass tested a different model of homosexual identity formation in a quantitative study. The first two stages of this model, identity confusion and identity comparison, were parallel to the sensitization stage in Troiden’s model. During the identity confusion stage, individuals perceive that they may be different from their heterosexual peers, and during the comparison stage, they begin to feel increasingly alienated from their heterosexual peers and consciously suspect that they may be homosexual. In the identity tolerance stage, individuals become increasingly committed to a homosexual self-image and seek out initial contact with other homosexuals. As contact with other homosexuals becomes more
frequent, individuals enter the identity acceptance stage and develop a more positive view of homosexuality. In the identity pride stage, individuals become so strongly attached to their homosexuality that they begin to see themselves as completely different from heterosexual peers. Lastly, in the identity synthesis stage, positive interactions with heterosexual peers leads individuals to become less attached to their homosexual identity and they perceive themselves as possessing several qualities other than being GLB. During this final stage, self-disclosure of sexual orientation to others is effortless, and individuals develop a sense of stability.

To test her model, Cass (1984) identified several factors (e.g., alienation, group identification, dichotomization of homosexuals and heterosexuals) predicted to vary by the stage an individual is currently experiencing. A sample of 177 participants, including 103 GB males, completed a stage allocation measure that assessed their current stage of coming out. Then, they completed a homosexual identity questionnaire that assessed the factors predicted to vary by stage, in order to determine goodness of fit with predicted values for their respective stages. Although the data supported the six-stage model, they yielded stronger evidence for a four-stage model. In the latter model, identity confusion and comparison were paired, as were identity pride and synthesis. Both Cass’s six-stage model and her modified four-stage model are still cited frequently in current research.

Although newer models of coming out have been proposed, these models typically have focused on the development of same-sex attraction, rather than the development of a GB identity. For example, Bem (2000) proposed the exotic-becomes-erotic (EBE) theory, which relates the development of same-sex attraction to gender-nonconformity. Bem suggested that biological factors, including genes and prenatal hormones, contribute to childhood temperaments (e.g., activity level, aggression). These temperaments determine a child’s activity preferences; for
example, children who are more aggressive are more likely to play contact sports, whereas those who are less aggressive are more likely to engage in quiet socialization. If a child’s biological factors and temperament lead them to engage in activities that are atypical for his or her gender, the child would be considered gender-nonconforming. Feelings of being different from heterosexual peers will produce heightened physiological arousal among gender-nonconforming children in the presence of same-sex peers. This is particularly true for gender-nonconforming adolescent males, as pressures to be masculine are heightened during adolescence and non-conforming adolescent males are likely to be harassed or assaulted by their same-sex peers. Although this physiological arousal is initially associated with feelings of anxiety, rejection, and/or anger, gender-nonconforming adolescents eventually attribute this physiological arousal to erotic attraction as they learn more about sex and develop their own sexual awareness.

Although Bem’s model has received some empirical support, this model, as well as other newer models of the coming out process, does not address the process by which these gender-nonconforming children begin to self-identify as homosexual. Older models, such as Troiden’s 1979 model and Cass’s 1984 model, are still widely accepted and provide the only framework for practitioners to understand the process of homosexual identity formation.

**Identity Confusion/Sensitization**

All three of the previously described models of coming out, as well as several others, involved an initial stage during which GB males recognized a difference from heterosexual peers (Troiden, 1979; Cass, 1984; Bem, 2000). Cass indicated that GLB youths recognize a difference from heterosexual peers during the identity confusion stage, which was parallel to Troiden’s sensitization stage. Both Cass and Troiden suggested that this feeling of being different from heterosexual peers was associated with feelings of isolation and/or alienation. In a study from the
Institute for the Protection of Lesbian and Gay Youth in New York City, data indicated that 95% of the youth surveyed expressed feelings of either being isolated, being the only one with feelings like theirs, or having no one in whom to confide (Gover, 1994).

Although these models suggest that GB adolescent males initially feel a sense of being different from their peers, they also suggest that this sense of difference is not automatically attributed to homosexuality (Troiden, 1979; Cass, 1984; Bem, 2000). These models assume that GB adolescent males do not become aware of their sexual attraction to men until they are exposed to more information regarding sex and sexual orientation, specifically same-sex sexual behaviors and homosexuality. Troiden suggested that this lack of awareness of homosexual feelings in initial stages of coming could be attributed to a lack of awareness of homosexuality in general. He argued that societal stigmatization made homosexuality a taboo subject in families and communities, causing many GB men to conceal their identities. Furthermore, he argued that there was a lack of representation of GB men in the media, so GB male adolescents had no access to information about homosexuality. Troiden suggested that the invisibility of GB men in both the media and in society contributed to the isolation experienced by GB male adolescents, which is the hallmark of initial stages of coming out.

As these initial stages of the coming out process (i.e., identity confusion/sensitization) are marked by feelings of isolation and alienation, it is not surprising that these stages are when GB male adolescents are at most risk for internalizing behaviors and/or conditions, including substance abuse, depression, anxiety disorders, and low self-esteem (Troiden, 1979; Cass, 1984), which are all considered risk factors for suicide (Bostwick et al., 2010; Russell & Joyner, 2001). Troiden suggested that suicidal behaviors were more frequent during the early stages of coming out.
out due to feelings of isolation and other internalizing behaviors, which he attributed to the invisibility of GB men in both society and the media.

**Early Disclosure and Suicide Risk**

At the onset of the initial phase of the coming out process (i.e., Identity Confusion or Sensitization), GLB youths are generally unaware of their sexual orientation (Cass, 1984; Troiden, 1979). Theorists who proposed these early models proposed that the process by which GLB youths become increasingly aware of their sexual orientation may take several years, and disclosure generally occurs in young adulthood. However, the National Gay and Lesbian Task Force reported that gay males are coming out at significantly younger ages than has been observed in prior decades (Cianciotto & Cahill, 2003). Specifically, they reported that gay males come out at an average age of 16 and that the average age range during which gay males come out is between the ages of 13 and 18. This represents a significant decline from 1980, at which point gay males were estimated to come out at an average age of 20.

This decline is potentially problematic because the age at which a GB male discloses his sexual orientation to others has been indicated as a risk factor for suicidal behavior in several studies. Researchers who have compared GB male adults with a history of suicide attempts to GB male adults with no history of suicidality have concluded that suicide attempters generally identify as GB and disclose their sexual orientation to others at younger ages than do non-attempters (Schneider, Farberow, & Kruks, 1989; Remafedi, Farrow, & Deisher, 1991). Paul et al. (2002) conducted an interview study in order to examine lifetime prevalence of suicidal behaviors and suicide risk factors among a sample of 2,881 GB male adults. Among the participants, 21 percent had engaged in suicidal behavior (e.g., making a plan, making an attempt). Among younger participants, i.e., individuals who were 25 years old at some point
between 1991 and 2000, the mean age at which suicide attempters made their first attempt was 16.9. In contrast, among older participants, i.e., individuals who were 25 years old prior to 1970, the mean age at which suicide attempters made their first attempt was 37.4. The researchers suggested that this significant decline in age at which GB males first engage in suicidal behaviors is related to the significant decline in age at which GB males self-identify as GB and disclose their identities to others. Furthermore, the researchers noted that a significantly higher number of young participants made suicide attempts than did older participants. The researchers suggested that GB male adolescents who come out at younger ages likely have yet to develop a fully integrated sense of self, which can be an important protective factor when trying to cope with the negative consequences of coming out in a hostile environment.

D’Augelli et al. (2005) analyzed data from a longitudinal study on childhood victimization, in which interviewers assessed predictors of suicide attempts among 528 GLB youths attending community-based organizations. The researchers identified early openness regarding GLB identity, particularly with family members, as a significant predictor of serious suicide attempt. This association was particularly strong among GLB youths who were gender-nonconforming and who had experienced significant psychological abuse by their parents and others. Frideman, Marshal, Stall, Cheong, and Wright (2008) analyzed data from the Urban Men’s Health Study, in which 1,368 males responded to survey questions assessing sexual identity development and GB-related victimization. The researchers measured sexual identity development in respect to four milestones: age of first awareness, age of first sexual activity, age of identification as GB, and age of first disclosure. Based on these data, the researchers concluded that participants who achieved these milestones at younger ages were more likely to experience negative health outcomes, including depression and suicidality, than were those who
developed at older ages. Furthermore, they reported that participants who developed at younger ages were likely to experience more GB-related harassment and victimization than were participants who developed at older ages.

**Adolescent-Specific Suicide Risk**

Troiden (1979) suggested that the initial phase of coming out, during which adolescents are still developing awareness of same-sex attraction and have not yet disclosed their sexual orientation to others, was associated with increased risk for suicidal behaviors. Therefore, early disclosure of sexual orientation, which would indicate the end of this stage, should theoretically be associated with decreased risk for suicide. However, as research has indicated, early disclosure of sexual orientation is associated with an increase in suicide risk. Russell and Toomey (2012) argued that the risk for suicidal behaviors observed among GB males is adolescent-specific and does not continue into adulthood. Specifically, GB males who disclosed their identities between the ages of 12 and 19 were at increased risk for suicidality when compared to their heterosexual counterparts; however, this heightened risk is not present among other age cohorts.

**Risk Factors at the Micro-System Level**

In order to understand this adolescent-specific risk for suicidality among GB males, one must consider the micro-systems in which GB male adolescents interact. Bronfenbrenner (1994) describes a micro-system as any given setting in which an individual interacts or engages on a regular and consistent basis. Two primary micro-systems in which adolescents interact are their school and home environments, and adolescents generally have little control over these micro-systems. Hong, Espelage, and Kral (2011) argue that the most significant stressors influencing suicidal behavior among GB male adolescents originate within these environments. Savin-
Williams (1994) argued that among GLB adolescents, victimization by individuals in the everyday environment (e.g., classmates, teachers, family members) is associated with severe, negative outcomes, including suicide.

**Hostile school environments.** Erikson (1968) argued that adolescence (roughly ages 12-19) is a critical period for identity development. Any hindrance of this developmental process may result in a state of role confusion, in which an adolescent possesses a weak sense of self. Peer relationships facilitate identity development and are therefore essential for the prevention of role confusion (Hellenga, 2002). In a 2001 study, researchers analyzed data from the Commonwealth Fund Study, a survey study of over 6,000 adolescent youths (Ackard & Neumark-Sztainer). Among the various relationships (e.g., parent-child, teacher-student, peer) that the participants described, the majority of youths in the sample reported the highest levels of confidentiality within peer relationships. Crockett and Petersen (1993) argued that adolescents spend more time interacting with peers than they spent during early childhood. Therefore, any obstacles in developing these peer relationships may have harmful psychological and developmental consequences, such as role confusion.

Researchers have reported a number of GLB-specific stressors, including negative social consequences of coming out (Anhalt & Morris, 1998). Specifically, when adolescents disclose their sexual orientation to others, they risk a loss of peer relationships and victimization by peers. While these GLB-related stressors may be relevant at any stage in life, they are compounded during adolescence by the increased need for social engagement. Hershberger, Pilkington, and D’Augelli (1997) conducted a survey study, in which 194 GLB youth completed questionnaires measuring GLB-specific stressors and mental health concerns. Among the sample, 42 percent reported a history of suicide attempts. In comparison to non-attempters, the participants who
reported a prior attempt had, on average, disclosed their sexual orientations to others at younger ages, disclosed their sexual orientation to more individuals, experienced a greater loss of peer relationships (e.g., friendships), and experienced more victimization at school as a result of their sexual orientation.

Data from the 2001 Gay, Lesbian, & Straight Education Network (GLSEN) suggest that over 82 percent of GLB students report verbal, sexual, or physical harassment, and among these students, over 90 percent are subject to GLB-related harassment in their school environments (Bauer, 2002). The Child Welfare League of America (2009) issued a report of a longitudinal study, which compared GLB students to heterosexual students. Thirty-four percent of GLB students reported being seriously threatened or injured at school, as opposed to only 7 percent of heterosexual students. Furthermore, 25 percent of GLB students reported that they had skipped school due to a lack of safety, in contrast to only 5 percent of heterosexual students. Kosciw (2004) analyzed data collected from a sample of 887 GLB students who completed the 2003 National School Climate Survey. Among the students in the sample, 84 percent reported direct verbal harassment, and 39 percent reported direct physical harassment. Furthermore, 91 percent of the participants in the study reported that peers in their schools made homophobic remarks frequently. Phoenix et al. (2006) administered questionnaires assessing GLB harassment to a sample of 904 high school students. Among the participants, 73 percent reported they heard homophobic remarks on a regular basis in their school environments. The data suggested that students heard homophobic remarks most frequently in hallways and cafeterias.

Bontempo and D’Augelli (2002) analyzed data from the 1995 Youth Risk Behavior Survey, in which 9,188 high school students responded to items assessing risk factors and health-related behaviors. The researchers concluded that GLB youths who experience high levels of
victimization at school are at greater risk for engaging in health risk behaviors (e.g., suicidal behaviors, substance abuse) than are GLB youths who experience low levels of victimization. In comparison to LB females, GB males reported the highest incidence of at-school victimization. Furthermore, the data suggested that GB males experience more psychological distress as a result of GB-related harassment than do LB females, as indicated by a stronger correlation between GB-related victimization and health risk behaviors. Poteat and Espelage (2007) conducted a longitudinal study of a sample of 194 GLB junior high students, and they observed qualitative gender differences in psychological responses to GLB-related victimization. Among GB males, homophobic victimization was a significant predictor of psychological distress (e.g., heightened anxiety and/or depression) and a reduced sense of social belonging. In contrast, LB females who reported homophobic victimization were more likely to become socially withdrawn but did not report heightened levels of psychological distress.

Tharinger’s (2008) concept of hegemonic masculinity serves as a possible explanation for the increased risk of victimization and resulting psychological distress among GB male adolescents. He defines hegemony as a cultural dynamic by which a dominant group exerts and maintains its authority over an oppressed group. Thus, hegemonic masculinity contains all the characteristics (e.g., emotional and physical strength, rationality, dominance, aggression) that culture defines as masculine. The extent to which a male adolescent possesses and demonstrates these characteristics to others is the extent to which male peers will perceive him as being masculine. Hegemonic masculinity is essential for the preservation of male dominance. Therefore, both adolescent and adult males reward traits and behaviors that are associated with hegemonic masculinity, as well as punish traits and behaviors that challenge it. GB male adolescents, especially those who are gender-nonconforming, pose a serious threat to hegemonic
masculinity and to male dominance. Homophobia and GB-related victimization serve as punishments to GLB adolescents for threatening male dominance. Furthermore, perpetrators of homophobic victimization may thwart any suspicions that they are less masculine, thereby reinforcing bullying behaviors targeted toward GLB peers. Poteat (2008) administered a survey to 213 high school students, in order to examine their usage of homophobic slurs. Participants who reported that they had previously been the targets of a homophobic slur were more likely to engage in homophobic behaviors, and this effect was stronger among students who were members of homophobic peer groups.

Several researchers have indicated that GB-related harassment is particularly high among GLB adolescents who are gender-nonconforming, which lends support to Tharinger’s (2008) theory. D’Augelli, Grossman, and Starks (2006) conducted an interview study, in which they examined GLB-related victimization and gender nonconformity among a sample of 528 GLB youths. Eighty percent of the participants reported that they had experienced verbal harassment, and 11 percent reported that they had experienced physical harassment. The researchers observed that male adolescents reported significantly more victimization than did female adolescents. Furthermore, gender-nonconforming GLB males reported the highest levels of victimization. In a 2009 study, 142 GLB adults and 148 heterosexual adults completed a questionnaire assessing suicidality, childhood gender nonconformity, and childhood victimization (Plöderl & Fartacek). The researchers reported that both current and previous suicidality, childhood gender nonconformity, and childhood victimization were significantly greater among GLB respondents. While the researchers found a significant association between sexual orientation and childhood victimization, this association was no longer significant after they controlled for childhood
gender nonconformity. Furthermore, controlling for both childhood victimization and gender nonconformity reduced the association between sexual orientation and suicidality.

Interestingly, homophobic victimization appears to have less of an association with a GLB sexual orientation than it has with gender nonconformity. Therefore, any male adolescent, regardless of sexual orientation, may be subject to GB-related harassment. Saewyc, Singh, Reis, and Flynn (2000) analyzed data collected from a sample of 8,406 high school students who completed the Seattle Teen Health Survey. Among the participants who reported a previous experience of GB-related harassment, 80 percent identified as heterosexual. Although the GLB students in the sample reported greater frequency and severity of GB-related harassment, these data suggest that homophobic victimization has the potential to affect all students in the general population. In a 2008 survey study of 251 high school students, researchers confirmed this finding (Swearer, Turner, Givens, & Pollack). Roughly 12 percent of the participants reported a previous experience of GB-related bullying, and the majority of these respondents identified as heterosexual.

In order to examine the association between protective factors and suicidality among GLB youths, researchers conducted a content analysis of the 2004 Minnesota Student Survey (Eisenberg & Resnick, 2006). Among the 2,255 GLB respondents who completed the survey, the perception of school safety was significantly associated with fewer suicidal behaviors. Birkett, Espelage, and Koenig (2009) administered the Dane County Youth Assessment to a sample of over 7,000 junior high students. Although the researchers found a significant association between sexual orientation and suicidality, this effect was reduced among students who perceived a safe and accepting school environment. In a qualitative study, researchers interviewed 12 GLB young adults, and the interviewees cited multiple factors associated with a lack of perceived school
safety (Munoz-Plaza, Quinn, & Rounds, 2002). Specifically, the participants who perceived their schools as unsafe indicated that they experienced homophobic victimization on a consistent basis by their peers. Furthermore, these participants indicated a lack of response to bullying by teachers and staff members.

In a 1997 study, 138 schoolteachers completed a questionnaire assessing their attitudes regarding bullying behaviors (Boulton). Although the majority of the teachers reported sympathy for students who experience bullying, 87 percent of the participants reported that they did not feel confident in their abilities to interrupt and prevent bullying behaviors. Multiple researchers who have studied bullying among the general student population have reported that teachers are unlikely to intervene (Q’Moore, Kirkham, & Smith, 1997; Bowen, Bowen, & Richman, 2000). Nichols (1999) argued that this finding may be especially true in regards to GLB-related bullying, as societal biases regarding homosexuality have an impact on the social climate of school environments. Teachers and staff members who possess homophobic biases, whether consciously or unconsciously, may engage in behaviors (e.g., neglecting to interrupt GLB-related bullying, making homophobic remarks) that maintain a hostile school environment. Among the 904 students who participated in Phoenix et al.’s (2006) survey study, 47 percent reported that their teachers and school staff rarely interrupted GLB-related verbal harassment, and 3.5 percent reported that they had heard teachers and staff members use homophobic slurs. Data from the 2003 National School Climate Survey suggested that nearly 83 percent of the 887 GLB students in the sample reported that school faculty rarely intervened when they had experienced GLB-related victimization (Kosciw, 2004). Furthermore, results from the 2001 GLSEN National School Climate Survey suggested that nearly 25 percent of GLB students in the sample reported that they had heard school staff members use homophobic slurs.
In addition to school staff members, school policies also have an impact on perceived school safety among GLB youth (Hall, 2007). In general, GLB students who attend schools with discriminatory policies (e.g., refusing same-sex couples to attend dances, preventing the formation of gay-straight alliances) are more likely to experience negative outcomes, including truancy, poor academic performance, mental health issues, and suicidality. In several states, sexual minority students have no legal protections against discrimination in schools; therefore, schools in these states are not required to enact anti-harassment policies that are specific to GLB students (Glimps, 2005). However, several researchers have reported that such policies significantly reduce homophobic victimization in schools. Phoenix et al. (2006) reported that among the participants who attended schools with GLB-protective policies, only 13 percent reported frequent usage of homophobic remarks by their peers. In contrast, 55 percent of participants who attended schools without protective policies reported that they heard homophobic remarks on a consistent basis. Furthermore, data from the Massachusetts Youth Risk Behavior Survey suggested that GLB-specific bullying prevention policies in schools were significantly and negatively associated with suicide attempts, regardless of the effects of actual GLB-related victimization (Goodenow, Szalacha, & Westheimer, 2006). Furthermore, these data suggested that GLB students who attend schools with gay-straight alliances experience less at-school victimization due to their sexual orientation and engage in fewer suicidal behaviors.

**Hostile Home Environments.** During adolescence, the parent-child relationship changes significantly as the adolescent grows increasingly independent and seeks more peer relationships outside of the home environment (Petersen, Leffert, & Graham, 1995). There is an increase in conflict throughout these years, particularly as parents begin to hold greater expectations for the adolescents’ behavior (Ebata, Peterson, & Conger, 1990). In the context of an evolving parent-
child relationship, disclosure of sexual orientation during this time may exacerbate pre-existing stressors, particularly if parents hold homophobic biases (Pilkington & D’Augelli, 1995). Therefore, when considering whether to disclose their sexual orientation to parents and other family members, GLB adolescents must choose whether to suppress their identities or to risk the potential loss of family support (Bagley & D’Augelli, 2000).

In a 1995 study, 165 GLB youths completed survey items measuring their experiences of victimization, family support, suicidal behaviors, and mental health (Hershberger & D’Augelli). Although the results indicated that victimization was a significant predictor of anxiety, depression, and suicidality, the researchers reported that this association was diminished among participants who reported high levels of family support. Therefore, family support appeared to serve as a buffer against the harmful psychological effects of victimization. Furthermore, the results indicated a positive association between family support and self-acceptance of sexual orientation. Eisenberg and Resnick (2006) analyzed data from 2004 Minnesota Student Survey, and they reported that GLB respondents reported significantly lower levels of family connectedness than did heterosexual respondents. Furthermore, the researchers reported that family connectedness was a significant protective factor in regards to suicide risk.

D’Augelli, Hershberger, and Pilkington (2001) interviewed a group of 350 GLB youths in order to examine the relationship between suicidality and family support. Among the participants who reported a prior suicide attempt, 48 percent reported that their fathers were rejecting of their sexual orientation, and 28 percent reported that their mothers were rejecting. Among the participants who did not report an attempt, only 28 percent reported that their fathers were rejecting, and 19 percent indicated that their mothers were rejecting. The researchers concluded that parental rejection was associated with suicidality, particularly considering that
several of the reported attempts occurred within the same year that youths disclosed their sexual orientation to their parents. D’Augelli et. al (2005) indicated several predictors of serious suicide attempts, including early disclosure of sexual orientation, gender-nonconformity in childhood, and parental efforts to suppress gender-nonconforming behavior. These associations were stronger for GB males in the study than they were for LB females. Ryan, Huebner, Diaz, and Sanchez (2009) administered questionnaires to a sample of 224 GLB young adults to examine the effect of family rejection on mental health outcomes. The results indicated that participants who reported higher levels of family rejection during adolescence were 8.4 times more likely to report a history of suicidal behaviors and 5.9 times more likely to report significant symptoms of depression.

**Risk Factors at the Macro-System Level**

While micro-system level interactions are the greatest predictors of suicidal behaviors among GLB adolescents, macro-systems (e.g., community, regional area) influence the interactions that take place in micro-systems and thus have an indirect influence on suicidality (Bronfenbrenner, 1994). Several studies have demonstrated an association between the absence of protective social policies (e.g., legalized gay marriage, insurance coverage) and negative health outcomes, mental health concerns, and suicidality among GLB individuals (Hatzenbuehler, Keyes, & Hasin, 2009; McLaughlin, 2004; Wang, Berglund, Olfson, & Kessler, 2004). Furthermore, the social climate within an adolescent’s community will largely influence the social climate within schools. Kosciw, Greytak, and Diaz (2009) analyzed data from a national survey of over 5,000 GLB students. The data indicated that students in rural communities generally experience more at-school victimization than do students in urban communities. The researchers argued that while the public generally perceives large, urban
school districts as being less safe than smaller, rural school districts, larger schools in more diverse areas appear to be safer for GLB adolescents. In general, individuals living in rural communities tend to hold more homophobic beliefs than do individuals in urban communities, and the greater diversity of students that is characteristic of urban schools presents more opportunities for social interaction for GLB youths.

**Additional Risk Factors for GLB Racial Minorities**

Holmes and Cahill (2004) argued that many schools are not prepared to address risk concerns for the GLB youth who are coming out at increasingly younger ages. These risk concerns are exacerbated for GLB racial minorities, who experience both racist and homophobic victimization in school environments. Furthermore, while involvement in the GLB community is considered a protective factor for GLB youths, GLB racial minorities often experience race-related harassment within the GLB community. Conversely, while involvement in one’s racial/ethnic community is considered a protective factor for racial minority youths, GLB racial minorities often experience rejection by their racial/ethnic community as a result of their sexual orientation. Data from the 2003 National School Climate Survey indicated that nearly 45 percent of GLB racial minorities reported being the target of both racist and homophobic harassment (Kosciw, 2004).

Newman and Muzzonigro (1993) administered a survey to a sample of racially diverse GB male youths. Based on their results, they argued that GB racial minorities experience greater role conflicts as a result of their sexual orientation than do white sexual minorities, as a GB identity conflicts both with their racial identities and their male identities. Participants whose families endorsed higher levels of traditional cultural values (e.g., traditional religious practices,
strong emphasis on marriage and children) perceived their families as being less accepting of
their sexual orientation than did participants who reported less traditional family environments.

Ryan et. al (2009) reported that, among the 224 GLB young adults who participated in
their survey study, Latino men reported the highest frequency of family rejecting behaviors in
regards to sexual orientation throughout adolescence. Results from a 2002 survey study of 174
African American GB men indicated that African American GB adolescents are at heightened
risk for negative family reactions in comparison to white GB adolescents (Crawford, Allison,
Zamboni, & Soto). The researchers argued that the African American community encourages
secrecy regarding homosexual feelings and behaviors. As a result, African American youths who
adopt GB identities are less able to express these identities to others within their community,
particularly their family members, because doing so would conflict with cultural values.
Therefore, the researchers argued that, while a strong GB identity may be protective against the
psychological consequences of homophobia, this identity may also result in the loss of family
and community support and act as a barrier to the development of a strong racial identity.

Identity Development and Media Consumption

Considering the increased risk of suicidality that is associated with early age of disclosure
among GB adolescent males and accompanying stressors within the school and home
environments, the significant decline in age at which GB males disclose their sexual orientation
has potentially lethal consequences for GB male adolescents. Therefore, it is imperative that
researchers consider the reasons that this population is coming out at younger ages, so
psychologists will be better able to address the increased suicide risk for GB male youths.

Gender Nonconformity and Alienation
According to traditional models of the coming out process, the first phase, i.e., Identity Confusion or Sensitization, is marked by feelings of alienation (Cass, 1984; Troiden, 1979). This alienation is associated with feelings of being different from peers and invisibility of GLB role models in the community and the media with whom to identify. Bell, Weinberg, and Hammersmith (1981) conducted an interview study and compared 1000 GLB adults to 500 heterosexual adults. Among the GB men in the sample, 71 percent reported feelings of being different from same-sex peers throughout childhood and adolescence. In contrast, only 8 percent of heterosexual men and women reported feeling different from same-sex peers during childhood. The GB male respondents who reported childhood feelings of alienation mostly indicated reasons related to gender-nonconformity (e.g., not enjoying competitive sports). This finding suggests that the alienation from peers that many GLB adolescents experience during the first phase of the coming-out process could be more related to gender-nonconformity than to sexual orientation.

Bem (2000) argued that a child’s temperament, which is largely inherited, determines their gender expression. For example, activity level and aggression are basic, heritable components of a child’s temperament that vary significantly by gender (Buss & Plomin, 1984; Plomin, 1986; DiPietro, 1981; Hyde, 1984). Bem (2000) argued that children who have higher activity levels and more aggression will engage in more male-typical activities (e.g., rough-and-tumble play, athletics), and children with lower activity levels and less aggression will engage in more female-typical activities (e.g., hopscotch, quiet socializing).

Gender-nonconforming male children generally have lower activity levels and less aggression, and they engage in more female-typical activities (Bem, 2000; Green, 1976; Bates, Bentler, & Thompson, 1973; Bates, Bentler, & Thompson, 1979). Due to their activity
preferences, gender-nonconforming boys interact with more opposite-sex peers than their same-sex peers. As a result, opposite-sex peers have a heavier influence on a gender-nonconforming boy’s socialization than same-sex peers have, causing him to adopt more feminine traits and characteristics. Therefore, Bem (2000) argued that biologically determined traits (e.g., activity level, aggression) are strongly associated with gender nonconformity, which ultimately causes gender-nonconforming boys to feel different from their same-sex peers.

Studies that incorporate genetic research methods have supported Bem’s argument that biologically determined traits are involved in gender nonconformity. Bailey, Dunne, and Martin (2000) conducted a twin study, in which they examined childhood gender nonconformity among 4,901 sets of twins. They estimated that 50 percent of the variation in childhood gender nonconformity in the population is a result of genetic variation. Hamer and Copeland (1994) conducted a linkage analysis of 40 families in which there were two gay brothers, and they indicated that gay brothers who had similar genetic markers on the X chromosome both reported gender nonconformity in childhood. However, the researchers did not find a positive correlation of gender nonconformity among gay brothers who did not share genetic markers on the X chromosome. Bailey and Pillard (1991) assessed childhood gender nonconformity among a group of 115 gay men with a monozygotic twin(s), a dizygotic twin(s), or an adoptive brother. The correlation for gender nonconformity between gay identical twins was 0.76, which was as large of a correlation as the reliability of the gender nonconformity measure would allow. This is in contrast to the correlation for gay fraternal twins, for whom the correlation for gender nonconformity was only 0.43 and was nonsignificant.

Several researchers have reported an association between gender nonconformity in childhood and homosexuality in adulthood. Blanchard, McConkey Roper, and Steiner (1983)
conducted a retrospective study in which they administered the Physical Aggressiveness Scale (PAS), which measures childhood aggression, to 193 adult men. Participants who identified as gay scored significantly lower than those who identified as heterosexual. Green (1987), on the other hand, conducted a prospective longitudinal study in which he compared 44 gender-nonconforming boys to a control group of boys with a more sex-typical gender expression. Among the gender-nonconforming group, 75 percent of the participants later identified as homosexual, in contrast to 4 percent among gender-conforming boys. Bailey and Zucker (1995) conducted a review of 48 studies, in which researchers employed a variety of methods to examine the association between gender nonconformity and sexual orientation. The researchers concluded that 51 percent of men who report childhood gender nonconformity identify as gay in adulthood.

**Media and Sexual Development**

Berndt and Savin-Williams (1993) argued that adolescence is a stage of life during which individuals rely on friendships and peer relationships to construct their identities, particularly their sexual identities. In a 1983 study, researchers interviewed 823 undergraduate students about their sexual development, and they concluded that peer relationships are a critical source of information about sexuality during adolescence. DiLorio, Kelley, and Hockenberry-Eaton (1999) interviewed a group of adolescents attending an afterschool program, and the majority of adolescents reported more comfort while having conversations about sex-related topics with their friends than when they discussed similar topics with their parents and/or teachers. According to Berndt and Savin-Williams (1993), the high level of intimate disclosure that is seen in adolescent friendships can facilitate the development of sexuality. These theorists argued that social
isolation during adolescence can lead to confusion, which is consistent with traditional models of the coming out process (Cass, 1984; Troiden, 1979).

Dank (1971) argued that a man with homosexual feelings who is isolated from his peers must find an alternative method to develop an understanding of these feelings and construct a sexual identity. Savin-Williams and Diamond (2004) argued that, while adolescent friendships are a critical source of information about sexuality, the media is an important source of information as well. Perhaps, gender-nonconforming GLB youth who feel alienated from their peers must rely more on the media as an impetus for sexual development.

**Increased Media Representation of GB Men**

Troiden (1979) attributed isolation and lack of awareness of homosexual feelings during the initial phase of the coming out process to the invisibility of GB men in society, which he argued was reflected and reinforced by the lack of representation of GB men in the media. If GLB youth, especially gender-nonconforming GB male adolescents, must rely heavily on the media for sexual development, due to a loss of peer relationships, Troiden’s theory is logical. If gender-nonconforming GB male adolescents depend on the media to provide information about GB identities, and there is no representation of GB men in the media, then it would follow that these youths would remain unaware of their sexual orientation throughout adolescence. However, although GB males are still a marginalized group in modern society, social acceptance of homosexuality has increased since Troiden’s study in the late 1970s. In response to the changing social climate, media representation of GB men has increased as well.

Clark (1969) identified four chronological stages of the media representation of minority groups. The first stage, nonrecognition, involved a complete absence of media representation. Ridicule was the second stage and occurred when the minority group has some representation in
the media, but most of these representations are heavily stereotyped. The third stage, regulation, occurs when members are presented as being particularly virtuous. In many cases, representations during this stage involve minority group members being presented in law enforcement positions. In the final stage, respect, minority group members are represented in the media in a broad spectrum of roles, both positive and negative. Characteristics of this final stage include representation in the media that is comparable to the minority group’s presence in society and is realistic.

Hart (2000) used Clark’s (1969) model to outline the historical media representation of GB men. He argued that GB men remained in the nonrecognition stage until the late 1960s. The ridicule stage for GB men lasted throughout the 1970s and early 1980s, when Troiden (1979) and Cass (1984) developed their models of the coming out process. Throughout this ridicule stage, GB men had very limited portrayals in the media, and they were most frequently portrayed as being either extremely effeminate or mentally ill. This account is consistent with Troiden’s argument that GB men were largely invisible and heavily stigmatized in both society and in the media. However, Hart argued that in the late 1980s and 1990s, GB men began to enter into the regulation and respect stages.

Throughout the 1990s, increasing social acceptance of homosexuality reduced the risk for television networks of representing GLB characters on television (Becker, 1998). The inclusion of GLB characters in shows like Ellen and Will and Grace helped these shows become popular among urban, college-educated, liberal audiences. The success of GLB-themed shows continued into the 2000s. Data from a content analysis of prime-time television shows during the fall of 2001 indicated that several representations of GB men in the media had advanced to Clark’s (1969) regulation and respect stages (Raley & Lucas, 2006). 7.5 percent of the 80 television
shows included in the analysis had a reoccurring GB character. Many of these characters were portrayed as having children, being in relationships, and being no different from heterosexual peers. The increasing prominence of GLB characters in the media continued throughout the 2000s (Gomillion & Giuliano, 2011). GLB-themed television shows (e.g., The L Word), movies (e.g., Brokeback Mountain), and plays (e.g., Angels in America), as well as GLB entertainers such as Rufus Wainwright, currently appeal to a wide audience, including homosexual and heterosexual audiences.

**Media Consumption and Early Disclosure**

The increased representation of GB men in the media likely has a significant impact on the coming out process, as the identity development process is mediated by the cultural context in which GB men live (Gomillion & Giuliano, 2011). Several researchers have suggested that role models who are members of an oppressed group (e.g., racial minorities, women) have a stronger influence on individuals who are also members of those groups than do role models from the dominant group (Karunanayake & Nauta, 2004; Basow & Howe, 1980; Giuliano, Turner, Lundquist, & Knight, 2007; Lockwood, 2006). In a 2003 survey study, researchers examined the relationship between idol worship and self-efficacy (Cheung & Yue). The data suggested that adolescents who model after role models in the media who possess similar characteristics to them have higher perceptions of self-efficacy. Perhaps, GB male adolescents who identify with GB male figures in the media perceive more self-efficacy in regards to their ability to manage GB-related stress, allowing them to feel more comfortable disclosing their sexual orientation to others at earlier ages.

Bond, Hefner, and Drogos (2009) argued that the increasing visibility of GLB figures in the media allows GLB adolescents to seek information regarding their sexual identities without
risking rejection by their peers. They tested their study by administering a questionnaire examining the influence of different forms of communication on the coming out process to a sample of 56 GLB individuals. Among the participants, 72 percent indicated the use of several media sources (e.g., movies, television) to gain information about homosexuality during the coming out process. In fact, the researchers concluded that media sources are the primary sources of information about homosexuality for GLB adolescents.

Kivel and Kleiber (2000) conducted a retrospective interview study, in which they examined the relationship between media consumption and identity formation among young adults who identified as GLB during high school. The researchers suggested that media consumption, particularly the consumption of books, television, and movies, grants GLB adolescents access to role models with whom they can relate. These role models helped the GLB adolescents who participated in the study to construct their own sexual identities. Furthermore, these participants reported that their GLB role models helped them believe that they would be able to overcome the adversity associated with GLB stigma.

Gomillion and Giuliano (2011) administered surveys to 126 GLB individuals in order to examine the influence of GLB figures in the media on self-realization and disclosure of GLB identity. Several participants reported that identification with GLB media figures facilitated sexual identity development and fostered pride in their sexual identities, which allowed them to feel more comfortable disclosing their sexual orientation to others.

Although Gomillion and Giuliano (2011) reported that representations of GLB individuals in film and television were major influences on the coming out process, they also concluded that the internet was another major source of information for their participants. In a qualitative study, Shaw (1997) interviewed 12 GB men who used online chatrooms and
concluded that the Internet allows GB men to establish a community that might be difficult to create in their environments. McKenna and Bargh (1998) reported similar findings after interviewing users of GLB-oriented online discussion groups. They concluded that GLB individuals who participated in these online forums felt less alienated from society because they were able to create an online community. Furthermore, the researchers reported that greater participation in these discussion groups was associated with greater self-acceptance and disclosure of sexual orientation. Aside from providing a sense of community by allowing GLB individuals to interact with one another, the Internet also is influential in self-realization and disclosure among GLB adolescents because it provides information that allows these youths to label their feelings and define their sexual identities at earlier ages (Ryan & Futterman, 1998).

Based on data from their 2009 survey study, Bond and colleagues concluded that various media sources (e.g., television, film, Internet) frequently are catalysts that facilitate the transition of GLB youths from the initial phases of coming out to later phases in which they disclose their sexual identities to others. Not only do these media sources provide information that allow these youths to become aware of and define their sexual identities, but they also provide role models and a sense of community, both of which promote self-efficacy in regards to coming out and navigating a hostile social climate. Therefore, increased media representation of GB men is likely associated with younger ages at which GB male adolescents realize and disclose their sexual orientation.

**Relative Invisibility**

While the quantity of GLB representation in the media has increased over time, some theorists have expressed concerns regarding the quality of GLB representation. Fryberg and Townsend (2008) identified two distinct forms of invisibility, in the context of media
representations. Absolute invisibility, which is parallel to the nonrecognition stage of media representation (Clark, 1969), refers to a lack of representations of a particular group in general. Relative invisibility, on the other hand, refers to a lack of diverse, positive representations of a particular group. In this case, there may be several media representations of group members, but these representations are highly stereotyped. When portrayals of a particular group are heavily stereotyped and narrow, group members struggle to develop an identity that is consistent with the limited representations in the media.

Gross (1991) argued that representations of a minority group in the mass media are highly reflective of the biases that the general public holds in regards to that group. The notion that all or most GB men are gender-nonconforming is a common bias, and portrayals of GB men in the media, particularly in primetime television, reinforce this stereotype (Becker, 1998; Fouts & Inch, 2005). Gomillion and Giuliano (2011) interviewed 15 GLB participants regarding the media’s relationship to identity development. Many of the participants indicated that the media portrays the GL lifestyle in a very narrow manner, focusing too heavily on promiscuity, drugs, and flamboyancy. The researchers concluded that these stereotypical representations exerted harmful effects on GLB viewers because they restricted understanding of the GLB community and lifestyle, thereby restricting the expression of GLB identities.

Although these representations of GB men who possess feminine traits and characteristics may promote and reinforce common stereotypes, they are partially accurate for at least some GB men. As the media often portrays GB men as possessing feminine traits and characteristics, GB male adolescents who possess feminine traits and characteristics likely identify strongly with the representations that are available in the media. On the other hand, GB
male adolescents who are gender-conforming may not experience alienation from their peers to the same extent, and thus may rely less heavily on the media during identity development.

**Invisibility of Oppression**

Becker (1998) observed that representations of GB men on primetime television rarely address issues such as prejudice or violence. The invisibility of oppression in media representations of GB men may leave GB male adolescents unprepared to experience the negative consequences of coming out (e.g., loss of peer support, family conflict). Gomillion and Giuliano (2000) noted that several interviewees felt less threatened by the possibility of discrimination or violence after observing the popularity of GLB-themed shows (e.g., *Ellen, Will & Grace*) among heterosexual individuals. Although these media representations promote messages that GLB individuals can have productive lives and experience positive outcomes, it is unlikely that gay males will not experience either discrimination or violence following the coming out process.

Aside from leaving GB male adolescents unprepared to cope with marginalization, the absence of GB oppression in the media may serve to maintain heterosexual privilege on a societal level. Becker (1998) noted that the success of GLB-themed prime-time television allowed for the rise of the GLB industry, which included the emergence of several GLB-owned magazines, advertisements, and research firms. Magazines and advertisements often depicted GB men as wealthy, urban, and well educated. Market research firms released statistical profiles indicating GB men had tremendous spending power, some of which estimated that GB men spent over 500 billion dollars annually. These GLB media outlets and research firms only represented a small group of GB men, those who are urban, well-educated, White, and upper middle-class, and they did not reflect the marginalization of many GB men who do not share
these characteristics. However, several advocates for homophobic legislation have attempted to use these media images and statistical profiles to invalidate the notion that gay men are socially oppressed.

Perhaps, the general absence of discrimination and/or violence in GLB-themed media marketed toward liberal, urban audiences disguises the economic oppression of GB men, thereby perpetuating social inequalities. This could have serious implications for mental health issues and treatment for GB men. Hatzenbuehler, Keyes, and Hasin (2009) examined data from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) to investigate the relationship between anti-discriminatory policies and mental health among GLB individuals. They observed that among GLB individuals who lived in one of the 19 states that do not extend protections against hate crimes and workplace discrimination to GLB people, there was a significantly stronger association between sexual orientation and the presence of mood and anxiety disorders, when compared to GLB individuals living in states where these policies did exist. Furthermore, GLB respondents in states without protective legislation were 4.76 times more likely to have psychiatric comorbidity than those in states with protective policies.

Buchmueller and Carpenter (2010) examined data from the Behavioral Risk Factor Surveillance System (BRFSS), which included survey items regarding demographic characteristics, health insurance coverage, and access to care. They reported that gay men were less likely to have health insurance coverage than heterosexual men. This finding was supported by a 2010 study in which researchers examined data from the California Interview Survey, which is the most extensive state health survey in the country (Ponce, Cochran, Pizer, & Mays). When comparing gay men in domestic partnerships to heterosexual men in legal marriages, partnered gay men were 42 percent less likely to receive dependent health insurance coverage from their
employers. Ponce et al. concluded that benefits afforded to individuals in domestic partnerships were not equitable to those afforded to individuals in civil marriages, and thus the prohibition of gay marriage contributed to disparities in health insurance coverage.

Lack of health insurance coverage among individuals with mental health concerns, including suicidal ideation, is associated with delayed treatment-seeking (McLaughlin, 2004). Furthermore, data from the National Comorbidity Survey (NCS) suggest that delays in treatment for mental health concerns are related to the development of both mental and physical comorbid disorders (Wang et al., 2004). These data also suggest that treatment delays are correlated with substance abuse and/or dependence, largely as a form of self-medication.

Identity Confusion/Sensitization as a Protective Stage

Although homophobic victimization, peer rejection, and family rejection may influence all GB males regardless of life stage, evidence has suggested that the heightened risk for suicidal behaviors observed among GB men is adolescent-specific (Russell & Toomey, 2012). Adolescence is a critical period for sexual identity development, and adolescents rely greatly on support from peer relationships to facilitate this process (Berndt & Savin-Williams, 1993). The loss of this social support that can occur as a consequence of disclosure of a GLB identity is devastating to GLB adolescents, particularly when they do not have strong family support. Furthermore, micro-system level interactions have the most significant influences on suicidal behaviors among GLB individuals, and adolescents frequently have little control over these micro-systems (e.g., home environment, school environment).

Traditional models of the coming out process suggested that the initial phase (i.e., Identity Confusion or Sensitization), during which youths were not fully aware of their sexual orientation, extended into young adulthood (Cass, 1984; Troiden, 1979). Although youths in
these initial stages are vulnerable to feelings of alienation and to identity crises, they have less awareness of the societal stigma regarding their sexual orientation and they experience less rejection from peers and family members who are unaware of their sexual orientation. Perhaps, this initial phase of the coming out process serves a protective function to youths, particularly males, as several adolescent males are unprepared to cope with the severe negative consequences of disclosing a GB identity, as indicated by the high rate of suicide among this population. As GB men become increasingly visible in the media and GB male adolescents realize their identities at younger ages because they are able to identify and define their identities based on media images, the risk for suicide may continue to increase, as adolescent males who disclose their sexual orientation at young ages are at significant risk for at-school victimization, peer and family rejection, mental health concerns, and suicide.

Discussion

There is much evidence to suggest that GB male adolescents are at increased risk for suicidal behaviors (U.S. Surgeon General, 2001; King et al., 2008; Russell & Toomey, 2012). Traditional models of the coming out process suggested that GB adolescent males experienced feelings of isolation throughout the initial phase of the coming-out process (i.e., Identity Confusion or Sensitization), during which they have not developed awareness of sexual orientation (Cass, 1984; Troiden, 1979. This alienation likely occurs due to gender nonconformity, which is common among GB men (Bem, 2000; Bailey & Zucker, 1995; Bell et al., 1981).

Adolescent peer relationships are the primary sources of information during sexual development (Hellenga, 2002; Crockett & Petersen, 1993). As many gender-nonconforming GB males experience isolation from their peers, they must rely on other sources to supply
Specifically, many GB male adolescents seek information regarding homosexuality and/or bisexuality from the media (Bond et al., 2009; Kivel & Kleiber, 2000). In 1979, Troiden argued that the initial phase of the coming out process extended throughout adolescence, so GB men generally came out in young adulthood. He attributed the length of this initial phase to the invisibility of GB men in the media, as GB male youths had no access to information or role models about GB identities.

However, media representation of GB has increased significantly within the past few decades. Therefore, it is likely that the coming out process has changed significantly as well (Gomillion & Giuliano, 2011). As the media now portrays GB role models with whom GB male adolescents are able to identify, these adolescents are now able to label their feelings, gain awareness of their sexual orientation, and come out to others at much younger ages than ever before (Ryan & Futterman, 1998; Bond et al., 2009; Cianciotto & Cahill, 2003).

Adolescent peer relationships are important for sexual development, and family support is important for coping with adolescent challenges such as increased responsibility (Hellenga, 2002; Crockett & Petersen, 1993). However, many GB males, particularly those who come out at younger ages, experience rejection by their peers and families due to their sexual orientation (Kosciw, 2004; Poteat & Espelage, 2007; Hershberger & D’Augelli, 1995; D’Augelli et al., 2001; Gover, 1994). Without a strong support system, these GB youths do not have the skills necessary to cope with GB-related stressors, leaving them vulnerable to mental health concerns and suicidality.

Clinical Recommendations

To be culturally competent to work with GB adolescent males, Schope (2004) argued that psychologists must develop an understanding of the coming-out process and be able to identify
the stage to which their clients have progressed. Considering the high risk of suicide for this population, it is also imperative for psychologists to conduct a thorough risk assessment. Lastly, psychologists must intervene at both an individual and systemic level, as victimization within a GB youth’s microsystems is highly predictive of negative mental health outcomes (Bronfenbrenner, 1994; Hong et al., 2011).

**Risk assessment.** In order to conduct a thorough risk assessment for GB male adolescents, psychologists must consider several important risk factors. A primary risk factor is the age at which clients disclose their sexual orientation, as the earlier that they do so, the more likely it is that they will attempt suicide (Kulkin et al., 2000; Friedman et al., 2008). There are several other important risk factors to consider, including experiences of GB-related victimization (D’Augelli et al., 2005; Savin-Williams, 1994), gender-nonconformity (D’Augelli et al., 2006; Plöderl & Fartacek, 2009), previous suicide attempts by self or significant other (Kulkin et al., 2000; Rotheram-Borus et al., 1994), truancy (Kosciw, 2004), poor academic performance (Hall, 2007), homelessness (Rotheram-Borus et al., 1994), substance abuse (D’Augelli & Hershberger, 1993), mood and/or anxiety disorders (Bostwick et al., 2010; Rivers & Noret, 2008), sexual risk behaviors (Bontempo & D’Augelli, 2002), reactive aggression (Rivers & Noret, 2008), and low self-esteem (Kulkin et al., 2000).

In addition to these risk factors, psychologists must also assess GB male adolescent clients’ home environments. Specifically, therapists should examine the degree of family acceptance that their clients have received (Kulkin et al., 2010; Ryan et al., 2009), as well as assess for a history of parental abuse (D’Augelli et al., 2005). Psychologists must consider social environments (e.g., school environments) when working with this population. Therapists should assess for experiences of bullying in their clients’ schools (Kosciw, 2004) and consider whether
their clients have lost any peer relationships as a result of their sexual orientation (D’Augelli & Hershberger, 1993; Hershberger et al., 1997). Clients’ perceptions of school safety are important to assess as well. Specifically, therapists should examine whether clients’ schools have gay-straight alliances (GSAs), anti-bullying policies for GLB students (Goodenow et al., 2006), and supportive teachers and/or staff members (Kosciw, 2004).

When working with male, adolescent sexual minorities, it is important that psychologists consider diversity variables (e.g., race/ethnicity, rural/urban environment), as these factors may exacerbate suicide risk for this population (Ryan et al., 2009; Holmes & Cahill, 2004; Crawford et al., 2002; Kosciw et al., 2009). Furthermore, when working with male adolescents who are questioning their sexual orientation or are heterosexual and gender-nonconforming, psychologists must acknowledge that their clients may still be subject to GB-related victimization and stressors if others perceive them to be gay or bisexual (Saewyc et al., 2000; Espelage & Swearer, 2008). In addition, fear of discovery of one’s sexual orientation is an important risk factor to consider when working with GB male adolescents who have not disclosed their sexual orientation to others (Rotheram–Borus et al., 1994; Rivers & Noret, 2008).

**Individual-level interventions.** Among GB male adolescents, an important protective factor against suicidality is interaction with a caring adult figure (Eisenberg & Resnick, 2006). Therefore, the primary emphasis in therapy, regardless of modality, should be building a strong and caring therapeutic relationship, particularly when GB male adolescent clients encounter significant homophobia within their homes, schools, and communities. In order to be culturally competent, psychologists should assess their clients’ progress in the coming out process, but they should follow their clients’ leads and not attempt to influence the coming out process (Schope,
2004). For example, if a client is considering coming out of the closet, therapists should be open and upfront about the risks (e.g., ostracism, harassment) and benefits (e.g., more integrated sense of self, reduced stress of being discovered) of coming out (Paul et al., 2002). Psychologists should also provide their clients with appropriate resources that provide information about homosexuality or bisexuality. Ultimately, however, clients must decide whether to disclose their sexual orientations to others, and their psychologists should be supportive and help them prepare for the consequences of either decision.

When working with GB male adolescent clients, psychologists should assess the mechanisms by which their clients respond to or cope with GB-related victimization and prejudice. Some clients may internalize homophobia, resulting in psychopathology (e.g., mood, anxiety, and trauma-related disorders; Bostwick et al., 2010; Poteat & Espelage, 2007) and/or low self-esteem (Hershberger et al., 1997). Other clients may engage in externalizing behaviors and exhibit reactive aggression in response to GB-related harassment (Rivers & Noret, 2008). Furthermore, some clients may attempt to cope with GB-related stressors by engaging in substance abuse and/or high-risk sexual behaviors (Kulkin et al., 2010; Bontempo & D’Augelli, 2002). Psychologists should target these maladaptive responses and coping mechanisms in treatment, as well as help their clients develop more effective coping skills to deal with homophobia. Therefore, skills-based therapies may be beneficial for GB male adolescents who report suicide risk factors (e.g., substance abuse, depression, etc.), particularly therapies that offer strategies to enhance coping with environmental stress factors. For example, Dialectical Behavioral Therapy (DBT) is a skills-based therapy that employs several strategies that could be beneficial in a variety of distressing situations.
**Systems-level interventions.** A strong and healthy support system is one of the primary protective factors against psychopathology and suicidality for GB adolescent males (Proctor & Groze, 1994). If possible, psychologists should involve family members, especially parents, in therapy and provide them, as well as the clients, with resources that provide information about homosexuality or bisexuality (Kulkin et al., 2000; Ryan et al., 2009). If there is a significant degree of parent-child conflict, referrals to family therapy may be appropriate.

School-based interventions are ideal as well. Specifically, psychologists should advocate to schools, on behalf of their clients, to educate other students about homosexuality and bisexuality, allow the formation of GSAs, and implement anti-bullying policies that specifically protect GLB youth (Poteat, 2008; Friedman et al., 2008; Kosciw, 2004; Phoenix et al., 2006). In addition, psychologists should provide teachers and school staff members with information about bullying, homosexuality, and bisexuality, as well as collaborate with schools to identify adult figures who are available to and supportive of GLB students (Eisenberg & Resnick, 2006; Goodenow et al., 2006).

While family and school-based interventions are ideal for this population, the unfortunate reality is that many families and school systems are unwilling to collaborate with psychologists and/or are unwilling to support GLB adolescents due to homophobic biases. If possible, psychologists should identify accessible community-based organizations where GB male adolescents who have been rejected by family members and/or peers will be able to interact with other GLB youth and build a strong support system. Referrals to group therapy may be appropriate for this population as well.

In regards to social justice, psychologists should advocate for legislation that protects GLB individuals, particularly youth, from harassment and discrimination (Hatzenbuehler et al.,
Furthermore, psychologists should advocate against statewide bans on gay marriage and promote equal rights for individuals of all sexual orientations (Ponce et al., 2010). Psychologists should collaborate with organizations that support GLB youth and participate in demonstrations for GLB rights (e.g., Pride parades). Furthermore, psychologists should advocate to media agencies (e.g., television networks, production companies) for more diverse representations of GLB individuals, in order to minimize the effects of relative invisibility (Fryberg & Townsend, 2008).

**Limitations of Research**

Traditional models of the coming out process (e.g., Cass, 1984; Troiden, 1979) do not reflect changes in the developmental timeline (e.g., age of disclosure) and increases in media representation of GB men. However, these models are still cited frequently in GLB research. Furthermore, these models assume that the identity development process is equivalent for GLB men and women and for homosexual and bisexual individuals. Similarly, many studies group GLB men and women (e.g., Kulkin et al., 2000; Rosario et al., 2001; Gomillion & Giuliano, 2011), or GB men (e.g., Zhao et al., 2010; Russell & Toomey, 2012), together as if all sexual minorities share the same experiences, regardless of the effects of gender or of bisexuality.

In many studies that examine the experiences of GB male adolescents, experimenters recruit participants from GLB community centers (e.g., D’Augelli et al., 2005; Hershberger & D’Augelli, 1995). These samples may not be representative of the population, as these youths have access to supportive adults and peers with GLB identities, which is protective against psychopathology and suicidality. Furthermore, definitions of gender nonconformity are inconsistent across studies, and many researchers identify gender-nonconforming youth based on parent or observer ratings, retrospective self-report measures, or indirect measures (e.g.,
Blanchard et al., 1983; Green, 1976; Bell et al., 1981). Therefore, these samples may not be truly representative of gender-nonconforming adolescents.

Several of the studies examining risk and/or protective factors were correlational, so the researchers were not able to demonstrate causation (e.g., Bostwick et al., 2010; Russell & Joyner, 2001; Kulkin et al., 2000). Furthermore, several of the qualitative studies in which participants described the effects of media consumption on their coming out processes were retrospective (e.g., Gomillion & Giuliano, 2011; Bond et al., 2009; Kivel & Kleiber, 2000). Since there have been generational differences in visibility of GB men in the media and in the coming out process, GB adults likely had different experiences than current GB adolescents. Furthermore, research on the experiences of sexual minorities who are also racial or ethnic minorities is scant, and very few studies compare GLB racial minority adolescents to GLB White adolescents (Crawford et al., 2002).

Future Directions

There is a need for researchers to examine the influence that increased media representation has on the coming out process, in order to confirm that increased visibility is associated with an earlier age of disclosure. Furthermore, psychologists should either update traditional models of the coming out process or develop a new coming out model to reflect changes (e.g., age of first disclosure) that have occurred as a result of increasing visibility and societal acceptance.

Researchers should compare the experiences of gay adolescent males to the experiences of bisexual adolescent males to determine if they share similar experiences and processes of coming out. In addition, there is a need for researchers to examine the experiences of GB racial and/or ethnic minority adolescent males and compare these populations to control groups (e.g.,
White GB adolescent males). When developing interventions and/or treatment modifications to address suicidal behaviors among GB adolescent males, psychologists should identify coping strategies that are age-appropriate and effective for coping with GB-related victimization and homophobia. Furthermore, researchers should examine the effectiveness of skills-based therapies, such as DBT, in reducing suicide risk among gay male adolescents.

As members of the field, clinical psychologists should advocate to media sources for more diverse and realistic representations of GB men. Furthermore, psychologists should participate in events and support organizations that seek to raise awareness of GLB-related issues (e.g., discrimination, bullying). Lastly, clinical psychologists should advocate for protective policies that support GLB individuals at the school, community, state, and national level.
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