Correlates of Internalized Homophobia in a Community Sample of Lesbians and Gay Men

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Abstract

Objective: To systematically assess internalized homophobia and its correlates among gay men and lesbians. *Design:* A measure of internalized homophobia (IHP) was administered to a community sample of lesbians and gay men, along with measures of psychological well-being, outness, and perceptions of community. *Results and Conclusions:* Women's IHP scores were significantly lower than those of men. For lesbians and gay men alike, internalized homophobia was associated with less self-disclosure to heterosexual friends and acquaintances and less sense of connection to the gay and lesbian community. Lesbians and gay men with the highest IHP scores also manifested significantly more depressive symptoms and higher levels of demoralization than others, and high-IHP men manifested lower self-esteem than other men. IHP scores were not associated with disclosure to parents or the recency of developmental milestones for either lesbians or gay men.

INTRODUCTION

Like many other societies, the culture of the United States is pervaded by heterosexism, an ideological system that denies, denigrates, and stigmatizes any nonheterosexual form of behavior, identity, relationship, or community (1, 2). Most children who grow up in the U.S. internalize societal heterosexism from an early age. Consequently, lesbians and gay men usually experience some degree of negative feeling toward themselves when they first recognize their own homosexuality in adolescence or adulthood. This sense of what is usually called *internalized homophobia* often makes the process of identity formation more difficult and can pose psychological challenges to gay men and lesbians throughout life (3 - 8). In the course of recognizing their homosexual orientation, developing an identity based on it, and disclosing their orientation to others — the process usually termed *coming out* — most lesbians and gay men successfully overcome the threats to psychological well-being posed by internalized homophobia. They manage to reclaim disowned or devalued parts of themselves, developing an identity into which their sexuality is well integrated (5).

Despite widespread recognition that internalized homophobia represents an important challenge to gay and lesbian mental health, few published empirical studies have attempted to assess its prevalence or identify its correlates (9). The available data suggest that higher levels of internalized homophobia are associated with lower self-esteem and greater psychological distress, such as depression (9 - 14). Internalized homophobia has also been found to correlate with lower levels of self-disclosure about one's sexual orientation, or being out of the closet (hereafter referred to as "outness"), and reduced social support (9, 12, 15, 16). Findings in this area are confounded, however, because the measures of internalized homophobia used in these studies also included items about outness and attitudes toward social involvement with other gay people and the gay community.

A striking limitation of previous empirical investigations of internalized homophobia is that nearly all of them have focused on men. We found only two published studies that reported data on internalized homophobia among lesbians. Bell and Weinberg (17) reported that lesbians in their San Francisco sample expressed somewhat less regret than gay men about their homosexuality, and were somewhat less likely to say that they would have

liked a magic pill to make them heterosexual. Kahn (18), using an original measure that appears to have focused on acceptance of societal stereotypes about lesbians (items and psychometric data were not included in the published report), found that higher levels of internalized homophobia were associated with expressing more traditional attitudes toward gender roles, feeling more intimidated by and less individuated from one's parents, and feeling less comfortable about disclosing one's lesbian identity to others. Given widespread recognition of the importance of internalized homophobia for lesbians (6, 7), a clear need exists for empirical data in this area.

One of the challenges for research on internalized homophobia is how to operationalize the construct. Although mental health practitioners and researchers generally agree about the broad definition of internalized homophobia — that is, negative feelings about one's own homosexuality — they vary widely in their specific conceptualizations and operationalizations of this construct (9). Thus, internalized homophobia has been operationalized not only as dislike of one's own homosexual feelings and behaviors, but also as hostile and rejecting attitudes toward other gay people, denigration of homosexuality as an acceptable lifestyle, unwillingness to disclose one's homosexuality to others, perceptions of stigma associated with being homosexual, and acceptance of societal stereotypes about homosexuality (9, 11, 15, 16, 18 - 20). As Shidlo (9) noted, many of these constructs might better be regarded as correlates of internalized homophobia rather than manifestations of it.

To avoid this problem, the present study employed Martin's measure of internalized homophobia, which represents a fairly narrow definition of the construct (19, 20). The items focus primarily on dissatisfaction with being homosexual and desiring to become heterosexual. Thus, in contrast to multidimensional approaches (9, 15, 16), Martin's instrument does not equate internalized homophobia with other phenomena such as reluctance to disclose one's sexual orientation to others. It thereby avoids a possible confound that would be introduced by treating interpersonal disclosure as both a component of internalized homophobia and a correlate of it.

We sought to document the relationship of internalized homophobia to psychological well-being, identity integration, and community perceptions in a nonclinical sample. We recruited lesbians and gay men at a community event in Sacramento (CA), assuming that they generally represented well-functioning individuals with a gay or lesbian identity sufficiently integrated to allow them to attend the event. Because such individuals are likely to have generally positive feelings about their homosexual orientation, we hypothesized that most members of the sample would manifest no internalized homophobia or very low levels of it. To the extent that internalized homophobia was observed, however, we expected that it would be associated with lower levels of psychological well-being, less openness about one's sexual orientation, less sense of community involvement, and a heightened sense of being stigmatized as a consequence of a homosexual orientation.

METHOD

Sample and Procedure

Participants were 75 women and 75 men recruited at a large lesbian/gay/bisexual street fair in Sacramento (CA). Attendance at the festival was estimated by organizers to have exceeded 4000. The research team rented a booth at the fair, from which participants were recruited. Volunteers were paid $5, offered a soft drink, and provided space in a shady area to complete the questionnaire, which required approximately 40 minutes. Of the 150 questionnaires, 3 were discarded because of excessive amounts of missing data. This left 147 questionnaires, 74 from women and 73 from men. Because a small number of respondents did not answer all of the questions, *n*s differ slightly for the various measures reported below.

Measures

Only the measures relevant to the present paper are described here. Additional information about the questionnaire has been reported elsewhere (21).

Internalized homophobia. Internalized homophobia was assessed with a 9-item measure adapted for self-administration from interview items developed by Martin and Dean (19). Following Meyer (20), we refer to these items as the IHP scale. The IHP items were originally derived from the diagnostic criteria for ego-dystonic homosexuality contained in the Diagnostic and Statistical Manual (22). Previous research has indicated that the self-administered version of the IHP scale has acceptable internal consistency and correlated as expected with relevant measures (23). Items were administered with a 5-point response scale, ranging from *disagree strongly* to *agree strongly*. For the present sample, $\alpha = .71$ for women and .83 for men. The IHP items are reprinted in the Appendix.

Psychological well-being. Three aspects of

psychological well-being were assessed. *Depressive symptoms* during the previous 30 days were assessed with the 20-item Center for Epidemiologic Studies Depression scale, or CES-D (24; α = .93 for women and .94 for men). To maintain consistency throughout the questionnaire, CES-D items were administered with a 5-point response scale (rather than the 4-point scale on which scale norms are based). The response alternatives were *never, almost never, sometimes, fairly often, very often*. Using the same response format, a 23-item version of the *demoralization* scale of the Psychiatric Epidemiology Research Instrument, or PERI (25), was also administered (α = .94 for both women and men). *Self-esteem* was assessed with Rosenberg's (26) 10-item scale (α = .89 for women and .91 for men).

Disclosure of sexual orientation. Outness was assessed with three questions about the extent to which respondents had disclosed their sexual orientation to current heterosexual friends, heterosexual friends known prior to coming out, and heterosexual casual acquaintances. Each question was accompanied by a 10-point rating scale ranging from out to *none of them* to out to *all of them*. The rating scales were summed and divided by the number of items to yield a mean scale score (α = .82 for women and .87 for men). Respondents also were asked whether they had come out to either their mother or their father.

Perceptions of community. The extent to which respondents perceived their membership in the gay or lesbian community as an important component of their identity was assessed with a 10-item measure of *collective self-esteem* adapted from Luhtanen and Crocker (27; α = .84 for women and .82 for men). Sample items include "I'm glad I belong to the lesbian/bisexual [for men: gay/bisexual] community" and "My membership in the lesbian/bisexual [gay/bisexual] community is an important reflection of who I am." Respondents' perceptions of stigma in the Sacramento area were assessed with a 7-item measure of *perceived stigma* (α = .89 for women and .83 for men). Sample items include "Most people in the Sacramento area think less of a person who is lesbian/bisexual [gay/bisexual]" and "Most people in the Sacramento area willingly accept a lesbian/bisexual woman [gay/bisexual man] as a close friend." For both measures, items were administered with a 5-point response scale, ranging from *disagree strongly* to *agree strongly*. The complete set of items for both scales is reproduced elsewhere (23).

Developmental milestones. Because internalized homophobia is widely considered to be more prevalent among individuals who have recently come out, we assessed the recency of key developmental milestones. We asked respondents how old they were when each of the following events occurred: they were first sexually attracted to a person of their same sex; they had a sexual experience leading to orgasm with a person of the same sex; they first decided for themselves that they were lesbian, gay, or bisexual; and they first disclosed their homosexuality or bisexuality to another person. From these data, we computed the amount of time that had elapsed since each milestone by subtracting the respondent's age when the event occurred from their current age. If higher levels of internalized homophobia were found to be associated with the recency of one or more of these milestones, we planned to control statistically for that variable.

Demographic variables. We also assessed the following demographic variables: gender, race and ethnicity, age, educational level, income in the previous year, current employment status, marital and parental status, and relationship status. In addition, sexual orientation was assessed by asking respondents to select one of four alternatives to describe themselves: lesbian or gay; bisexual, mostly lesbian/gay; bisexual, mostly heterosexual; heterosexual or straight.

RESULTS

Sample Characteristics

Except as noted below, gender differences were not observed in demographic characteristics. The full sample (n = 147) was predominantly White (82%), with another 7% Latino, 1% African American, 2% Asian/Pacific Islander, and 1% Native American. The remaining 7% classified themselves as "other," most of them reporting mixed ancestry. Most respondents (86%) identified their sexual orientation as lesbian or gay, with another 14% identifying as bisexual. Respondents ranged in age from 16 to 68 years (M = 33 years). The sample was highly educated, with 47% having earned a bachelor's or higher degree. Only 8% had not completed any formal education beyond high school. Respondents' median annual income was in the range of $15,000 - $25,000. Twenty-five percent reported earning $35,000 or more, whereas 35% reported income of $15,000 or less. Women were more likely than men to report that they were currently working at a job for pay (85% versus 72%; *chi-square* (1, N = 145) = 3.82, p = .05). Most respondents (78%) had never been married heterosexually, but 19% had once been married, and one respondent was currently married. One-tenth of the respondents had at least one child. A majority

(60%) reported that they were currently in a long-term, committed relationship.

Internalized Homophobia

Men scored significantly higher than women on the IHP measure, and bisexuals scored significantly higher than homosexuals (*M*s = 14.79 for gay men, 19.91 for bisexual men, 11.68 for lesbians, and 16.87 for bisexual women). Analysis of variance (ANOVA) yielded significant main effects for sex (F (1, 138) = 14.66, $p < .001$) and sexual orientation (F (1, 138) = 15.89, $p < .001$). The sex-by-orientation interaction effect was not significant. As expected, most respondents scored at the lower extreme of the IHP scoring continuum. One-half of the lesbian respondents scored 9 or 10, whereas one-half of the gay male respondents scored between 9 and 13 (the theoretical range for scores was from 9 to 45). Bisexuals' scores were somewhat less skewed: Median scores were 17 for bisexual women and 19 for bisexual men. Because of the differences between bisexuals and homosexuals in their scores on the IHP scale, and because of the relatively small number of bisexuals in the sample, the remaining analyses were conducted only for respondents who identified themselves as gay or lesbian.

The skewed distribution and constricted range of lesbians' and gay men's scores on the IHP measure, although anticipated, nevertheless created a problem for statistical analysis because it was likely to deflate correlation coefficients between the IHP scale and other measures. Recognizing that this problem, coupled with our relatively small sample size, could obscure relationships among the variables of interest, we used two strategies in subsequent statistical analyses. First, we assessed zero-order correlations between IHP scores and the variables related to developmental milestones, psychological well-being, outness, and perceptions of community. Because these analyses utilize the full range of information provided by the continuous variables, they are useful in identifying subtle covariations between IHP scores and the other constructs.

Second, we used ANOVA to compare the minority of respondents who scored extremely high (for this sample) on IHP with the other respondents. For these comparisons, a respondent was considered a high IHP scorer if she or he had marked "agree" or "strongly agree" to at least one of the 9 IHP items (*n*s = 15 women and 27 men, or approximately one-third of the sample). The remaining respondents — those who had marked "strongly disagree," "disagree," or "neither agree nor disagree" to all 9 IHP items — were classified as low IHP scorers (*n*s = 51 women and 33 men, or approximately two-thirds of the sample). As expected, mean IHP scores differed significantly between those in the low-scoring group (mean IHP = 10.22 for women and 11.62 for men) and those in the high-scoring group (mean IHP = 17.00 for women and 18.69 for men; for the main effect for IHP scores, $F = 73.36$, $p < .001$).

Internalized Homophobia and Developmental Milestones

The mean age for first attraction to a member of the same sex was 11.5 for females and 10.3 for males. Mean age for first orgasm with a person of the same sex was 20.2 for females and 17.7 for males. On average, females first identified themselves as lesbian or bisexual at age 20.2, whereas men did so at age 18.7. Mean age for first disclosure of one's sexual orientation was 20.5 for females and 21.2 for males. No significant correlations were observed between IHP scores and age at these milestone events, current age, or number of years since the milestone event. Therefore, we did not control for these variables in subsequent analyses.

Insert Tables I and II about here

Internalized Homophobia and Psychological Well-Being

As shown in Table I, gay men's IHP scores were significantly correlated with depressive symptoms, demoralization, and self-esteem. To the extent that gay men manifested higher levels of internalized homophobia, they tended to report more depressive symptoms, more demoralization, and less self-esteem. The correlation coefficients for lesbians were not statistically significant.

When extremely high scorers were compared to other respondents (Table II), lesbians and gay men alike manifested significant differences in depression and demoralization. On the CES-D, Table II shows that high-IHP men scored approximately 9 points higher than low-IHP men, whereas high IHP-lesbians scored approximately 4 points higher than low-IHP lesbians. On the PERI demoralization scale, high-IHP women and men alike scored approximately 9 points higher than their low-IHP counterparts. A sex-by-IHP group interaction was not observed for either the CES-D or PERI demoralization scale.

For self-esteem, the same pattern emerged for gay men but not lesbians. As shown in Table II, gay men in the high IHP group scored more than 4 points lower than low-IHP men on the self-esteem measure, whereas lesbians in the two groups did not differ in self-esteem scores. Although the pattern of self-esteem scores in Table II suggests that the significant

difference occurred only among gay men, a significant sex-by-IHP group interaction was not detected, possibly because of the relatively low statistical power for the analysis as result of the small sample size.

Internalized Homophobia and Disclosure of Sexual Orientation

As shown in Table I, IHP scores were negatively correlated with outness to friends among lesbians and gay men alike. Table II shows that high-IHP women and men scored approximately 1 point lower (less disclosure) on the measure of outness to friends than their low-IHP counterparts.

Most of the respondents reported that their sexual orientation was known to their mother (88% of lesbians, 78% of gay men) or their father (71% of lesbians and 69% of gay men). The majority of gay men (66%) and lesbians (71%) alike said that both parents knew about their sexual orientation. Respondents were somewhat more likely to report that they had directly disclosed their sexual orientation to their mother (84% of the women and 87% of the men who said their mother knew) than their father (60% of the women and 66% of the men who said that their father knew); however, the difference was not statistically significant. Fewer than one-tenth of the lesbians (8%) and one-fifth of the gay men (19%) said that neither parent knew about their sexual orientation. IHP scores did not systematically vary according to whether respondents reported that a parent knew about their sexual orientation, or whether they had directly disclosed to either parent.

Internalized Homophobia and Perception of Community

As shown in Table I, IHP scores were negatively correlated with collective self-esteem for both women and men, indicating that respondents felt less connected to the lesbian, gay, and bisexual community to the extent that they experienced higher levels of internalized homophobia. This pattern is replicated in the comparison of high- and low-IHP respondents in Table II. Perceptions of stigma were only slightly correlated with IHP scores, as shown in Table I. However, Table II indicates that individuals with the highest IHP scores were significantly more likely than other respondents to perceive that the local climate was hostile to gay men and lesbians; this pattern was more pronounced for men than for women. [1]

DISCUSSION

As expected, higher levels of internalized homophobia were associated with less openness about one's sexual orientation and less sense of belonging to the gay and lesbian community (Tables I and II). The highest IHP scorers also manifested more depressive symptomatology and demoralization than low scorers (Table II). High IHP scores were also associated with lower self-esteem, but this pattern seemed to hold primarily for gay men.

The gender differences observed in the present study suggest that lesbians may experience internalized homophobia to a lesser extent than gay men, and that internalized homophobia may be less closely linked to self-esteem for lesbians than it is for gay men. Such a pattern might be explained with reference to empirical studies of heterosexuals' attitudes toward homosexuality, which have repeatedly shown that heterosexual men's attitudes toward gay men are more negative than their attitudes toward lesbians or heterosexual women's attitudes toward either gay men or lesbians (28, 29). Because gay men and lesbians typically are subjected to the same socialization processes as their heterosexual counterparts, it is reasonable to expect that their internalization of attitudes toward homosexuality would mirror that of heterosexuals. That is, (gay) men might be expected to internalize greater hostility toward (their own) male homosexuality relative to (lesbian) women's internalization of hostility toward (their own) lesbianism. This conclusion, however, must be qualified by two important considerations.

First, the data reported here were collected from a convenience sample that is not representative of a larger population. Because they were recruited at an event celebrating the local gay and lesbian community, participants in the present study were probably higher in self-acceptance and community involvement than many other lesbians and gay men.

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[1] *A separate report on data obtained with the present sample pointed out the relationship between criminal victimization — especially hate crime victimization — and psychological distress (21). To control for the possible effects of victimization on the outcome variables discussed in the present paper, we replicated the ANOVAs reported in Table II in a series of analyses of covariance with hate crime victimization and other criminal victimization entered as covariates (0 = never victimized, 1 = victimized at least once). The pattern of significant results was the same as in Table II, indicating that the relationships between internalized homophobia and self-esteem, depressive symptoms, and the other variables remained significant even when the effects of criminal victimization were statistically controlled.*

The lesbians recruited for the present sample simply may have not manifested sufficient variation in their IHP scores to permit adequate assessment of the relationships of IHP to mental health variables. This possibility is suggested by the fact that a majority of the lesbians scored at or only slightly above the minimum possible score on the IHP measure. A similar pattern might not have been observed in a different sample of women recruited from the same community.

A second possibility is that the observed difference between lesbians and gay men reflects limitations of the instrument. Shidlo (9), for example, suggested that the IHP may not be sufficiently sensitive to detect low or moderate levels of internalized homophobia. Perhaps even more relevant to the present discussion, the IHP scale was first developed in a study of gay men (19, 20), and may be less suitable for assessing internalized homophobia among lesbians. Such a limitation might result from item content, such as the IHP's inclusion of several items that express the desire to stop being homosexual or to develop heterosexual attractions. These items suggest a conceptualization of sexuality in dichotomous terms, with respondents expected to manifest sexual attraction to either one sex or the other. Such a polarized construction of sexual orientation may be more applicable to men's experiences than to those of women (30, 31).

That lesbians in the present sample experienced greater fluidity in their sexual orientation than the men is indicated by their responses to a question about how much choice they felt that they had about their sexual orientation. Regardless of whether they were gay or bisexual, men were more likely than women to respond that they had "no choice at all." The difference was statistically significant for homosexual respondents (80% of gay men felt they had no choice, compared to 62% of lesbians; *chi-square* (2, $N = 125$) = 6.13, $p < .05$). For bisexuals, the pattern was similar (67% of men versus 25% of women), but not statistically significant.

Before drawing conclusions about differences in internalized homophobia between lesbians and gay men, therefore, additional data should be collected from larger and more diverse samples. Ideally, such samples will be more racially and ethnically diverse than the present sample, and will include more women and men who are in the closet. Researchers should also consider comparing the measure employed in the present study with one or more other measures of internalized homophobia (e.g., 9, 15, 16), recognizing that those measures encompass broader conceptualizations of internalized homophobia than does the IHP.

It is also important to recognize that the correlational findings presented here do not reveal a causal direction in the relationships among variables. Internalized homophobia may indeed be an underlying cause of psychological distress. Alternatively, it may be indirectly related to depression because it contributes to social isolation (as a result of non-disclosure and lack of community involvement), which can lead to feelings of loneliness and depression. Yet another possibility is that psychological distress leads to feelings of dissatisfaction with many aspects of oneself, including one's sexual orientation.

Regardless of the causal relationships, the correlational patterns reported here for a nonclinical sample are consistent with observations by many gay-affirmative clinicians and theorists (4, 5, 7, 8). They suggest that practitioners should recognize the likelihood that clients who have negative feelings about their homosexuality are also likely to be more in the closet and less integrated into a gay social network than other gay people. In addition, such clients may be at heightened risk for depression and, in the case of gay men, low self-esteem. Conversely, therapists should also consider the possibility that clients who present with depressive symptoms may also have heightened levels of internalized homophobia.

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Table I

Correlations of Internalized Homophobia (IHP) Scores for Gay Men and Lesbians

	Gay Men	Lesbians
Depressive Symptoms (CES-D)	.268*	.054
	(n = 56)	(n = 58)
Demoralization	.397**	.196
	(n = 58)	(n = 61)
Self-esteem	-.447**	-.097
	(n = 56)	(n = 62)
Outness to Friends	-.336**	-.302*
	(n = 58)	(n = 65)
Collective Self-esteem	-.384**	-.465**
	(n = 57)	(n = 65)
Perceived Stigma	.117	.143
	(n = 57)	(n = 65)

Note. Variations in *n* are due to missing data on one of the two correlated variables.

[a] $p < .05$

[b] $p < .01$

Table II

Mean Scores for Gay Men and Lesbians High and Low in Internalized Homophobia (IHP)

	Gay Men		Lesbians	
	High IHP	Low IHP	High IHP	Low IHP
Depressive Symptoms (CES-D) [a]	30.28 (sd = 16.25) (*n* = 25)	21.50 (sd = 12.43) (*n* = 32)	28.31 (sd = 16.37) (*n* = 13)	24.33 (sd = 14.03) (*n* = 46)
Demoralization [b]	27.88 (sd = 17.84) (*n* = 26)	18.36 (sd = 11.91) (*n* = 33)	29.00 (sd = 18.68) (*n* = 14)	20.60 (sd = 14.34) (*n* = 48)
Self-esteem [c]	39.58 (sd = 8.76) (*n* = 26)	44.06 (sd = 6.24) (*n* = 32)	42.54 (sd = 8.31) (*n* = 13)	42.72 (sd = 6.84) (*n* = 50)
Outness to Friends [d]	4.70 (sd = 2.83) (*n* = 27)	5.63 (sd = 2.95) (*n* = 33)	4.89 (sd = 2.62) (*n* = 15)	5.89 (sd = 2.35) (*n* = 51)

(table continues)

Table II (continued)

	Gay Men		Lesbians	
	High IHP	Low IHP	High IHP	Low IHP
Collective Self-esteem [e]	38.79 (sd = 6.57) (*n* = 24)	41.67 (sd = 6.15) (*n* = 33)	41.00 (sd = 7.18) (*n* = 15)	44.18 (sd = 4.53) (*n* = 50)
Perceived Stigma [f]	24.38 (sd = 5.69) (*n* = 26)	20.03 (sd = 5.43) (*n* = 32)	21.60 (sd = 7.31) (*n* = 15)	20.43 (sd = 5.79) (*n* = 51)

Note. Variations in *n* are due to missing data on one of the two variables used in the ANOVA.

[a] Main effect for IHP: F (1, 112) = 5.346, $p < .05$.

[b] Main effect for IHP: F (1, 117) = 9.092, $p < .01$.

[c] Main effect for IHP: F (1, 117) = 3.332, p < .10.

[d] Main effect for IHP: F (1, 122) = 3.436, $p < .10$.

[e] Main effect for IHP: F (1, 118) = 6.937, $p = .01$. Main effect for Sex: F (1, 118) = 8.155, $p < .01$.

[f] Main effect for IHP: F (1, 120) = 6.443, $p < .05$.

Appendix

Internalized Homophobia Scale Items

1. I often feel it best to avoid personal or social involvement with other lesbian/bisexual women.
2. I have tried to stop being attracted to women in general.
3. If someone offered me the chance to be completely heterosexual, I would accept the chance.
4. I wish I weren't lesbian/bisexual.
5. I feel alienated from myself because of being lesbian/bisexual.
6. I wish that I could develop more erotic feelings about men.
7. I feel that being lesbian/bisexual is a personal shortcoming for me.
8. I would like to get professional help in order to change my sexual orientation from lesbian/bisexual to straight.
9. I have tried to become more sexually attracted to men.

Note. Items are presented with wording for female respondents. For male respondents, the terms *lesbian*, *men*, and *women* were changed to *gay*, *women*, and *men*, respectively (23).