

Study of Fear of Negative Evaluation, Social Avoidance and Distress among Self-Esteem in Lesbians, Gays, Bisexuals and Transgender

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Abstract

The Lesbian, Gay, Bisexual and Transgender (LGBT) community experiences higher levels of anxiety and depression than the rest of the population. The present research aims to compare the level of fear of negative evaluation (FNE), social avoidance and distress (SAD) and self-esteem (SE) among Lesbian, Gay, Bisexual and transgender residing in Delhi, NCR. Questionnaires (brief-Fear of Negative Evaluation, Social Avoidance and Distress Scale, & Rosenberg Self-Esteem) were filled by the participants belonging to the L,G,B&T group using purposive sampling technique. The data collected was further analyzed using one-way ANOVA. Results reveals that gays accounted for highest levels of Fear of Negative Evaluation, lesbians reported highest level of social avoidance and distress and transgender were found to have the highest self-esteem among L,G,B&T community. The LGB were also found to have significantly high level of social anxiety. One-way ANOVA also found the difference between the L,G,B&T groups on the domain of FNE, SAD and SE.

Key words: fear of negative evaluation (FNE); lesbians, gays, bisexuals, transgender; self-esteem (SE); social avoidance and distress (SAD).

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Introduction

Lesbian, gay, bisexual and transgender (LGBT) people face discrimination and exclusion around the world in all spheres of life. Homophobic violence and abuse targeting LGBT people occur on a regular basis. In except few countries, same-sex couples do not enjoy the same rights and protections as opposite sex couples, and consequently suffer from discrimination and disadvantage in access to social protection schemes, such as health care and pensions (Takács, 2016). Intense prejudice against lesbians, gay men, and bisexual people was widespread throughout much of the 20th century; about 10% of the population is lesbian, gay, bisexual, or transgender. These people face health care risks that are often not addressed because of lack of knowledge of the patient's sexual orientation, ignorance of specific health care issues, or because the patient feels that the health care professional is homophobic.

In a historic judgment delivered on June 26, 2015, the US Supreme Court ruled in favour of making USA- the 23rd country that allowed same-sex marriages. In India, a few years back, the Delhi High Court had struck down the 150-year-old Section 377 of the Indian Penal Code, thus legalizing consensual homosexual activities between adults. However, the Indian Supreme Court, which has a distinguished record in recent times of ensuring fundamental rights and liberty are not taken away by the state, overturned the Delhi HC decision. While the matter is expected to come up for hearing once again before the Supreme Court, the issue of "gay rights" seems to have divided the nation.

Those opposing the decriminalization of same-sex relationships among consenting adults include a number of "conservative Indians" led by various religious heads who call this sexual choice "unnatural". It can be summarized that India has always been an all-embracing culture. The richness of our culture thrives upon its pluralism. One important aspect of inclusivity is to include a broad spectrum of gender identities. Gender and sexuality were never rigid categories, and tales from the Hindu mythology confirm that. Indian gods have time and again transformed into male and female shapes/avatars to carry out different purposes. We are all familiar with the androgynous Shiva-Shakti avatar. So when did homosexuality become '*problematic*'? Or cross-dressing for that matter? (All India Roundup News Portal, 2016).

Conversely, in India Section 377, Indian Penal Code, 1860 (hereinafter 'IPC') criminalizes all penile-non vaginal sexual acts between consenting adults with severe punishment, with maximum imprisonment up to life. Most gay and bisexual men live in constant fear and are very vulnerable to blackmail and extortion, but hardly report such cases due to fear of criminal law and involuntary disclosure of sexual orientation. (Sanap, 2016).

Stigma and discrimination have been found to be associated with depression or psychological distress. In contrast, little is known about connections between experiences of sexual stigma, how one copes with such stigma and the mental and social well-being of men who have sex with men in Asian countries like India; where discussing sexuality remains taboo and societal views continue to be very conservative and largely hostile towards homosexuality. A recent study in India found that social support and resilient coping were associated with lower depression, but did not moderate the influence of stigma on depression among men who have sex with men (Logie et al. 2012). However, data from this same study showed that in settings within India where there is limited access to support services for men who have sex with men, social support and coping mechanisms do help to mitigate stigma and improve mental health (Wagner et al., 2013).

The findings of the literature review holds true for studies with Asian LGBT community. Our investigation looked into the intersection of emic (i.e., culture-specific) constructs of masculinity and sexual orientation in one Asian country, the India. In this present paper, the researcher focused on three psychological constructs associated with L,G,B&T community: Fear of negative evaluation, Social avoidance and distress and Self esteem.

Fear of Negative Evaluation (FNE)

Watson and Friend (1969) first defined Fear of Negative Evaluation (FNE) as “apprehension about others’ evaluations, distress over their negative evaluations, and the expectation that others would evaluate one negatively.” FNE is related to specific personality dimensions, such as anxious-ness, submissiveness, and social avoidance. It is associated with conformity, pro-social behavior, and social anxiety (“Fear of negative evaluation”, 2015). FNE can be related to a more global social anxiety, and it can lead people to avoid situations in which they might be evaluated and those who are high in FNE have a heightened level of anxiety that they are, or will be, evaluated in negative ways—an anxiety which affects their behaviors and choices (Belger, 2013).

In a research on long-term outcomes of LGBT recalled school victimization. The authors examined relationships among recalled and current bullying, shame-focused coping, and FNE in an adult LGBT sample. Findings indicated that attack self, withdrawal, and attack other shame-focused coping fully mediated the relationship between recalled bullying and FNE. FNE and current bullying victimization were predicted by shame-focused coping. Findings suggested the importance of addressing histories of school-related bullying and shame-focused coping when counseling LGBT persons (Greene, Britton and Fitts, 2014).

Social Avoidance and Distress (SAD)

Social anxiety is the fear of interaction with other people that brings on self-consciousness, feelings of being negatively judged and evaluated, and, as a result, leads to avoidance. Social anxiety is the fear of being judged and evaluated negatively by other people, leading to feelings of inadequacy, inferiority, embarrassment, humiliation, and depression. If a person usually becomes (irrationally) anxious in social situations, but seems better when they are alone, then “social anxiety” may be the problem (Richards, 2012). Among the LGBT community, the bisexual and transsexual individual’ mental health issues are found to be worse. In a study published in 2013, researchers found that 33.2% of transgender participants had anxiety and 44.1% had depression. Social stigma was associated with these results (Meyer, 2003).

Self-Esteem

Self-esteem is how we value ourselves; it is how we perceive our value to the world and how valuable we think we are to others. Self-esteem affects our trust in others, our relationships, and our work-nearly every part of our lives. In a study of Muscle Dysmorphia (MD), self-esteem, and loneliness among Gay and Bisexual men indicated gay and bisexual men are more concerned with muscularity than their heterosexual counterparts. Studies investigating psychosocial factors contributing to MD among gay and bisexual men are limited. According to Chaney & Burns-Wortham, 2015), Gay and bisexual men who reported more symptoms of MD also reported lower self-esteem and increased feelings of loneliness, than men who reported fewer MD symptoms.

One study explored the effects of conservative or non-conservative religious backgrounds in the lives of the Gay, Lesbian, and Bisexual (GLB) participants. The results suggest that stronger self-esteem is predicted by having greater sense of social support, less internal conflict over one’s sexual orientation, greater sense of existential well-being, and extrinsic social orientation to religion. Religious and spiritual issues are assumed to carry universal significance for people and suggestions are made for mental

health professionals who work with GLB clients in various cultures (McDermott, Roen & Scourfield, 2008). Furthermore, laws and policies that deny LGB&T individuals the same rights as heterosexuals, as well as community-level attitudes that communicate mistrust or dislike of an LGB&T identity, are associated with elevated risk for psychiatric disorders and suicide attempts among LGB&T individuals (Hatzenbuehler, 2011).

The present study also aims to adding the existing literature by tracing the experiences and self-personality of LGBT community. Also, study focus on FNE, SAD and SE in L,G,B & T community separately. The results of the study will also enable the clinician to develop effective interventions at different stages of the L,G,B & T individuals and also education program with family and friends for helping those who are related to them. The following objectives and hypotheses were made:

Objectives

- 1) To measure the level of Fear of Negative Evaluation, Social Avoidance and Distress and Self Esteem among Lesbian ,Gay ,Bisexual & Transgender community.
- 2) To find out the difference among Lesbian, Gay, Bisexual & Transgender individuals on domains of Fear of Negative Evaluation, Social Avoidance and Distress and Self Esteem.

Hypothesis: There will be a significant difference among Lesbian, Gay, Bisexual & Transgender individuals on domain of Fear of Negative Evaluation, Social Avoidance and Distress and Self Esteem

Method

Sample

The sample comprised of 100 respondents (25 gay men, 25 lesbians, 25 bisexuals and 25 transgender individuals) were from varied educational and family background. The age group of the participants was 20-50 years. The data was collected through purposive sampling from various organizations located in Delhi NCR.

Tools of the study

Brief Fear of Negative Evaluation (BFNE) Scale- II (BFNE; Leary, 1983)

The BFNE-II is a 12-item revised version of the Brief Fear of Negative Evaluation scale (BFNE; Leary, 1983) used for measuring fears of negative evaluation. It comprised straightforwardly worded items, each rated on a 5-point Likert scale ranging from 0 (not at all characteristic of me) to 4 (extremely characteristic of me). BFNE-II has demonstrated high internal consistency ($\alpha = .95$) and excellent internal consistency, correlating highly with the BFNE.

Social Avoidance and Distress Scale (SADS) (Watson & Friend, 1969)

This is a 28 item true/false scale that measures distress in social situations and the avoidance of social interactions. It also measures aspects of social anxiety including distress, discomfort and fear. The SADS instrument has been valued at high reliability with its internal consistency at .94 and the test-reliability ranging from .68. SADS also has high correlation rating with FNE and STAI, State-Trait Anxiety Inventory, was moderately high.

Rosenberg Self-Esteem Scale (SE; Rosenberg, 1965, 1989)

The RSES is the most widely used measure of self-esteem and has been utilized extensively with a gay and lesbian population (Savin-Williams, 1989). The scale consists of ten items. Each item has level of agreement on a four-point likert scale, ranging from 3 (strongly agree) to 0 (strongly disagree). It comprises five straightforwardly worded and five reverse-worded items each rated on a 4-point Likert

scale with a possible range from 10 (low self-esteem) to 40 (high self-esteem). The SES is generally accepted as a unitary construct, with high internal consistency ($\alpha = .88$) and good test-retest reliability ($r = .82$).

Research Design

The present study is a Between-subject's comparative research design consisting of lesbian, gay, bisexual and transgender individuals from Delhi and NCR, India. The four groups of individuals were matched with their sexual orientation and the age. The purposive random sampling technique was used for data collection. Since the researcher decided what needed to be known and set out to find people (L,G,B & T community) who can and are willing to provide the information by virtue of knowledge or experience (Bernard, 2002; Lewis & Sheppard 2006).

Data Analysis

The statistical analysis of the quantitative data scores was done using SPSS-17. For first objective, group statistics like mean and standard deviation were calculated for each variable (L,G,B & T participants) separately. For the second objective, ONE WAY-ANOVA was calculated between L,G,B & T on FNE, SADS and SE, to assess whether the means of the four groups are significantly different from each other. Further, Scheffe post-hoc test was done to find which groups have significant difference amongst them.

Results

The following results were obtained:

Table 1 showing Descriptive statistics in L, G, B & T comparisons on FNE, SAD & SE

	N	FNE		SAD		SE	
		Mean	SD	Mean	SD	Mean	SD
Lesbian	25	41.08	3.53	19.52	3.40	19.68	3.23
Gay	25	43.56	11.89	10.36	3.26	20.36	3.75
Bisexual	25	37.52	8.43	17.4	5.14	18.00	5.58
Transgender	25	19.68	11.38	6.92	5.77	22.5	4.55

From the summary table1, it is observed that gays reported highest levels of Fear of Negative Evaluation (mean= 43.56, SD=11.89) in comparison to L,B,T individuals. Further, it is seen that lesbians showed the highest level of social avoidance and distress (mean= 19.52, SD=3.40) as compared with G,B,T individuals. Lastly, it is identified that transgender had the highest level of self-esteem (mean= 22.5, SD = 4.55) in comparison to L,G,B individuals. Overall, the L,G,B&T individuals were found to have average range of self-esteem when compared with the norms.

Table 2 showing difference among L, G, B & T individuals on FNE, SAD and SE

		Sum of Squares	df	Mean Square	F	Sig.
FNE	Between Groups	8761.160	3	2920.387	32.961	.000
	Within Groups	8505.680	96	88.601		
	Total	17266.840	99			
SAD	Between Groups	2614.910	3	871.637	42.479	.000
	Within Groups	1969.840	96	20.519		
	Total	4584.750	99			
SE	Between Groups	262.600	3	87.533	4.578	.005
	Within Groups	1835.440	96	19.119		
	Total	2098.040	99			

From table 2, we can see that there is a significant difference among L,G,B&T groups on FNE ($F=32.961, p=.00$), SAD ($F=42.479, p=.00$) and SE ($F=4.578, p=.005$).

Table 3 showing Summary of POST-HOC TEST among L,G,B & T individuals for (FNE), Social Avoidance and Distress (SAD) and Self Esteem

Dependent Variable	(I) grouping	(J) grouping	Mean Difference (I-J)	Sig.
FNE	Lesbian	Transgender	21.40000	.000
		Gay	-2.48000	.833
		Bisexual	3.56000	.619
	Transgender	Lesbian	-21.40000	.000
		Gay	-23.88000	.000
		Bisexual	-17.84000	.000
	Gay	Lesbian	2.48000	.833
		Transgender	23.88000	.000
		Bisexual	6.04000	.169
	Bisexual	Lesbian	-3.56000	.619
		Transgender	17.84000	.000
		Gay	-6.04000	.169

SAD	Lesbian	Transgender	12.60000	.000
		Gay	9.16000	.000
		Bisexual	2.12000	.438
	Transgender	Lesbian	-12.60000	.000
		Gay	-3.44000	.072
		Bisexual	-10.48000	.000
	Gay	Lesbians	-9.16000	.000
		Transgender	3.44000	.072
		Bisexual	-7.04000	.000
	Bisexual	Lesbians	-2.12000	.438
		Transgender	10.48000	.000
		Gay	7.04000	.000
SE	Lesbians	Transgender	-2.84000	.160
		Gay	-.68000	.959
		Bisexual	1.68000	.607
	Transgender	Lesbians	2.84000	.160
		Gay	2.16000	.389
		Bisexual	4.52000	.006
	Gay	Lesbians	.68000	.959
		Transgender	-2.16000	.389
		Bisexual	2.36000	.309
	Bisexual	Lesbians	-1.68000	.607
		Transgender	-4.52000	.006
		Gay	-2.36000	.309

On FNE construct, there is significant difference between transgender and other L,G&B individuals. The mean difference value between transgender-lesbians (-21.400, $p=.00$), transgender-gays (-23.88, $p=.00$) and transgender-bisexuals (-17.84, $p=.00$) is negative depicting that FNE is significantly lower than the rest. In other words, fear of negative evaluation is higher in lesbians, gays and bisexuals in comparison to transgender.

Further on SAD construct, mean difference value is significantly positive in lesbians-transgender (12.60, $p=.00$) and lesbian-gays (9.16, $p=.00$). As well as a positive mean difference is also found between bisexuals-transgender (10.48, $p=.00$) and bisexuals-gays (7.04, $p=.00$). Furthermore, no significant difference was found between bisexuals and lesbians. It clearly depicts that lesbians and bisexuals have higher social avoidance and distress than the transgender and gay.

Finally on self-esteem construct, the post-hoc test revealed that self-esteem is significantly higher in transgender than bisexuals (4.52, $p=.00$) and no other significant difference was found among the rest of the groups.

Overall, the results revealed that the gays accounted for highest levels of Fear of Negative Evaluation, lesbians reported highest level of social avoidance and distress and transgender were found to have the highest self-esteem among the L,G,B&T community. The LGB were also found to have significantly high level of social anxiety. The results of one-way ANOVA also found the significant difference among L,G,B&T groups on the domain of FNE, SAD and SE. Therefore, the hypothesis stating that there will be a significant difference among Lesbian, Gay, Bisexual & Transgender individuals on domain of Fear of Negative Evaluation, Social Avoidance and Distress and Self Esteem has been accepted.

A study revealed that gay men reported greater fear of negative evaluation and social interaction anxiety and lower self-esteem than heterosexual men. Gay men who are less open about their sexual orientation and those who are less comfortable with being gay were more likely to experience anxiety in social interactions. (Pachankis & Goldfried, 2006). Another study demonstrated that gay men with low sexual status faced significant stressors in the form of avoidance from others, stigmatization, and rejection. These stressors, in turn, taxed personal resources, including self-esteem, sense of social support, and sense of control, and they also negatively affected emotional states in the form of depression and anxiety (Green, 2008). For lesbians who were high in social constraints, stigma consciousness was positively associated with intrusive thoughts, internalized homophobia, and physical symptoms. These results add to the literature on the negative consequences of social constraints by suggesting that constraints in combination with high stress that is not necessarily traumatic (i.e., stigma consciousness) (Corrigan & Matthews, 2003).

The present study corroborated well with the study conducted by Meyer (2003) who stated that in L,G,B&T community, the bisexual and transsexual individual's mental health issues are found to be worse. On the contrary, the same study refuted our result on the evaluation of transgender and found that in 2012 alone, trans people were the victims of over 13 homicides in the US, a 13% increase from 2011. However, transgender individuals tend to be the red-headed stepchildren of the LGBT community, and are often victims of discrimination from their own peers. Because of their disassociation with the gender they were assigned at birth, many people, including those in the LGBT community, discriminate against this group, causing heightened anxiety levels in transgender people. Social stigma was associated with these results (Meyer, 2003).

Another research was conducted to explore the associations between gay-related stressful events and found that such events are common and are significantly associated with emotional distress, lack of

social support and high-risk sexual behaviors among Chinese men who have sex with men. (Yunyong et al., 2015).

The resultant highest level of self-esteem among transgender could be because of the cultural and religious history of India. Indian mythology has several stories of alternate sexual choices or even of men turning into women or vice-versa. Shiva bathes in the Yamuna and becomes a gopi so that he can participate in *raas-leela* with Krishna. Further, Mohini, the female avatar of Lord Vishnu, is worshipped throughout Indian culture. In this great land, people might believe that it is the soul that is important. The body is just temporary. So according to Hinduism, people must accept it, celebrate it, and empathies with those whose choices may differ from ours (All India Roundup News Portal, 2016). Therefore, there is greater acceptance towards transgender people than any other LGB individual.

Additionally, one study investigating the perceived and expressed mental health needs of young same-sex attracted men in Northern Ireland revealed that most of the respondents who had suicidal thoughts were related to their same-sex attraction. The findings showed that some young, same-sex attracted men experienced extreme isolation when coming to terms with their sexual orientation. This isolation frequently continued after the revelation of their sexual orientation: negative attitudes to non-heterosexual people within school, from family members, at work and from individuals in day-to-day life were a constant reminder that to be gay or bisexual is not fully acceptable in society (Takács, 2016).

Furthermore, a study on heterosexual adults' attitudes toward bisexual men and women showed that more negative attitudes toward bisexuals were associated with higher age, less education, lower annual income, residence in the rural areas, higher religiosity, political conservatism, traditional values concerning gender and sexual behavior, authoritarianism, and lack of contact with gay men or lesbians. A gender difference was observed in attitudes toward bisexuals and homosexuals: Heterosexual women rated bisexuals significantly less favorably than they rated homosexuals, regardless of gender, whereas heterosexual men rated male targets less favorably than female targets, regardless of whether the target was bisexual or homosexual (Herek, 2002).

In 2000, telephone survey of 405 lesbians, gay men, and bisexuals in major U.S. cities conducted by the Kaiser Family Foundation, 60% of bisexual respondents reported that they had experienced discrimination, 52% had been the target of verbal abuse, and 26% had not been accepted by their families of origin because of their sexual orientation (2001). However, there are also reasons to expect heterosexuals' attitudes toward bisexuals to differ from their attitudes toward homosexual persons. Bisexual men and women might be less denigrated than exclusively homosexual persons because they form heterosexual as well as same-sex relationships and it is the latter that are stigmatized (Herek, 2000a). Indeed, in the Kaiser Family Foundation (2001) survey, bisexuals were less likely than gay men and lesbians to report experiences with prejudice and discrimination.

Consequences of L,G,B&T school bullying are heightened psychological distress, including higher rates of substance use, high-risk sexual behavior, depression, and suicidality (Greene, Britton and Fitts, 2014), as well as suffering from long-term negative effects of victimization (Rivers, 2001). Rivers (2004) found increased rates of posttraumatic stress disorder among lesbian, gay and bisexual adults who had experienced frequent and prolonged school victimization, and Russell et. al. (2011) demonstrated that LGBT adult recollections of harassment and bullying correlated with adult depression, suicidal ideation, decreased life satisfaction, lower self-esteem, and lower social integration.

Homophobic bullying related to fears of relationship intimacy, feelings of being an outsider in social situations, perceived lack of a positive future, difficulty expressing emotions to others, irritability, poor

concentration, fears about meeting people or facing new situations, and anxiety (Rivers, 2011). Similarly other studies have also demonstrated that bisexuals are the targets of prejudicial actions and attitudes. In a community-based study of bias crime, Herek, Gillis, and Cogan (1999) found that 15% of bisexual women and 27% of bisexual men had experienced a crime against their person or property because of their sexual orientation. Within genders, bisexual respondents' prevalence of victimization was fairly similar to that reported by lesbians (19%, n = 980) and gay men (28%, n = 898).

Another paper found that individuals higher in social anxiety were lower on the expectancy to achieve goals, lower on self-esteem and lower on the frequency on self-reinforcement. Analyses revealed that expectancy to achieve goals, fear of negative evaluation, and public self-consciousness accounted for 33% of the variance in social anxiety. This again emphasized that FNE and Anxiety are strongly correlated (Winton, Clark & Edelman, 1995).

In conclusion, the present study demonstrated that the LGBT community in India faces significantly high fear of negative evaluation, social anxiety and psychological distress. They also face enormous amount of stigma, discrimination, homophobia and negative-attitudes towards themselves and from other. Self-esteem was not found to have much significant difference in the L,G,B&T community. Only transgender were found to have significantly higher level of self-esteem from the bisexuals though the whole LGBT community was found to have adequate level of self-esteem when compared with the norms. A very significant relationship was found between FNE, SAD and SE. Future research would be beneficial in tracing more detailed psychological and mental health issues.

One important advantage of the present study is that they have discussed the L,G,B,&T community as a heterogeneous group as contrast to the other studies that took the LGBT community as a homogenous group. Recent evidences also suggested that this distinction is important and that one sexual orientation may be exposed to more stressors and may have greater mental health problems than others (Jorm et. al. 2002). Though the current research has provided new insights and bridges the gap among previous researches, it has some limitations in this study that offer directions for future research. Firstly, the research ignores generational and cohort effects in minority stress and the prevalence of mental disorder. Secondly, one of the major limitations of the study is that the sample size was very small (25 each of the L,G,B&T group) which cannot be considered an adequate representation of the total population of L,G,B&T community in India. Further research needs to be done using a larger sample and taking into accounts of all other limitations mentioned above. Despite the aforementioned limitations, this study is the first to have evaluated FNE across diagnostic samples in India and attempt to provide cutoff scores for researchers and clinicians for further research.

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