Protective factors in sexual minority graduate students: A review of the literature

Abstract
Gay, lesbian, and bisexual (sexual minority) individuals are at greater risk of experiencing risk factors for negative health and psychological outcomes in adolescence than their straight counterparts. This is largely due to the stigma and social consequences of outwardly identifying as a sexual minority. However, some sexual minority individuals experience protective factors that bolster social support during adolescence, which may act as a buffer against the effects of stigma leading to more positive health and psychological outcomes in adulthood. Both adolescent risk factors and protective factors in sexual minority individuals may contribute to professional success and achievement in adult life vis-à-vis their resultant psychological and health outcomes. As sexual minority individuals in adolescence tend to experience risk and protective factors differently from their straight counterparts, the same may also be true for individuals attending graduate school. Certain protective factors in adolescence may be commonly experienced for individuals who end up attending graduate school. Very little empirical research has been conducted to examine the differential experiences during adolescence with regard to protective factors and sexual minority identification in graduate students. This paper focuses on the impact that protective factors during adolescence may contribute to graduate school as an outcome for sexual minority individuals. Specifically, family support, social support, ego identity, personal psychological resources, and acceptance are considered. Areas of future research are also discussed.

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PROTECTIVE FACTORS IN SEXUAL MINORITY GRADUATE STUDENTS: A
REVIEW OF THE LITERATURE

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ABSTRACT

Gay, lesbian, and bisexual (sexual minority) individuals are at greater risk of experiencing risk factors for negative health and psychological outcomes in adolescence than their straight counterparts. This is largely due to the stigma and social consequences of outwardly identifying as a sexual minority. However, some sexual minority individuals experience protective factors that bolster social support during adolescence, which may act as a buffer against the effects of stigma leading to more positive health and psychological outcomes in adulthood. Both adolescent risk factors and protective factors in sexual minority individuals may contribute to professional success and achievement in adult life vis-à-vis their resultant psychological and health outcomes. As sexual minority individuals in adolescence tend to experience risk and protective factors differently from their straight counterparts, the same may also be true for individuals attending graduate school. Certain protective factors in adolescence may be commonly experienced for individuals who end up attending graduate school. Very little empirical research has been conducted to examine the differential experiences during adolescence with regard to protective factors and sexual minority identification in graduate students. This paper focuses on the impact that protective factors during adolescence may contribute to graduate school as an outcome for sexual minority individuals. Specifically, family support, social support, ego identity, personal psychological resources, and acceptance are considered. Areas of future research are also discussed.

Keywords: lgbt, sexual minorities, risk factors, protective factors
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Introduction

Lesbian, gay, and bisexual (sexual minority) identification is less seen as a risk factor in recent years than the stigma that is associated with identifying as a sexual minority. As more people come out identifying as a sexual minority at younger ages (Bohan, Russell, & Montgomery, 2001), awareness has grown about the risk of the stigma associated with that identification. While sexual minorities as a whole may be more likely to experience the stigma risk factor, this risk may have a more profound impact on the lives of individuals coming out during adolescence (Russell & Joyner, 2001). It is important to note that it is not sexual identity itself that is a risk factor, but the stigma that may be associated with an identity as a sexual minority. The stigma experienced by sexual minorities can be characterized as sexual prejudice (commonly referred to as homophobia or heterosexism), and it is the impact of this phenomenon along with protective factors during youth and adulthood with regard to graduate students that will be examined.

Risk and protective factors are important to examine because of the effects they have on psychological outcomes. Sexual prejudice, stereotyping, and a pull toward sexual minority communities are intergenerational experiences that affect sexual minority individuals of all ages. Sexual minority adolescents face struggles that are unique to developing an identity as sexual minorities (Potoczniak, Aldea, & DeBlaere, 2007) compared to their straight counterparts in the context of a culture that sees them as second-class citizens. This struggle may have developmental implications for sexual minority individuals as they progress from adolescence and begin to solidify their identities in adulthood. Despite the social progress that has been made with regard to gay
rights in the United States, sexual minority individuals still struggle with the effects of
the stigma on a daily basis.

**Purpose**

The purpose of this review is to investigate the protective factors experienced by
sexual minority graduate students. There is an abundance of empirical research
investigating protective factors in sexual minority adolescents. There is less but still
thorough research investigating protective factors in sexual minority adults, but none
found by this author that specifically looks at risk and protective factors experienced by
sexual minority graduate students. A better understanding of the protective factors
experience in graduate school and their outcomes may provide information to graduate
programs, community resources, and societal institutions about how to meet the unique
needs and challenges of sexual minority graduate students and applicants.

Sexual minority individuals in general experience unique challenges in the
context of a society where a sexual minority status may still be seen as taboo. It is
important to understand how to compensate for these challenges in order to ensure sexual
minority graduate students are as successful as students who do not identify as a sexual
minority and do not experience the unique challenges that affect this minority group.
According to Spencer and Patrick (2009), “social stigma and the resulting psychosocial
consequences of developing in a heterosexist society, as well as the protective factors
against these negative influences, must be better understood to build a more inclusive and
comprehensive social and developmental psychology” (p. 192).

While there are several potential risk and protective factors that contribute to
myriad psychological and health outcomes for sexual minority individuals, some factors
may be more shared or unique to the experience of individuals identifying as a sexual
minority graduate student. As graduate students are often between the ages of 20 and 40,
there may be protective factors in adulthood beyond the adolescent experience that are
highly relevant. Because the graduate school application process and graduate school
itself may be considered arduous and demanding on the lives on individuals embarking
on such a pursuit, sexual minority individuals who experience risk factors with regard to
stigma may have a differential experience from not only their straight counterparts but
their adolescent and non-graduate-school-attending sexual minority peers. In point of
fact, their likelihood of pursuing graduate school in the first place or successfully
completing a graduate program may be lessened due to the extenuating social and
psychological pressures of identifying as a sexual minority. However, the connection
between these aspects has not been explicitly examined in the literature.

This paper will review risk factors and protective factors during adolescence and
adulthood as influences on the potentially differential experiences of sexual minority
graduate students. Specifically, literature on risk and protective factors are explored as
reasons sexual minority adults may end up attending graduate school and what protective
factors might be bolstered in adolescence in order to facilitate success as an adult. The
paper will conclude by identifying implications and potential future research based upon
the reviewed literature. Research in this area is pertinent at an individual level by
providing a more thorough consideration of an aspect of experience that influences the
career prospects and psychological and health outcomes of sexual minority individuals; a
community level by informing community resources and university policies; and, finally,
a societal level by elucidating the experiences of a minority that is continually growing in social visibility.

**Definitions**

For the purposes of this review, the term *sexual minority* includes those individuals not identifying as strictly straight or heterosexual who self-identify as lesbian, gay, bisexual, or some other status on the basis of their personal sexual identity. This definition does not include those individuals who identify as straight and engage in sexual intercourse with members of the same sex. This review investigates research on the experiences of individuals on the basis of their sexual minority identification or status (terms used interchangeably in this review) rather than their sexual behavior.

This review will also use the term *sexual prejudice* rather than the more colloquially known *homophobia* or *heterosexism*. According to Herek (2010), “*sexual prejudice* refers to negative attitudes toward an individual because of her or his sexual orientation” (p. 19). This may include negative attitudes toward homosexual behavior, sexual minority identity or orientation, and sexual minority communities. Additionally, these attitudes may be held by any individual sexual minority or otherwise.

**Adolescence**

The following section includes a review of the literature related to risk factors for sexual minority individuals in adolescence. A great deal of research has been completed in this area. Suicide, bisexual identity, stigma, and self-concealment of sexual identity will be explored in this section.
**Risk Factors**

Along with the stigma of sexual minority identification come several situational factors that affect how an individual relates to others and themselves. These stressors include outright discrimination, the expectation of discrimination, internalized sexual prejudice (stigma) and remaining in the closet (Rothman, Sullivan, Keyes, & Boehmer, 2012). Straight youth have an automatic privilege in terms of meeting developmental milestones compared to sexual minority youth in the sense that they do not have to meet the additional challenges of sexual stigma thrust upon them by a heterosexist society (Spencer & Patrick, 2009). The sexual identity of straight youth is presumed from the start and they are living up to the societal and familial expectations imposed upon them from the start. Yet, more research is required to more fully understand the differential experiences of development milestones between sexual minority and straight youth. Remaining in the closet about one’s sexual identity means hiding a part of oneself that is simultaneously valued and disparaged in this society. The degree to which coming out is beneficial is largely dependent on the degree of acceptance received by primary supports. Because of this, it may not always be beneficial for an individual to come out. The choice for many is to stay in the closet suppressing and hiding their sexual identity or coming out into a hostile and unaccepting society or family.

Increasingly, individuals are choosing to come out during adolescence, a crucial time of development and identity solidification and experimentation. In this review, the primary overarching risk factor is considered stigma and the main all-encompassing protective factor is considered acceptance. Either stigma or acceptance may be received from others or the self, comprising the sexual minority individual’s internal and external
experiences. Risk factors tend to increase the chances of negative outcomes and protective factors tend to increase the chances of positive outcomes; however, there has been little research on how risk and protective factors in adolescence translate into negative and positive outcomes in adulthood, rather than more immediately in adolescence. Rothman et al. (2012) admits that the link between adolescent risk and protective factors, and negative and positive adult outcomes has not yet been fully established.

**Negative Outcomes.** Sexual minority youth are at a much greater risk of suicide than their sexual majority counterparts. Studies indicated that sexual minority youth experience suicidal ideation at a significantly greater rate compared to the general adolescent population (Russell & Joyner, 2001); additionally, sexual minority youth attempt suicide at rates significantly greater than the general adolescent population attempts suicide (Russell & Joyner, 2001). Along with suicidality, other negative outcomes in sexual minority youth greater than the general adolescent population include depression, substance abuse, adverse sexual outcomes (Pathela & Shillinger, 2010), mental health problems (Jorm, Korten, Rodgers, Jacomb, & Christensen, 2002), juvenile detention, homelessness (Ryan, Huebner, Diaz, & Sanchez 2009), harassment and violence, dropping out of school, and body image dissatisfaction (Frankowski, 2004; Blake et al., 2001). Collectively, these negative outcomes hinder an individual from achieving as well as they might if the stigma against sexual minority status did not exist.

**Bisexual Identification.** Research also shows that students identifying as bisexual are at even greater risk for many of these negative outcomes than even gay- or lesbian-identified adolescents (Robin et al., 2002). Bisexual individuals are in a unique
position to be at greater risk for stigma than their gay or straight counterparts, because their sexual identity is more fluid and less defined. It is this fluidity that may hinder identification with either the straight or gay communities, while increasing the risks associated with stigma overall; not only may stigma be experienced from the sexual majority, but also from other sexual minority members who do not identify or understand a bisexual orientation. In addition, bisexual youth showed greater risk behavior probably because they were more likely to identify as a sexual minority than their straight-identified counterparts who had same-sex sexual experiences (Pathela & Shillinger, 2010). Bisexual youth are more likely to experience stigma than either their straight or gay counterparts, and bisexuality is much more common in youth than in adulthood (Jorm et al., 2002). Because of this, trouble in school along with the other risk factors associated with stigma will make it more difficult to achieve as much academically, socially, and psychologically as their peers; their chances for positive outcomes are lessened.

**Stigma.** Social and interpersonal distress experienced in the form of stigma from other individuals and society as a whole leads to these aforementioned outcomes. A social and cultural environment that is critical of emerging sexual orientation increases the likelihood of isolation due to a fear of being discovered by others. While the stigma experienced after coming out increases the chances of negative outcomes, not coming out (being in the closet) leads to isolation and fragmentation of self that can also lead to negative outcomes (Nesmith, Burton, & Cosgrove, 2008). This lack of visibility to society and other individuals reduces an individual’s access to social support, a protective factor (Nesmith, Burton, & Cosgrove, 2008). These situations can interfere with an
adolescent’s achievement of developmental tasks related to self-esteem, identity, and intimacy. Social isolation, abuse, violence, and poorer healthcare access compound the risk factors that lead to risky behavior. Negative family reactions to sexual orientation have a negative influence on the development of adolescents. Adverse, punitive, and traumatic reactions by parents or other primary caregivers will have a negative impact on risk behavior therefore leading to further negative outcomes. Adolescents with no or low levels of family rejection have a significantly lower risk for negative outcomes than those from highly rejecting families (Nesmith, Burton, & Cosgrove, 2008). Conflict regarding sexual identity is a primary cause of ejection or removal from the home (Ryan et al., 2009).

**Self-Concealment.** For all individuals, sexual minority or not, self-concealment in general, not just about sexual identity, has harmful effects on mental health with an increased risk of mood and anxiety symptoms (Larson & Chastain, 1990). Being in the closet is a unique experience for sexual minority individuals and may hold a meaning with unknown consequences, because, as Kavanaugh (1995) explains, the sexual minority individual must conceal this aspect of their identity in many areas of life that are nonsexual, including the workplace, at school, in public, and so on, that to sexually conforming individuals may seem benign.

As has been mentioned, risk factors in the form of stigma, personal sexual identity, and the choice to conceal one’s identity increases the risk of various negative outcomes for sexual minority individuals. Along with the risk factors that increase the chances for negative outcomes are protective factors that increase the chances for positive outcomes.
Protective Factors

Despite the risk for negative outcomes associated with the stigma of sexual minority identification, there are many protective factors that lead to positive outcomes for sexual minority adolescents. It is important to investigate how sexual minority youth overcome this risk in order to live fulfilling and successful lives. Protective factors may include personal psychological resources, such as a strong ego identity, external resources (e.g., community involvement, accepting friends and family), and environment contexts (e.g., greater visibility of sexual minorities in the community at large and a sense of belonging in the community at large). Protective factors are those internal and external influences that promote success and positive psychological and health outcomes for the sexual minority individual.

Social Acceptance. McCallum and McLaren (2011) studied how the sense of belonging in sexual minority adolescents to the general community and the GLB community predict depressive symptoms. Because of the challenge of stigma, it is difficult for sexual minority individuals to find a sense of belonging rather than experience a sense of isolation associated with being both in and out of the closet. This sense of belonging increases psychological well-being. McCallum and McLaren found that a sense of belonging to the GLB community and a sense of belonging to the overall community benefit sexual minority adolescents’ mental health. The effects of belonging to the general community had a direct effect on positive mental health outcomes and a sense of belonging to the GLB community had an indirect effect. It is important to understand how these protective factors influence the lives of sexual minority individuals and how and what protective factors mitigate the effects of adolescent risk factors.
A major factor that has been found to be protective and buffer the effects of other sexual minority-related stressors is a sense of community. That sense of community may include a sense of belonging within the GLB community or a sense of integration with the community as a whole. The settings in which sexual minority youth find themselves interacting with others are broadly the same as other adolescents. These environments might be the home, school, or community at large (Morrow, 1993). The settings may also include social groups or places where it is safe to meet with individuals who have similar sexual minority experiences; therefore, interactions with and examinations of the qualities of the social environment are paramount in considering the risk factors faced by sexual minority youth and how those experiences may affect or interact with either their positive or negative adult psychological outcomes.

Students attending a school-based support group for sexual minority adolescents called Program 10 established by the Los Angeles Unified School District tended to have improved attendance, academic performance, and family relationships (Uribe, 1994). In addition, the Lesbian, Gay, and Bisexual Youth Program in Toronto, Canada, was found to decrease the sense of isolation and increase psychological well-being for those youth attending (Travers & Paoletti, 1999). While these groups for sexual minority youth are increasing in availability across the world, more research still needs to be done to understand their value in terms of mental health and long-term outcomes (McCallum & McLaren, 2011). McCallum and McLaren (2011) also found that youth who participated in Minus18, a GBLT group in Victoria, Australia, reported more of a sense of belonging and less depression compared to other sexual minority individuals who did not participate in the group, concluding that membership in such a group helps individuals integrated
into the community as a whole and is beneficial to their mental health. Other research has shown that those adult lesbians with a sense of belonging to the GLB community exhibit fewer depressive symptoms (McLaren, 2009). The link between the sense of belonging in adolescence and the sense of belonging in adulthood, or how belonging in adolescence is related to other domains in adulthood has not yet had extensive research.

Nesmith, Burton, and Cosgrove (2008) examined various aspects of social support for sexual minority youth and young adults and how these supports were used in light of societal and individual stigma. They discovered that a parent’s initial reaction to coming out was a keystone in the coming out process setting the stage for the development of social support in adolescence as a sexual minority. A major theme the authors discovered was that with both the absence and presence of family support, and with the majority of respondents reporting a negative or neutral relationship with their parents, many youth created a “family of choice” within the GLB community. It appeared as though sexual minority youth were adapting to a lack of familial support by bolstering their community support. This community support is likely facilitated by the fact that sexual minority individuals share a common cultural experience of discrimination and marginalization due to sexual minority identification (Kimmel, 2000). In fact, Kimmel (2000) found that common experiences shared with sexual minority peers reduced isolation, thereby constituting a protective factor from negative outcomes.

Growing up in a homophobic environment is a risk factor for negative outcomes, and coming of age as a sexual minority in an accepting environment is a protective factor for positive outcomes. The range of quality and types of social support that may exist between totally rejecting and totally accepting social situations can impact a sexual
minority youth’s social network in a variety of ways including the development, size, quality, and security one may find in that support (Nesmith, Burton, & Cosgrove, 2008). Nesmith, Burton, and Cosgrove (2008) go on to say that social service providers may model or present positive and effective ways of approaching the coming out process and navigating their social support network during this potentially strained time.

Meyer (1995) suggested that sexual minority individuals experience a unique cultural phenomenon as they, unlike other types of minority individuals, are born into families who do not belong to the same cultural group. Overall, they may live out much of their lives isolated from sexual minority cultural groups. According to Meyer’s theory, heterosexism experienced in the context of social and cultural isolation reinforce the internalized minority status. As we have seen, exposure to and identification with groups of other sexual minority individuals is a protective factor that can prevent negative consequences in adolescence.

**Coming Out.** Sexual minority individuals who do come out have a variety of experiences and these experiences tend to suggest particular types of outcomes. Rothman et al. (2012) found that for females, but not males, in a sample of Massachusetts sexual minority youth, coming out to parents was associated with few negative outcomes like risky health behavior and more positive outcomes like greater physical and mental health. Despite this, Rothman et al. (2012) also found that the environment into which youth come out has a significant effect on risk and outcomes. For both males and females, lack of familial support tended to suggest negative health risk behaviors along with negative mental health outcomes such as depression. This suggests the effect of negative outcomes that stigma can have on youth who come out and the lack of family support that
they risk in doing so. The results found by Rothman et al. (2012) support other research that has found links between parental support and mental health in sexual minority youth (Ryan et al., 2009).

The connection between disclosure of sexual orientation and its protective aspects has been found to be significant not only in terms of self-acceptance but in the reduction of stress associated with concealment and coming out as a predecessor to developing a healthy social support network (Rosario, Schrimshaw, & Hunter, 2009). While coming out itself to family and friends is a significant aspect of development for sexual minority individuals, the reactions by others in the social support network vary considerably across experiences. In addition, while individuals tend to come out to friends before family members (Beals & Peplau, 2006), there is still a considerable amount of anxiety about the reactions of those friends and losing that social support (Diamond & Lucas, 2004). After all, being out about sexual orientation is related to experiencing more victimization in school (D’Augelli, Pilkington, & Hershberger, 2002).

Ultimately, Rosario, Schrimshaw, and Hunter (2009) discuss the difference between an accepting reaction to coming out as opposed to a rejecting reaction to coming out. Acceptance relieves fear and bolsters social support and rejection increases stressors, risk of confrontation, loss of support, social isolation, and negative self-image. This examination speaks to the effects of stigma in an institutionally heterosexist, homophobic society: social support is a protective factor for sexual minority individuals and social rejection is a risk factor. Accepting reactions from social support should be stress-buffering during the coming out process and throughout the life of the individual, leading to higher self-esteem and more support; however, this phenomenon underscores
how dependent the psychological health of the individual is dependent on the social context in which one finds oneself.

Rosario, Schrimshaw, and Hunter (2009) found that it was not the number of times an individual came out that was related to substance use, rather the number of perceived rejecting reactions. More rejecting reactions to coming out was associated with greater tobacco, alcohol, and marijuana use on top of the symptoms associated with abuse. They found this to be true even after they controlled for emotional distress, meaning that rejection was directly associated with substance use. Therefore, substance use was not used to cope with emotional distress due to coming out per se, but to cope with emotional distress caused by the stigma associated with coming out that leads to low self-esteem and internalized sexual prejudice. As a protective factor, accepting reactions to coming out were found to moderate future alcohol use (rather than all substance use examined) over time, blunting the effects of earlier rejecting reactions. So, while it is impossible to prevent all rejecting reactions to coming out by individuals who provide social support to sexual minority individuals, acceptance later on may be a protective factors, lessening the effects of initial or early rejection.

**Internal Resources.** Spencer and Patrick (2009) asserted that personal mastery and social support are protective factors against negative psychological outcomes for sexual minority individuals. Pearlin and Schooler (1978) define mastery as the degree to which an individual believes he/she can control the forces that affect their lives. A sense of mastery reduces stress and increases well-being among individuals. Due to the automatic disadvantage of sexual minority individuals in the sense of the stress they experience due to stigma about sexual orientation, they are at greater risk for stress and
lower well-being overall. Understanding the mechanisms behind personal mastery may give us clues as to how to promote the well-being and reduce the stress (making more robust the protective factors) of sexual minority adolescents, thereby increasing the likelihood of positive psychological outcomes.

Overall, Spencer and Patrick (2009) found that internal resources such as self-esteem and external resources such as social support were associated with relatively positive psychological outcomes for their research sample. This corroborates research by Anderson (1998) that suggested such personal resources were protective in terms of identity maintenance and resilience. Differences between groups based on sexual minority identification were significantly lessened when the mediating relationships of personal mastery and social support were considered. Part of what limits the effects of protective factors for sexual minorities is that there is less of a guarantee of social support during times of crisis and being the target of institutionalized heterosexism might increase a sense of victimization leading to decreased personal mastery. This further highlights the need for sexual minority individuals to develop protective factors both internally and externally in order to cope during all phases of life and underscores the need for us as professionals in the field of psychology to understand the causes and outcomes institutionalized discrimination has on this group. While Spencer and Patrick (2009) assert that improving an individual’s social support network qualitatively in such a way that is similar to “naturally occurring systems” (p. 197) and facilitating identification with social groups may likely protect against depression and low self-esteem, they ultimately recommend that the most effective approach to reducing sexual minority stress is to reduce heterosexist societal attitudes – a tall order.
**Family.** Research has shown that families can play a nurturing and protective role in general and that family connections have been shown to protect against health risk behaviors (Resnick et al., 1997); however, these relationships are challenged by coming out in a heterosexist, homophobic society (D’Augelli, Grossman, & Starks, 2005). These relationships can improve over time as parents become more sensitive to the needs and well-being of sexual minority children. Ryan et al. (2010) point out specific familial behaviors of acceptance that have a lasting and dramatic protective influence on sexual minority youth’s identity development and health. First, they found that gender and type of sexual identity (i.e., gay, lesbian, bisexual) did not have an effect on family acceptance. However, they did find that other factors overall did appear to be associated with less acceptance of sexual minority youth: Latino, immigrant, religious, and low socioeconomic status. They assert that it is the composition of characteristics of families rather than the identity itself that makes a significant difference in distinguishing between acceptance and rejection of families. More specifically, they found that acceptance in adolescence led to positive health outcomes in adulthood like higher self-esteem, social support, and overall health and protected against negative health outcomes like depression, substance use, and suicidal ideation. Third, they found the effects of family acceptance to persist at least through young adulthood. Socially, not fitting in with the most typical labels such as “gay,” “lesbian,” or “bisexual” and not identifying with stereotypes around those identities may be an important factor in early suicide attempts for sexual minority individuals.
Social acceptance, coming out, internal resources, and family and community support all constitute protective factors for sexual minority adolescents. The next section will elucidate protective factors experienced in adulthood by sexual minority individuals.

**Adulthood**

Emerging adulthood is described as a time from the age of 18 through the late-20s after adolescence but before a solid adult identity has been formed (Spencer & Patrick, 2009). Little is known about the influence of sexual minority status on development during this time of life, a time when many students attend graduate school.

In fact, Spencer and Patrick (2009) suggest that this time of life may be the most difficult developmental stages for sexual minority individuals because sexual prejudice hinders identity exploration in adolescence in the context of a socially rejecting environment. Overall, Spencer and Patrick (2009) did find that sexual minority individuals report worse psychological well-being than their heterosexual counterparts during this life period supported by two outcome measures. They found that heterosexuals reported significantly higher self-esteem, likely due to the influence of a culture accepting of their sexual orientation. Additionally, their results supported Meyer’s (1995) minority stress hypothesis in that sexual minority identification was associated with poorer well-being, increased psychological stress, and a greater risk of depressive symptoms.

Galambos, Barker, & Krahan (2006) found a decrease in depressive symptoms and increase in self-esteem across a seven-year period for individuals during emerging adulthood. They suggested that the initial risk factors experienced in adolescence have
less influence over time. They did, however, find that other factors, such as marriage, improved psychological well-being during this life stage. As of this writing, only eleven states and the District of Columbia in the United States have legalized same-sex marriage, which limits the effects of this as a protective factor and may even represent a risk factor in the overall scheme of development during emerging adulthood. Because the majority of states have passed constitutional amendments and legislation barring sexual minority individuals from marrying, sexual prejudice is still very much institutionalized in many places across the country contributing to social ostracism and the damaging effects of sexual stigma. Spencer and Patrick (2009) admit that because we still exist in the context of a sexually prejudiced society, development is likely different for sexual minority individuals, especially those who cannot explore their personal identity, construct social support, and develop a robust sense in adolescence. This is also not to say that the risk factors such as social isolation do not continue into adulthood despite the overall rise in well-being during the developmental phase. Research in this area will be critical in creating a more comprehensive model of sexual minority identity development during adulthood and later into life.

Another study (Potoczniak, Aldea, & DeBlaere, 2007) found that social anxiety is lessened with greater social support in sexual minority individuals while ego identity commitment and exploration was heightened with greater social support. Thus, they suggest that decreased social anxiety leads to increased social support, which then leads to more robust ego identity development. On the other hand, they found that greater social anxiety leads to more self-concealment, suggesting a lessened degree of ego identity development. Again social support and acceptance is shown to enhance personal
development, constituting further evidence of it as a protective factor against negative outcomes. They further suggest that an environment of support and acceptance “should not be ignored or underestimated” (p. 454). A desire to or the need for self-concealment is a difficulty in the life of a sexual minority individual. Regardless of the potential consequences whether positive or negative, being in the closet will negatively affect someone in terms of social support and ego identity development. In the end, Potoczniak, Aldea, and DeBlaere (2007) infer that social support mediates social anxiety and one’s overall ability to engage in self-exploration and commitment.

Berger and Kelly (1996) found that sexual minority adults tend to be strongly integrated in their social networks, but that the structural map of their social lives is unique in that they tend to identify closely with families of choice in addition to or rather than their birth families. Meyer (2003) conducted a meta-analysis and found disparities in substance abuse for adults depending on their sexual orientation. Overall, similarities may be found in the risk and protective factors between adolescent and adult sexual minority individuals. This may be due to differences in developmental stage and resilience acquired during adolescence due to the various factors they may or may not have experienced. Little or no research has been conducted examining these factors in graduate students specifically.

**Discussion and Conclusions**

The purpose of this review was to investigate extant research regarding risk and protective factors for sexual minority graduate students. It is important to recognize that sexual minorities are often combined into the “GLBTQ” (gay, lesbian, bisexual,
transgender, queer/questioning) moniker; each community within this overarching label is separate and distinct with its own norms and values (Fassinger & Arsenau, 2007), especially with regard to bisexual individuals who are marginalized not only by straight people but by other sexual minorities as well (Potoczniak, 2007). The degree of unique experiences among individuals is vast. From adolescence, sexual minority individuals must deal with the risks associated with stigma whether that identity is disclosed to others or suppressed and they remain in the closet. While sexual minority identity itself is not a risk factor, it is important for clinicians and individuals to understand the risks associated with that personal identity and what the protective factors are to buffer against the risk factors.

Protective factors for adolescents and adults have included social support, community involvement, family acceptance, and internal and external psychological resources (McCallum & McLaren, 2011; Kimmel, 2000; Nesmith, Burton, & Cosgrove, 2008; Travers & Paoletti, 1999). Risk factors are largely attributed to the stigma of sexual minority identification and the resulting rejection by peers and family members that lead to many negative health and psychological outcomes (Rothman et al., 2012; Spencer & Patrick, 2009; Nesmith, Burton, & Cosgrove, 2008; Jorm et al., 2002). A greater understanding of the risk and protective factors experienced by graduate students will allow individuals, institutions, and communities to promote the success of the individuals who must cope with these unique difficulties and challenges.
Future Research

Although there is much research with regard to protective factors for adolescents, there is less research on protective factors for adults, and none that this author found specifically pertaining to graduate students. Research on protective factors has highlighted the significance of stigma as risk and external and internal supports as protective; yet, little is known about how these factors are relevant specifically to the experiences of sexual minority graduate students. There is no indication in the literature that there are any similarities or differences between graduate students and their non-graduate peers and adolescents.

Potoczniak, Aldea, and DeBlare (2007) suggest that more in-depth knowledge of moderating and mediating factors between ego identity development and sexual orientation might help mental health professionals promote higher degrees of psychological well-being for sexual minority individuals into adulthood. A greater understanding of ego identity development in this population may help by providing professionals with tools or signs that suggest a particular degree of development and what milestones or benchmarks must be reached in order to facilitate this development in clients and patients. Interventions may be structured in such a way as to foster positive outcomes.

It may be important to understand how the quality of relationships in adolescence affects the quality of relationships in adulthood for sexual minority individuals and if there is any relationship between that and positive psychological outcomes, or in this case graduate school attendance as a positive outcome. Admittedly, little research has been
done examining the influence of sexual minority identification on human development during emerging adulthood (Spencer & Patrick, 2009), a time when many individuals attend graduate school. More research will be needed in order to determine the unique developmental phenomena occurring during this time in a sexual minority individual’s life.

It is important to understand how social acceptance in adolescence impacts the adult lives of sexual minority individuals and to see if there is a connection between access to such resources and whether an individual ends up in graduate school or not. Perhaps sexual minority individuals who end up in graduate school have had similar experiences that suggest graduate school as an outcome. This information might be used to determine if expanding exposure to protective factors into other types of minority communities like racial or ethnic minority communities might help to increase the access to and likelihood of achieving a graduate level education.

Rosario, Schrimshaw, and Hunter (2009) admit that despite the importance of a robust theoretical, preventative, and intervention-oriented framework for understanding why sexual minority individuals tend to engage in riskier behavior leading to negative outcomes than their heterosexual counterparts, this phenomenon requires substantially more examination in order to understand what leads to these outcomes. Understanding how educating parents and social entities about the experience of sexual minority individuals about the potential negative effects of rejection and the potential positive results of acceptance are pertinent to explore. There is still much to learn about the effects of acceptance and rejection in this context and how education and awareness can be a protective factor. Indeed, social support programs for sexual minority individuals
have been shown to be associated with lessened substance use and other risk behavior among youth (Blake et al., 2001). As awareness grows around sexual stigma in the general population, it becomes more crucial to understand how to effectively address the concerns of these individuals.

The mechanisms behind improving family acceptance over time or increasing family acceptance to coming out in the first place require more research. Though D’Augelli et al. (2005) found this improvement in relationships between parents and their sexual minority children, research into how the conflict with family surrounding an individual’s sexual orientation can be avoided in the first place is crucial. Future researchers should look at the differences between accepting families and rejecting families and how acceptance may be fostered and supported before the fact, preventatively, rather that after the coming out process and initial rejection has already taken place.

Future research should also focus on why those individuals who do not subscribe to a stereotyped or more common identity such as “gay,” “lesbian,” or “bisexual” are at greater risk (Ryan et al., 2010). A deeper understanding of the connection between the individual and their identity and how that identity places them in society is important for understanding the nuances surrounding sexuality and how a sexual minority identity uniquely affects the individual in a social context.

Potocznik, Aldea, and DeBlaere (2007) suggest that assessing ego identity within a particular group of people may elucidate the psychosocial characteristics of that group, describing how professionals, individuals, and institutions may structure support to aid
that group. As sexual minority individuals face distinctive difficulties during identity
development (Kimmel, Rose, & David, 2006), it will be important to more thoroughly
conceptualize their need for protective factors with regard to ego identity development.
This is all the more important in the context of the sexual minority experience of
prejudice and oppression.

Jordan and Deluty (2000) discuss how concealing personal information about
oneself affects perceptions of social support. In their study, sexual orientation disclosure
and significant relationship satisfaction are related such that more concealment of sexual
orientation suggested less satisfaction with their relationships in general. Because sexual
minority individuals generally have perceptions of less social support, more research
about the quality, quantity, and perceptions of coming out will help elucidate the link
between being out of the closet and quality of life differences between adolescence and
adulthood.

Exploration of how bisexual individuals fit into the overall schema of the sexual
minority communities as a whole is pertinent due to the differences found between their
experiences with “monosexual” individuals (lesbians and gays) (Potoczniak, 2007).
More research in the context of bisexual identity development in the context of
discrimination and misunderstanding from both sexually conforming individuals and
sexual minority individuals will be important in illuminating the nuances that
differentiate the various communities and individuals identifying as a sexual minority.
Implications

Research on protective factors in sexual minority graduate students has implications for policies and programs at the individual, community, and societal levels. This author found no research specifically regarding the protective factors of graduate students, despite thorough research completed regarding protective factors in adolescence and adulthood in general for sexual minority individuals. It will be important to discern the unique difficulties experienced by these individuals in order to provide graduate schools, prospective and current graduate students, and community organizations and families the tools to promote and enhance protective factors and thus the likelihood of success for sexual minority graduate students.

Examples may include promoting group visibility of sexual minorities on a societal level such as advocating for political change; enhancing sexual minority focused community programs; enforcing policies of inclusion for sexual minority individuals in graduate programs; and, providing tools for families in order to help them increase the chances of success for the sexual minority individual in graduate school. It will be important to elucidate any connection between sexual minority adolescent and adult protective factors with sexual minority graduate students protective factors.

Ultimately, further research has implications for a better understanding of the experiences of sexual minority graduate students. Additional research may provide a more detailed examination of what protective factors are most salient for graduate students, as well as broaden the currently expanding discussion about gay rights as a whole by providing this new perspective. Quality of life is impacted by the stigma that
sometimes comes with sexual minority identification, and a better understanding of the 
protective factors experienced by graduate students has relevance for not only graduate 
programs but the individuals who attend them and the families and social institutions that 
support them.
References


